

**MOLINA HEALTHCARE OF MICHIGAN
PA MATRIX QUARTERLY UPDATES**

Q2 Changes - Effective 4/1/26

| Service Category | Update | Codes | LOB | Notes |
|---|-----------------------|---|--------------------|---|
| Healthcare Administered Drugs | Add PA | J1572 | Medicaid, Medicare | Code deletion was cancelled, will remain PA required. |
| | Remove PA | J1460, J1560, 90281 | Medicaid, Medicare | |
| | Deleted/Invalid Codes | C9173, S0189 | Medicaid, Medicare | |
| Hyperbaric and Wound Care | Add PA | Q4415, Q4416, Q4417, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q441, Q4398, Q4399, Q4414, Q4412, Q4411, Q4409, Q4413, Q4400, Q4401 | Medicaid, Medicare | |
| | PA Update | Q4116, Q4122, Q4128 | Medicaid, Medicare | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Imaging & Special Tests | Add PA | 75577 | Medicaid, Medicare | |
| | Add PA | 70472, 70473 | Medicaid | |
| Physical, Occupational and Speech Therapy | PA Update | 95730 | Medicare | Code added to PA required after initial 12 visits of PT/OT/ST per calendar year. |

Q1 Changes - Effective 1/1/26

| Service Category | Update | Codes | LOB | Notes |
|-------------------------------|--------|--|--------------------|-------|
| Healthcare Administered Drugs | Add PA | C9305, J2468 | Medicaid, Medicare | |
| | | C9306 | Medicare | |
| Hyperbaric and Wound Care | Add PA | Q4368, Q4369, Q4372, Q4370, Q4371, Q4373, Q4376, Q4375, Q4377, Q4378, Q437, Q4380, Q4382, Q4390, Q4383, Q4384, Q4391, Q4386, Q4385, Q4397, Q4387, Q438, Q4389, Q4395, Q4396, Q4392, Q4393, Q4394, A2036, A2037, A2038, A2039, A2014, A2015, A2016, A2017, A2018, A2022, A2023, A2024, A2025, A2026, A2027, A2028, A2029, Q4251, Q4253, Q4259, Q4260, Q4261, Q4285, Q4286, Q4305, Q4306, Q430, Q4308, Q4309, Q4310, Q4354, Q4360, Q4199 | Medicaid, Medicare | |
| Imaging & Special Tests | Add PA | 75580, 75577 | Medicaid, Medicare | |
| | Add PA | 70472, 70473 | Medicaid | |

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|---|-----------------------|--|--------------------|--|
| Multiple Categories | Remove PA | H0013,A4341,A4342,A4560,E0692,E0693,E0762,E0785,E0786,K1004,Q0480,2416,46948,0101T,0278T,0565T,0566T,0738T,0770T,0771T,0772T,0773T,0774T,0776T,0777T,0778T,0779T,0781T,0782T,0783T,0793T,0794T,0798T,0799T,0800T,0801T,0802T,0803T,0868T,A4563,C9782,81168,81171,81172,81174,81237,81239,81306,81333,81493,81504,81535,81536,81538,0009U,0070U,0140U,013U,0154U,0155U,0173U,0174U,0179U,0184U,0196U,0206U,0207U,0209U,0218U,0387U,0388U,0389U,0390U,0391U,0392U,0393U,0394U,0395U,0398U,0399U,0400U,0401U,0402U,0403U,0404U,0405U,0406U,0407U,0409U,0410U,0412U,0413U,0414U,0415U,0417U,0418U,78472,78473,78494,91113,0689T,2160,1,23410,23412,23415,23420,23430,23450,23455,23460,23462,23465,23466,27120,27332,27333,27405,27407,27409,27418,27420,27422,27424,27427,27428,27429,28344,30520,30545,32998,33016,33140,33141,33202,33203,33215,33227,33228,33229,33508,33741,33745,33746,33866,33894,33895,33897,33900,33901,33902,33903,35500,35572,35685,35686,37191,37216,37500,42975,43887,47610,47612,49904,49906,53451,53452,53453,53454,55175,55180,57288,57289,58240,64584,65775,92970,92971,92975,92977,93580,93581,93582,93583,93631,96570,96571,96902,96932,96933,L1834,L1840,L1900,L1945,L1945 | Medicaid | |
| Multiple Categories | Remove PA | A4341,A4342,A4560,E0692,E0693,E0762,E0785,E0786,Q0480,27416,46948,0101T,0278T,0565T,0566T,0738T,0770T,0771T,0772T,0773T,0774T,0776T,0777T,0778T,0779T,0781T,0782T,0783T,0793T,0794T,0798T,0799T,0800T,0801T,0802T,0803T,0868T,A4563,C9782,81168,81171,81172,81174,81237,81239,81306,81333,81493,81504,81535,81536,81538,0009U,0070U,0140U,0153U,0154U,0155U,0173U,0174U,0179U,0184U,0196U,0206U,0207U,0209U,0218U,0387U,0388U,0389U,0390U,0391U,0392U,0393U,0394U,0395U,0398U,0399U,0400U,0401U,0402U,0403U,0404U,0405U,0406U,0407U,0409U,0410U,0412U,0413U,0414U,0415U,0417U,0418U,78472,78473,78494,0689T,27120,28344,30520,37500,42975,43887,47610,47612,49904,49906,55175,55180,57288,57289,58240,64584,96902,L1834,L1840,L1900,L1945,L1950,L1970,L2350,L2525,L5705,L8039,L7501,87799,87899 | Medicare | |
| Multiple Categories | Deleted/Invalid Codes | 0033U,0131U,0132U,0135U,0361U,0508U,0509U,0544U,0550U,0551U,J2503,240U,0241U,0369U,0370U,0373U,0374U,C9300,J0173,J2310,Q4231,0398T,050T,0567T,0568T,0616T,0617T,0618T,C7558,C9171,C9786,C9794,C9795,G102,G1021,G1022,G1023,G1024,G9990,G9991,J2796,M0003,M1154,M1155,M121,M1264,Q0516,Q0517,Q0518,Q0519,Q0520,J8520,J8521 | Medicaid, Medicare | |
| Multiple Categories | PA Update | New ICD-10 CM Codes: Breast cancer Dx codes: C50.A0, C50.A1, C50.A2 Intraocular Inj Dx codes: H40.841, H40.842, H40.843, H40.849 | Medicaid, Medicare | |
| OP Hosp/Amb Surgery Center (ASC) procedures | Add (PA) | 62330, 62331 | MHI/All | |

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| OP Hosp/Amb Surgery Center (ASC) procedures | Remove (PA) | 93017,93015,93971,93970,93018,93016,93975,76937,92960,36821,36830,36832,36825,36819,37241,33228,36818,36820,37244,36833,33215,33222,33235,92997,93567,33229,33233,33866,36831,92961,33226,33227,33234,33218,33223,33902,33903,33901,33220,33900,21601,27600,27601,27602,27603,32601,32604,32606,32607,32608,32609,32960,32998,33016,33140,33141,33202,33203,33741,33745,33746,33894,33895,33897,35011,35045,35180,35184,35188,35190,35201,35206,35207,35226,35231,35236,35256,35261,35266,35286,35685,35686,35860,35875,35876,35879,35881,35883,35884,35903,36002,37191,37192,37193,37197,37211,37212,37213,37214,37500,37501,37565,37600,37605,37606,37607,37609,37619,37650,39401,39402,76932,78472,78473,78494,92970,92971,92975,92977,93227,93260,93261,93279,93280,93281,93282,93283,93284,93285,93286,93287,93288,93289,93290,93291,93292,93293,93297,93312,93313,93314,93315,93316,93317,93318,93355,93580,93581,93582,93583,93593,93594,93595,93596,93597,93598,93600,93602,93603,93615,93616,93618,93624,93631,93640,93641,93642,93660,93724,93784,93786,93788,93790,93922,93923,93924,93990 | MHI/All (Evolut Cardiology partnered plans ONLY) | |
| OP Hosp/Amb Surgery Center (ASC) procedures | PA Update | 37254, 37256, 37258, 37260, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37280, 37282, 37284, 37286, 37288, 37290 | Medicaid, Medicare | |
| Radiation Therapy & Radio Surgery | Add (PA) | 77436, 77437, 77438, 77439 | Medicaid, Medicare | |
| Transplants/Gene Therapy | Add (PA) | J3389, J3387 | Medicaid, Medicare | |

Medicaid Prior Auth (PA) Code Matrix

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

This Matrix is for Elective services only.

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

| Code | Description | Service Category | Code Notes |
|-------|---|---|---|
| 80307 | DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 24 units per calendar year. |
| 90867 | THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90869 | REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90870 | ELECTROCONVULSIVE THERAPY (ECT) | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 15775 | PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS | Cosmetic, Plastic & Reconstructive Procedures | |
| 15776 | PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS | Cosmetic, Plastic & Reconstructive Procedures | |
| 15780 | DERMABRASION TOTAL FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15781 | DERMABRASION SEGMENTAL FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15782 | DERMABRASION REGIONAL OTHER THAN FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15783 | DERMABRASION SUPERFICIAL ANY SITE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15786 | ABRASION 1 LESION | Cosmetic, Plastic & Reconstructive Procedures | |
| 15788 | CHEMICAL PEEL FACIAL EPIDERMAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 15789 | CHEMICAL PEEL FACIAL DERMAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 15792 | CHEMICAL PEEL NONFACIAL EPIDERMAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 15793 | CHEMICAL PEEL NONFACIAL DERMAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 15820 | BLEPHAROPLASTY LOWER EYELID | Cosmetic, Plastic & Reconstructive Procedures | |
| 15821 | BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | Cosmetic, Plastic & Reconstructive Procedures | |
| 15822 | BLEPHAROPLASTY UPPER EYELID | Cosmetic, Plastic & Reconstructive Procedures | |
| 15823 | BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN | Cosmetic, Plastic & Reconstructive Procedures | |
| 15824 | RHYTIDECTOMY FOREHEAD | Cosmetic, Plastic & Reconstructive Procedures | |
| 15825 | RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING | Cosmetic, Plastic & Reconstructive Procedures | |
| 15826 | RHYTIDECTOMY GLABELLAR FROWN LINES | Cosmetic, Plastic & Reconstructive Procedures | |
| 15828 | RHYTIDECTOMY CHEEK CHIN AND NECK | Cosmetic, Plastic & Reconstructive Procedures | |
| 15829 | RHYTIDECTOMY SMAS FLAP | Cosmetic, Plastic & Reconstructive Procedures | |
| 15830 | EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY | Cosmetic, Plastic & Reconstructive Procedures | |
| 15832 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH | Cosmetic, Plastic & Reconstructive Procedures | |
| 15833 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG | Cosmetic, Plastic & Reconstructive Procedures | |
| 15834 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP | Cosmetic, Plastic & Reconstructive Procedures | |
| 15835 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK | Cosmetic, Plastic & Reconstructive Procedures | |
| 15836 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM | Cosmetic, Plastic & Reconstructive Procedures | |
| 15837 | EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND | Cosmetic, Plastic & Reconstructive Procedures | |
| 15838 | EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD | Cosmetic, Plastic & Reconstructive Procedures | |
| 15839 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA | Cosmetic, Plastic & Reconstructive Procedures | |
| 15847 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN | Cosmetic, Plastic & Reconstructive Procedures | |

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| 15876 | SUCTION ASSISTED LIPECTOMY HEAD AND NECK | Cosmetic, Plastic & Reconstructive Procedures | |
| 15877 | SUCTION ASSISTED LIPECTOMY TRUNK | Cosmetic, Plastic & Reconstructive Procedures | |
| 15878 | SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY | Cosmetic, Plastic & Reconstructive Procedures | |
| 15879 | SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY | Cosmetic, Plastic & Reconstructive Procedures | |
| 17380 | ELECTROLYSIS EPILATION EACH 30 MINUTES | Cosmetic, Plastic & Reconstructive Procedures | |
| 19300 | MASTECTOMY GYNECOMASTIA | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19303 | MASTECTOMY SIMPLE COMPLETE | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19316 | MASTOPEXY | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19318 | REDUCTION MAMMAPLASTY | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19325 | MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19328 | REMOVAL INTACT MAMMARY IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19330 | REMOVAL MAMMARY IMPLANT MATERIAL | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19340 | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19342 | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19350 | NIPPLE AREOLA RECONSTRUCTION | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19355 | CORRECTION INVERTED NIPPLES | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 19396 | PREPARATION MOULAGE CUSTOM BREAST IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnoses. |
| 30400 | RHINP PRIM LAT AND ALAR CRTLS AND ELVTN NASAL TI | Cosmetic, Plastic & Reconstructive Procedures | |
| 30410 | RHINP PRIM COMPLETE XTRNL PARTS | Cosmetic, Plastic & Reconstructive Procedures | |
| 30420 | RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR | Cosmetic, Plastic & Reconstructive Procedures | |
| 30430 | RHINOPLASTY SECONDARY MINOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30435 | RHINOPLASTY SECONDARY INTERMEDIATE REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30450 | RHINOPLASTY SECONDARY MAJOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30460 | RHINP DFRM W COLUM LNGTH TIP ONLY | Cosmetic, Plastic & Reconstructive Procedures | |
| 30462 | RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT | Cosmetic, Plastic & Reconstructive Procedures | |
| 30468 | RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT | Cosmetic, Plastic & Reconstructive Procedures | |
| 67900 | REPAIR BROW PTOSIS | Cosmetic, Plastic & Reconstructive Procedures | |
| 67901 | RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67902 | RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING | Cosmetic, Plastic & Reconstructive Procedures | |
| 67903 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67904 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67906 | RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING | Cosmetic, Plastic & Reconstructive Procedures | |
| 67908 | RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ | Cosmetic, Plastic & Reconstructive Procedures | |
| 67909 | REDUCTION OVERCORRECTION PTOSIS | Cosmetic, Plastic & Reconstructive Procedures | |
| 67950 | CANTHOPLASTY | Cosmetic, Plastic & Reconstructive Procedures | |
| 69300 | OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN | Cosmetic, Plastic & Reconstructive Procedures | |
| A4238 | SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A4239 | SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A9274 | EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA | Durable Medical Equipment (DME) | |
| A9276 | SENSOR;INVSV DISPBLE INTRSTL CGM 1U EQLS 1D SPPLY | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A9277 | TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |

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| A9278 | RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| B4105 | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA | Durable Medical Equipment (DME) | |
| C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH | Durable Medical Equipment (DME) | |
| E0194 | AIR FLUIDIZED BED | Durable Medical Equipment (DME) | |
| E0255 | HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | |
| E0260 | HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | |
| E0261 | HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATRSS | Durable Medical Equipment (DME) | |
| E0265 | HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTRSS | Durable Medical Equipment (DME) | |
| E0266 | HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTRSS | Durable Medical Equipment (DME) | |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | Durable Medical Equipment (DME) | |
| E0292 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | |
| E0293 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATRSS | Durable Medical Equipment (DME) | |
| E0294 | HOSP BED SEMI-ELEC W O SIDE RAILS W MATRSS | Durable Medical Equipment (DME) | |
| E0295 | HOSP BED SEMI-ELEC W O SIDE RAILS W O MATRSS | Durable Medical Equipment (DME) | |
| E0296 | HOSP BED TOTAL ELEC W O SIDE RAILS W MATRSS | Durable Medical Equipment (DME) | |
| E0297 | HOSP BED TOTAL ELEC W O SIDE RAILS W O MATRSS | Durable Medical Equipment (DME) | |
| E0300 | PED CRIB HOS GRADE FULLY ENC W WO TOP ENC | Durable Medical Equipment (DME) | |
| E0301 | HOSP BED HVY DTY XTRA WIDE W WGHY CAPACTY OVER 350 PDS | Durable Medical Equipment (DME) | |
| E0302 | HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTRSS | Durable Medical Equipment (DME) | |
| E0303 | HOSP BED HEVY DTY W WT CAP OVER 350 PDS UNDER EQ TO 600 | Durable Medical Equipment (DME) | |
| E0304 | HOSP BED EXTRA HEAVY DTY WT CAP OVER 600 PDS MATRSS | Durable Medical Equipment (DME) | |
| E0316 | SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE | Durable Medical Equipment (DME) | |
| E0424 | STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0328 | HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS | Durable Medical Equipment (DME) | |
| E0329 | HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS | Durable Medical Equipment (DME) | |
| E0371 | NONPWR ADV PRSS RDUC OVRLAY MATRSS STD LEN AND WPTH | Durable Medical Equipment (DME) | |
| E0372 | PWR AIR OVRLAY MATRSS STD MATRSS LENGTH AND WIDTH | Durable Medical Equipment (DME) | |
| E0373 | NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS | Durable Medical Equipment (DME) | |
| E0431 | PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0434 | PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0439 | STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0441 | STATIONARY O2 CONTENTS GAS 1 MO SUPPLY EQUAL TO 1 UNIT | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0443 | PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY EQUAL TO 1 UNIT | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E0445 | OXIMETER DEVICE MSR BLD O2 LEVELS NON-INVASV | Durable Medical Equipment (DME) | |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | Durable Medical Equipment (DME) | |

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| E0465 | HOME VENTILATOR ANY TYPE USED W INVASIVE INTF | Durable Medical Equipment (DME) | |
| E0466 | HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF | Durable Medical Equipment (DME) | |
| E0467 | HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC | Durable Medical Equipment (DME) | |
| E0468 | HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM | Durable Medical Equipment (DME) | |
| E0470 | RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/O BACKU | Durable Medical Equipment (DME) | Initially, auth is given for the first four months of rental. Beyond four months of rental, documentation that substantiates beneficiary's compliance using the device(s) is required. |
| E0471 | RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/BACK-UP | Durable Medical Equipment (DME) | Initially, auth is given for the first four months of rental. Beyond four months of rental, documentation that substantiates beneficiary's compliance using the device(s) is required. |
| E0472 | RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/BACKUP | Durable Medical Equipment (DME) | |
| E0481 | INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES | Durable Medical Equipment (DME) | |
| E0483 | HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA | Durable Medical Equipment (DME) | |
| E0486 | ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM | Durable Medical Equipment (DME) | |
| E0492 | PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M | Durable Medical Equipment (DME) | |
| E0493 | ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE | Durable Medical Equipment (DME) | |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE | Durable Medical Equipment (DME) | Initially, auth is given for the first four months of rental. Beyond four months of rental, documentation that substantiates beneficiary's compliance using the device(s) is required. |
| E0637 | COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE | Durable Medical Equipment (DME) | |
| E0638 | STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS | Durable Medical Equipment (DME) | |
| E0640 | PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS | Durable Medical Equipment (DME) | |
| E0641 | FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES | Durable Medical Equipment (DME) | |
| E0642 | STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ | Durable Medical Equipment (DME) | |
| E0652 | PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS | Durable Medical Equipment (DME) | |
| E0656 | SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK | Durable Medical Equipment (DME) | |
| E0668 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM | Durable Medical Equipment (DME) | |
| E0671 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG | Durable Medical Equipment (DME) | |
| E0675 | PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL | Durable Medical Equipment (DME) | |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE NOS | Durable Medical Equipment (DME) | |
| E0677 | NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK | Durable Medical Equipment (DME) | |
| E0691 | UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS | Durable Medical Equipment (DME) | |
| E0694 | UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR | Durable Medical Equipment (DME) | |
| E0747 | OSTOGENS STIM ELEC NONINVASV OTH THAN SP APPLIC | Durable Medical Equipment (DME) | |
| E0748 | OSTOGENS STIMULATOR ELEC NONINVASV SPINAL APPLIC | Durable Medical Equipment (DME) | |
| E0749 | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL | Durable Medical Equipment (DME) | |
| E0760 | OSTOGENS STIM LOW INTENS ULTRASOUND NON-INVASV | Durable Medical Equipment (DME) | |
| E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ | Durable Medical Equipment (DME) | |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE | Durable Medical Equipment (DME) | |
| E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE | Durable Medical Equipment (DME) | |
| E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE | Durable Medical Equipment (DME) | |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | Durable Medical Equipment (DME) | |
| E0787 | EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ | Durable Medical Equipment (DME) | |
| E0983 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL | Durable Medical Equipment (DME) | |
| E0984 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL | Durable Medical Equipment (DME) | |
| E0986 | MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS | Durable Medical Equipment (DME) | |

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| E0988 | MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR | Durable Medical Equipment (DME) | |
| E1002 | WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY | Durable Medical Equipment (DME) | |
| E1003 | WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1004 | WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1005 | WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1006 | WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1007 | WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1008 | WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDOC | Durable Medical Equipment (DME) | |
| E1010 | WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR | Durable Medical Equipment (DME) | |
| E1012 | WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA | Durable Medical Equipment (DME) | |
| E1030 | WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED | Durable Medical Equipment (DME) | |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE | Durable Medical Equipment (DME) | |
| E1229 | WHEELCHAIR PEDIATRIC SIZE NOS | Durable Medical Equipment (DME) | |
| E1230 | PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER | Durable Medical Equipment (DME) | |
| E1232 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS | Durable Medical Equipment (DME) | |
| E1233 | WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) | |
| E1234 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) | |
| E1235 | WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1236 | WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1237 | WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1238 | WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1310 | WHIRLPOOL NONPORTABLE | Durable Medical Equipment (DME) | |
| E1390 | O2 CONC 1 DEL PORT 85 PCT OR GT O2 CONC AT PRSC FLW RATE | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E1391 | O2 CONC 2 DEL PORT 85 PCT OR GT O2 CONC PRSC FLW RATE EA | Durable Medical Equipment (DME) | CMN/6 Month Recertification is required after the initial prescription for home oxygen. pO2 or oxygen saturation test with the beneficiary on room air must be obtained and indicated on the CMN, along with the date of the test, to substantiate continued need for treatment. |
| E1905 | VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE | Durable Medical Equipment (DME) | |
| E2102 | ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| E2103 | NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| E2295 | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME | Durable Medical Equipment (DME) | |
| E2298 | COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP | Durable Medical Equipment (DME) | |
| E2301 | WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE | Durable Medical Equipment (DME) | |
| E2310 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLR AND ONE PWR | Durable Medical Equipment (DME) | |
| E2311 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLR AND TWO MORE | Durable Medical Equipment (DME) | |
| E2312 | POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE | Durable Medical Equipment (DME) | |
| E2313 | POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA | Durable Medical Equipment (DME) | |
| E2321 | PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRRPTNL | Durable Medical Equipment (DME) | |
| E2322 | PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRRPTNL | Durable Medical Equipment (DME) | |
| E2325 | PWR WC ACSS SIP AND PUFF INTERFCE NONPROPTNL | Durable Medical Equipment (DME) | |
| E2327 | PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPTNL | Durable Medical Equipment (DME) | |
| E2328 | PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRRPTNL | Durable Medical Equipment (DME) | |
| E2329 | PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRRPTNL | Durable Medical Equipment (DME) | |

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| E2330 | PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL | Durable Medical Equipment (DME) | |
| E2340 | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN | Durable Medical Equipment (DME) | |
| E2341 | PWR WC ACCS NONSTD SEAT FRME WIDTH 24-27 IN | Durable Medical Equipment (DME) | |
| E2342 | PWR WC ACCS NONSTD SEAT FRME DEPTH 20 21 IN | Durable Medical Equipment (DME) | |
| E2343 | PWR WC ACCS NONSTD SEAT FRME DEPTH 22-25 IN | Durable Medical Equipment (DME) | |
| E2351 | PWR WC ACCS ELEC INTERFACE OPERATE SPCH GEN DEVC | Durable Medical Equipment (DME) | |
| E2369 | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY | Durable Medical Equipment (DME) | |
| E2370 | PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY | Durable Medical Equipment (DME) | |
| E2373 | PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK | Durable Medical Equipment (DME) | |
| E2375 | PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) | |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) | |
| E2377 | PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE | Durable Medical Equipment (DME) | |
| E2398 | WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK | Durable Medical Equipment (DME) | |
| E2402 | NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE | Durable Medical Equipment (DME) | |
| E2500 | SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME | Durable Medical Equipment (DME) | |
| E2502 | SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC | Durable Medical Equipment (DME) | |
| E2504 | SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC | Durable Medical Equipment (DME) | |
| E2506 | SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME | Durable Medical Equipment (DME) | |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT | Durable Medical Equipment (DME) | |
| E2510 | SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS | Durable Medical Equipment (DME) | |
| E2511 | SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST | Durable Medical Equipment (DME) | |
| E2512 | ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM | Durable Medical Equipment (DME) | |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE NOC | Durable Medical Equipment (DME) | |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE | Durable Medical Equipment (DME) | |
| E2617 | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE | Durable Medical Equipment (DME) | |
| E2626 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE | Durable Medical Equipment (DME) | |
| E2628 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING | Durable Medical Equipment (DME) | |
| E2629 | WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP | Durable Medical Equipment (DME) | |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0008 | CUSTOM MANUAL WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE | Durable Medical Equipment (DME) | |
| K0010 | STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0011 | STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL | Durable Medical Equipment (DME) | |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0013 | CUSTOM MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0014 | OTHER MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0108 | OTHER ACCESSORIES | Durable Medical Equipment (DME) | |
| K0606 | AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE | Durable Medical Equipment (DME) | |
| K0800 | PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) | |
| K0801 | PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) | |
| K0802 | PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0806 | PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) | |
| K0807 | PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) | |

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| K0808 | PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0813 | PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0814 | PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0815 | PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0816 | PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0820 | PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0821 | PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS | Durable Medical Equipment (DME) | |
| K0822 | PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0823 | PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0824 | PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0825 | PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0826 | PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0827 | PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0828 | PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT | Durable Medical Equipment (DME) | |
| K0829 | PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT | Durable Medical Equipment (DME) | |
| K0830 | PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0831 | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB | Durable Medical Equipment (DME) | |
| K0835 | PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0836 | PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0837 | PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0838 | PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0839 | PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0840 | PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE | Durable Medical Equipment (DME) | |
| K0841 | PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0842 | PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS | Durable Medical Equipment (DME) | |
| K0843 | PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0848 | PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0849 | PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0850 | PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0851 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0852 | PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0853 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0854 | PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT | Durable Medical Equipment (DME) | |
| K0855 | PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT | Durable Medical Equipment (DME) | |
| K0856 | PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0857 | PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0858 | PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0859 | PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0860 | PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0861 | PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0862 | PWR WC GRP 3 HD MX PWR SLNG SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0863 | PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0864 | PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT | Durable Medical Equipment (DME) | |

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| K0868 | PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0869 | PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0870 | PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0871 | PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0877 | PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0878 | PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0879 | PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0880 | PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0884 | PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0885 | PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0886 | PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0890 | PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) | |
| K0891 | PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) | |
| K0900 | CUSTOMIZED DME OTHER THAN WHEELCHAIR | Durable Medical Equipment (DME) | |
| K1007 | BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS | Durable Medical Equipment (DME) | |
| K1027 | ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB | Durable Medical Equipment (DME) | |
| S1034 | ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC | Durable Medical Equipment (DME) | |
| S1035 | SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | |
| S1036 | TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | |
| S1037 | RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | |
| V5171 | HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE | Durable Medical Equipment (DME) | |
| V5172 | HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT | Durable Medical Equipment (DME) | |
| V5181 | HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE | Durable Medical Equipment (DME) | |
| V5211 | HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE | Durable Medical Equipment (DME) | |
| V5212 | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC | Durable Medical Equipment (DME) | |
| V5213 | HEARNG AID CNTRLTRL ROUT SYS BINAURAL ITE/BTE | Durable Medical Equipment (DME) | |
| V5214 | HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC | Durable Medical Equipment (DME) | |
| V5215 | HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE | Durable Medical Equipment (DME) | |
| V5221 | HEARNG AID CNTRLTRL ROUT SYS BINAURAL BTE/BTE | Durable Medical Equipment (DME) | |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE | Experimental/Investigational | |
| 27415 | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN | Experimental/Investigational | |
| 31242 | NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV | Experimental/Investigational | |
| 31243 | NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV | Experimental/Investigational | |
| 43290 | ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON | Experimental/Investigational | |
| 93702 | BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT | Experimental/Investigational | |
| 0214T | NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL | Experimental/Investigational | |
| 0215T | NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL | Experimental/Investigational | |
| 0216T | NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL | Experimental/Investigational | |
| 0217T | NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2 | Experimental/Investigational | |
| 0218T | NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL | Experimental/Investigational | |
| 0274T | PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC | Experimental/Investigational | |
| 0483T | TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH | Experimental/Investigational | |

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| 0484T | TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE | Experimental/Investigational | |
| 0488T | DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS | Experimental/Investigational | |
| 0569T | TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS | Experimental/Investigational | |
| 0570T | TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS | Experimental/Investigational | |
| 0674T | LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ | Experimental/Investigational | |
| 0675T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD | Experimental/Investigational | |
| 0676T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD | Experimental/Investigational | |
| 0677T | LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD | Experimental/Investigational | |
| 0678T | LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD | Experimental/Investigational | |
| 0679T | LAPAROSCOPIC REMOVAL LEAD PERM ISDSS | Experimental/Investigational | |
| 0680T | INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0681T | RELOCATION PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0682T | REMOVAL PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0683T | PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0684T | PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0685T | INTERROGATION DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0795T | TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS | Experimental/Investigational | |
| 0796T | TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D | Experimental/Investigational | |
| 0797T | TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT | Experimental/Investigational | |
| 0805T | TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D | Experimental/Investigational | |
| 0806T | TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR | Experimental/Investigational | |
| C9784 | ENDO SLEEVE GASTRO W/TUBE | Experimental/Investigational | |
| C9785 | ENDO OUTLET RESTRICT W/TUBE | Experimental/Investigational | |
| 81120 | IDH1 COMMON VARIANTS | Genetic Counseling & Testing | |
| 81121 | IDH2 COMMON VARIANTS | Genetic Counseling & Testing | |
| 81161 | DMD DUPLICATION DELETION ANALYSIS | Genetic Counseling & Testing | |
| 81162 | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS | Genetic Counseling & Testing | |
| 81163 | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81164 | BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81165 | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81166 | BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81167 | BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81173 | AR GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81175 | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81194 | NTRK TRANSLOCATION ANALYSIS | Genetic Counseling & Testing | |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81212 | BRCA1 BRCA 2 GEN ALYS 185DELGA 5385INSC 6174DELT | Genetic Counseling & Testing | |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS | Genetic Counseling & Testing | |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR | Genetic Counseling & Testing | |
| 81230 | CYP3A4 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |

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| 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81232 | DYPD GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81236 | EZH2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81277 | CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS | Genetic Counseling & Testing | |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81307 | PALB2 GENE ANALYSIS (FULL GENE SEQ) | Genetic Counseling & Testing | |
| 81309 | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81314 | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS | Genetic Counseling & Testing | |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE | Genetic Counseling & Testing | |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81351 | TP53 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | Genetic Counseling & Testing | |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | Genetic Counseling & Testing | |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | Genetic Counseling & Testing | |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | Genetic Counseling & Testing | |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 | Genetic Counseling & Testing | |
| 81410 | AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS | Genetic Counseling & Testing | |
| 81411 | AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81412 | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN | Genetic Counseling & Testing | |
| 81413 | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS | Genetic Counseling & Testing | |
| 81414 | CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES | Genetic Counseling & Testing | |
| 81415 | EXOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME | Genetic Counseling & Testing | |
| 81418 | DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS | Genetic Counseling & Testing | |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL | Genetic Counseling & Testing | |
| 81422 | FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS | Genetic Counseling & Testing | |
| 81425 | GENOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME | Genetic Counseling & Testing | |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ | Genetic Counseling & Testing | |
| 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES | Genetic Counseling & Testing | |
| 81431 | HEARING LOSS DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81432 | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing | |
| 81434 | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN | Genetic Counseling & Testing | |
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing | |
| 81437 | HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN | Genetic Counseling & Testing | |
| 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN | Genetic Counseling & Testing | |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ | Genetic Counseling & Testing | |
| 81441 | BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES | Genetic Counseling & Testing | |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS | Genetic Counseling & Testing | |

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| 81445 | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | Genetic Counseling & Testing | |
| 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL | Genetic Counseling & Testing | |
| 81449 | TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPPLSM, 5-50 GENES (EG, ALK_BRAF_CDKN2A_EGFR_ERBB2_KIT_KRAS_MET_NRAS_PDGFRA | Genetic Counseling & Testing | |
| 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE | Genetic Counseling & Testing | |
| 81451 | TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS | Genetic Counseling & Testing | |
| 81455 | GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN | Genetic Counseling & Testing | |
| 81456 | TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS | Genetic Counseling & Testing | |
| 81460 | WHOLE MITOCHONDRIAL GENOME | Genetic Counseling & Testing | |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL | Genetic Counseling & Testing | |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS | Genetic Counseling & Testing | |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS | Genetic Counseling & Testing | |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | Genetic Counseling & Testing | |
| 81503 | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS | Genetic Counseling & Testing | |
| 81518 | ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES | Genetic Counseling & Testing | |
| 81519 | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES | Genetic Counseling & Testing | |
| 81520 | ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES | Genetic Counseling & Testing | |
| 81521 | ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES | Genetic Counseling & Testing | |
| 81522 | ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES | Genetic Counseling & Testing | |
| 81523 | ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31 | Genetic Counseling & Testing | |
| 81525 | ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES | Genetic Counseling & Testing | |
| 81529 | ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG | Genetic Counseling & Testing | |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES | Genetic Counseling & Testing | |
| 81541 | ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES | Genetic Counseling & Testing | |
| 81542 | ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES | Genetic Counseling & Testing | |
| 81546 | ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG | Genetic Counseling & Testing | |
| 81551 | ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES | Genetic Counseling & Testing | |
| 81552 | ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES | Genetic Counseling & Testing | |
| 81554 | PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG | Genetic Counseling & Testing | |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES | Genetic Counseling & Testing | |
| 81599 | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS | Genetic Counseling & Testing | |
| 84999 | UNLISTED CHEMISTRY PROCEDURE | Genetic Counseling & Testing | |
| 0005U | ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR | Genetic Counseling & Testing | |
| 0006M | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER | Genetic Counseling & Testing | |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX | Genetic Counseling & Testing | |
| 0022U | TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES | Genetic Counseling & Testing | |
| 0037U | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES | Genetic Counseling & Testing | |
| 0152U | NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG | Genetic Counseling & Testing | |
| 0172U | ONC SLD TUM ALYS BRCA1 BRCA2 | Genetic Counseling & Testing | |
| 0175U | PSYC GEN ALYS PANEL 15 GENES | Genetic Counseling & Testing | |
| 0215U | RARE DS XOM DNA ALYS EA COMP | Genetic Counseling & Testing | |
| 0216U | NEURO INH ATAXIA DNA 12 COM | Genetic Counseling & Testing | |
| 0217U | NEURO INH ATAXIA DNA 51 GENE | Genetic Counseling & Testing | |
| 0239U | TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS | Genetic Counseling & Testing | |

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| 0345U | PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES | Genetic Counseling & Testing | |
| 0411U | PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES | Genetic Counseling & Testing | |
| 0419U | NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN | Genetic Counseling & Testing | |
| 90281 | IMMUNE GLOBULIN IG HUMAN IM USE | Healthcare Administered Drugs | |
| 90283 | IMMUNE GLOBULIN IGIV HUMAN IV USE | Healthcare Administered Drugs | |
| 90284 | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA | Healthcare Administered Drugs | |
| 90291 | CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV | Healthcare Administered Drugs | |
| 90371 | HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM | Healthcare Administered Drugs | |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E | Healthcare Administered Drugs | |
| A9596 | GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE | Healthcare Administered Drugs | |
| A9601 | FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE | Healthcare Administered Drugs | |
| B4187 | OMEGAVEN, 10 G LIPIDS | Healthcare Administered Drugs | |
| B4199 | PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR | Healthcare Administered Drugs | |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG | Healthcare Administered Drugs | |
| C9145 | INJ, APONVIE, 1 MG | Healthcare Administered Drugs | |
| C9173 | INJ, NYPOZI, 1 MCG | Healthcare Administered Drugs | |
| C9257 | INJECTION BEVACIZUMAB 0.25 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS | Healthcare Administered Drugs | |
| C9488 | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | |
| J0013 | ESKETAMINE, NASAL SPRAY, 1 MG | Healthcare Administered Drugs | |
| J0121 | INJECTION OMADACYCLINE 1 MG | Healthcare Administered Drugs | |
| J0122 | INJECTION, ERAVACYCLINE, 1 MG | Healthcare Administered Drugs | |
| J0129 | INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS | Healthcare Administered Drugs | |
| J0139 | INJ, ADALIMUMAB, 1 MG | Healthcare Administered Drugs | |
| J0174 | INJ, LECANEMAB-IRMB, 1 MG | Healthcare Administered Drugs | |
| J0175 | INJ, DONANEMAB-AZBT, 2 MG | Healthcare Administered Drugs | |
| J0177 | INJECTION, AFLIBERCEPT HD, 1 MG | Healthcare Administered Drugs | |
| J0178 | INJECTION AFLIBERCEPT 1 MG | Healthcare Administered Drugs | |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1MG | Healthcare Administered Drugs | |
| J0180 | INJECTION AGALSIDASE BETA 1 MG | Healthcare Administered Drugs | |
| J0185 | INJ., APREPITANT, 1MG | Healthcare Administered Drugs | |
| J0202 | INJECTION ALEMTUZUMAB 1 MG | Healthcare Administered Drugs | |
| J0208 | INJECTION, SODIUM THIOSULFATE, 100 MG | Healthcare Administered Drugs | |
| J0209 | INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG | Healthcare Administered Drugs | |
| J0217 | INJ, VELMANASE ALFA-TYCV, 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J0218 | INJECTION, OLIPUDASE ALFA-RPCP, 1 MG | Healthcare Administered Drugs | |
| J0219 | INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG | Healthcare Administered Drugs | |
| J0221 | INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG | Healthcare Administered Drugs | |
| J0222 | INJECTION PATISIRAN 0.1 MG | Healthcare Administered Drugs | |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Healthcare Administered Drugs | |
| J0224 | INJ. LUMASIRAN, 0.5 MG | Healthcare Administered Drugs | |

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| J0225 | INJ, VUTRISIRAN, 1 MG | Healthcare Administered Drugs | |
| J0248 | INJ, REMDESIVIR, 1 MG | Healthcare Administered Drugs | |
| J0256 | INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG | Healthcare Administered Drugs | |
| J0257 | INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG | Healthcare Administered Drugs | |
| J0291 | INJECTION PLAZOMICIN 5 MG | Healthcare Administered Drugs | |
| J0349 | INJECTION, REZAFUNGIN, 1 MG | Healthcare Administered Drugs | |
| J0364 | INJECTION APOMORPHINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | |
| J0458 | INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG) | Healthcare Administered Drugs | |
| J0490 | INJECTION BELIMUMAB 10 MG | Healthcare Administered Drugs | |
| J0491 | INJECTION ANIFROLUMAB-FNIA 1 MG | Healthcare Administered Drugs | |
| J0517 | INJECTION BENRALIZUMAB 1 MG | Healthcare Administered Drugs | |
| J0565 | INJECTION BEZLOTOXUMAB 10 MG | Healthcare Administered Drugs | |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG | Healthcare Administered Drugs | |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG | Healthcare Administered Drugs | |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT | Healthcare Administered Drugs | |
| J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNITS | Healthcare Administered Drugs | |
| J0587 | INJECTION RIMABOTULINUMTOXINB 100 UNITS | Healthcare Administered Drugs | |
| J0588 | INJECTION INCOBOTULINUMTOXIN A 1 UNIT | Healthcare Administered Drugs | |
| J0589 | INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT | Healthcare Administered Drugs | |
| J0593 | INJECTION, LANADELUMAB-FLYO 1 MG | Healthcare Administered Drugs | |
| J0596 | INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U | Healthcare Administered Drugs | |
| J0597 | INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS | Healthcare Administered Drugs | |
| J0598 | INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS | Healthcare Administered Drugs | |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS | Healthcare Administered Drugs | |
| J0601 | SEVELAMER CARBONATE 20 MG | Healthcare Administered Drugs | |
| J0602 | SEVELAMER CARBONATE PDR 20MG | Healthcare Administered Drugs | |
| J0603 | SEVELAMER HYDROCHLORIDE 20MG | Healthcare Administered Drugs | |
| J0604 | CINACALCET ORAL 1 MG | Healthcare Administered Drugs | |
| J0605 | SUCROFERRIC OXYHYDROXIDE 5MG | Healthcare Administered Drugs | |
| J0606 | INJECTION ETELCALCETIDE 0.1 MG | Healthcare Administered Drugs | |
| J0607 | LANTHANUM CARBONATE ORAL 5MG | Healthcare Administered Drugs | |
| J0608 | LANTHANUM CARBONATE PWDR 5MG | Healthcare Administered Drugs | |
| J0609 | FERRIC CITRATE ORL 3 MG IRON | Healthcare Administered Drugs | |
| J0615 | CALCIUM ACETATE, ORAL, 23 MG | Healthcare Administered Drugs | |
| J0630 | CALCITONIN SALMON INJECTION | Healthcare Administered Drugs | |
| J0638 | INJECTION CANAKINUMAB 1 MG | Healthcare Administered Drugs | |
| J0681 | INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG | Healthcare Administered Drugs | |
| J0695 | INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | Healthcare Administered Drugs | |
| J0699 | INJECTION, CEFIDEROCOL, 10 MG | Healthcare Administered Drugs | |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG | Healthcare Administered Drugs | |
| J0714 | INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G | Healthcare Administered Drugs | |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG | Healthcare Administered Drugs | |

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| J0725 | INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS | Healthcare Administered Drugs | |
| J0739 | INJECTION, CABOTEGRAVIR, 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J0741 | INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J0775 | INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG | Healthcare Administered Drugs | |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | Healthcare Administered Drugs | |
| J0801 | INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS | Healthcare Administered Drugs | |
| J0802 | INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS | Healthcare Administered Drugs | |
| J0850 | INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL | Healthcare Administered Drugs | |
| J0872 | INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG | Healthcare Administered Drugs | |
| J0873 | INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG | Healthcare Administered Drugs | |
| J0874 | INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG | Healthcare Administered Drugs | |
| J0875 | INJECTION DALBAVANCIN 5MG | Healthcare Administered Drugs | |
| J0877 | INJ, DAPTOMYCIN (HOSPIRA) | Healthcare Administered Drugs | |
| J0878 | INJECTION DAPTOMYCIN 1 MG | Healthcare Administered Drugs | |
| J0879 | INJECTION DIFELIKEFALIN 0.1 MICROGRAM | Healthcare Administered Drugs | |
| J0881 | INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE | Healthcare Administered Drugs | |
| J0885 | INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS | Healthcare Administered Drugs | |
| J0888 | INJECTION EPOETIN BETA 1 MICROGRAM | Healthcare Administered Drugs | |
| J0896 | INJECTION, LUPATERCEPT-AAMT, 0.25 MG | Healthcare Administered Drugs | |
| J0901 | VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS) | Healthcare Administered Drugs | |
| J0911 | INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON DIALYSIS) | Healthcare Administered Drugs | |
| J1073 | TESTOSTERONE PELLET, IMPLANT, 75 MG | Healthcare Administered Drugs | |
| J1095 | INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG | Healthcare Administered Drugs | |
| J1096 | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG | Healthcare Administered Drugs | |
| J1105 | DEXMEDETOMIDINE, ORAL, 1 MCG | Healthcare Administered Drugs | |
| J1202 | MIGLUSTAT, ORAL, 65 MG | Healthcare Administered Drugs | |
| J1203 | INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG | Healthcare Administered Drugs | |
| J1290 | INJECTION ECALLANTIDE 1 MG | Healthcare Administered Drugs | |
| J1299 | INJ, ECUZUMAB, 2 MG | Healthcare Administered Drugs | |
| J1301 | INJECTION EDARAVONE 1 MG | Healthcare Administered Drugs | |
| J1302 | INJ SUTIMLIMAB-JOME 10 MG | Healthcare Administered Drugs | |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG | Healthcare Administered Drugs | |
| J1304 | INJ, TOFERSEN, 1 MG | Healthcare Administered Drugs | |
| J1305 | INJECTION, EVINACUMAB-DGNB, 5 MG | Healthcare Administered Drugs | |
| J1306 | INJECTION, INCLISIRAN, MG | Healthcare Administered Drugs | |
| J1307 | INJ, CROVALIMAB-AKKZ, 10 MG | Healthcare Administered Drugs | |
| J1322 | INJECTION ELOSULFASE ALFA 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J1325 | INJECTION EPOPROSTENOL 0.5 MG | Healthcare Administered Drugs | |
| J1426 | INJECTION, CASIMERSEN, 10 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |

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| J1428 | INJECTION ETEPLIRSEN 10 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J1429 | INJECTION, GOLODIRSEN, 10 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10MG | Healthcare Administered Drugs | |
| J1438 | INJECTION ETANERCEPT 25 MG | Healthcare Administered Drugs | |
| J1439 | INJECTION FERRIC CARBOXYMALTOSE 1 MG | Healthcare Administered Drugs | |
| J1440 | FECAL MICROBIOTA, LIVE - JSLM, 1 ML | Healthcare Administered Drugs | |
| J1442 | INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC | Healthcare Administered Drugs | |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROGRAM | Healthcare Administered Drugs | |
| J1449 | INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG | Healthcare Administered Drugs | |
| J1454 | INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | Healthcare Administered Drugs | |
| J1456 | INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG | Healthcare Administered Drugs | |
| J1458 | INJECTION GALSULFASE 1 MG | Healthcare Administered Drugs | |
| J1459 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN) | Healthcare Administered Drugs | |
| J1460 | INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC | Healthcare Administered Drugs | |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG | Healthcare Administered Drugs | |
| J1552 | INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG | Healthcare Administered Drugs | |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG | Healthcare Administered Drugs | |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG | Healthcare Administered Drugs | |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG | Healthcare Administered Drugs | |
| J1557 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX) | Healthcare Administered Drugs | |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG | Healthcare Administered Drugs | |
| J1559 | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG | Healthcare Administered Drugs | |
| J1560 | INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC | Healthcare Administered Drugs | |
| J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1566 | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG | Healthcare Administered Drugs | |
| J1568 | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1569 | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1573 | INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML | Healthcare Administered Drugs | |
| J1575 | INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG | Healthcare Administered Drugs | |
| J1576 | INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG | Healthcare Administered Drugs | |

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| J1595 | INJECTION GLATIRAMER ACETATE 20 MG | Healthcare Administered Drugs | |
| J1599 | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG | Healthcare Administered Drugs | |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE | Healthcare Administered Drugs | |
| J1627 | INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG | Healthcare Administered Drugs | |
| J1628 | INJECTION GUSELKUMAB 1 MG | Healthcare Administered Drugs | |
| J1632 | INJECTION, BREXANOLONE, 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J1640 | INJECTION HEMIN 1 MG | Healthcare Administered Drugs | |
| J1645 | INJECTION DALTEPARIN SODIUM PER 2500 IU | Healthcare Administered Drugs | |
| J1729 | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG | Healthcare Administered Drugs | |
| J1743 | INJECTION IDURSULFASE 1 MG | Healthcare Administered Drugs | |
| J1744 | INJECTION ICATIBANT 1 MG | Healthcare Administered Drugs | |
| J1745 | INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG | Healthcare Administered Drugs | |
| J1747 | INJECTION, SPESOLIMAB-SBZO, 1 M | Healthcare Administered Drugs | |
| J1748 | INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG | Healthcare Administered Drugs | |
| J1786 | INJECTION IMIGLUCERASE 10 UNITS | Healthcare Administered Drugs | |
| J1809 | INJ, FOSDENOPTERIN, 0.1 MG | Healthcare Administered Drugs | |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | Healthcare Administered Drugs | |
| J1826 | INJECTION INTERFERON BETA-1A 30 MCG | Healthcare Administered Drugs | |
| J1830 | INJECTION INTERFERON BETA-1B 0.25 MG | Healthcare Administered Drugs | |
| J1833 | INJECTION ISAVUCONAZONIUM 1 MG | Healthcare Administered Drugs | |
| J1837 | INJ, POSACONAZOLE, 1 MG | Healthcare Administered Drugs | |
| J1931 | INJECTION LARONIDASE 0.1 MG | Healthcare Administered Drugs | |
| J1941 | INJECTION, FUROSEMIDE (FUROSCIX), 20 MG | Healthcare Administered Drugs | |
| J1950 | INJECTION LEUPROLIDE ACETATE PER 3.75 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| J1951 | INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG | Healthcare Administered Drugs | |
| J1961 | INJECTION, LENACAPAVIR, 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J2170 | INJECTION MECASERMIN 1 MG | Healthcare Administered Drugs | |
| J2182 | INJECTION MEPOLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2186 | INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG | Healthcare Administered Drugs | |
| J2267 | INJ, MIRIKIZUMAB-MRKZ, 1 MG | Healthcare Administered Drugs | |
| J2277 | INJECTION, MOTIXAFORTIDE, 0.25 MG | Healthcare Administered Drugs | |
| J2323 | INJECTION NATALIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2327 | INJ RISANKIZUMAB-RZAA 1 MG | Healthcare Administered Drugs | |
| J2329 | INJECTION, UBLITUXIMAB-XIIV, 1MG | Healthcare Administered Drugs | |
| J2350 | INJECTION OCRELIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2351 | INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ | Healthcare Administered Drugs | |
| J2356 | INJECTION, TEZEPELUMB-EKKO, 1 MG | Healthcare Administered Drugs | |
| J2357 | INJECTION OMALIZUMAB 5 MG | Healthcare Administered Drugs | |
| J2406 | INJECTION, ORITAVANCIN (KIMYRSA), 10 MG | Healthcare Administered Drugs | |

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| J2407 | INJECTION, ORITAVANCIN (ORBACTIV), 10 MG | Healthcare Administered Drugs | |
| J2468 | INJ, PALONOSETRON HCL (POSFREA), 25 MCG | Healthcare Administered Drugs | |
| J2502 | INJECTION PASIREOTIDE LONG ACTING 1 MG | Healthcare Administered Drugs | |
| J2506 | INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| J2507 | INJECTION PEGLOTICASE 1 MG | Healthcare Administered Drugs | |
| J2508 | INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG | Healthcare Administered Drugs | |
| J2562 | INJECTION PLERIXAFOR 1 MG | Healthcare Administered Drugs | |
| J2724 | INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU | Healthcare Administered Drugs | |
| J2777 | INJ FARICIMAB-SVOA 0.1 MG | Healthcare Administered Drugs | |
| J2778 | INJECTION RANIBIZUMAB 0.1 MG | Healthcare Administered Drugs | |
| J2779 | INJECTION, RANIBIZUMAB, VIA INTRAVITREACK IMPLANT (SUSVIMO), 0.1 MG | Healthcare Administered Drugs | |
| J2781 | INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG | Healthcare Administered Drugs | |
| J2782 | INJECTION, AVACINCAPTED PEGOL, 0.1 MG | Healthcare Administered Drugs | |
| J2786 | INJECTION RESLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2787 | RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML | Healthcare Administered Drugs | |
| J2793 | INJECTION RILONACEPT 1 MG | Healthcare Administered Drugs | |
| J2802 | INJ, ROMIPLOSTIM, 1 MICROGRAM | Healthcare Administered Drugs | |
| J2820 | INJECTION SARGRAMOSTIM 50 MCG | Healthcare Administered Drugs | |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG | Healthcare Administered Drugs | |
| J2941 | INJECTION SOMATROPIN 1 MG | Healthcare Administered Drugs | |
| J2998 | INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG | Healthcare Administered Drugs | |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG | Healthcare Administered Drugs | |
| J3032 | INJECTION, EPTINEZUMAG-JJMR, 1MG | Healthcare Administered Drugs | |
| J3060 | INJECTION TALIGLUCERASE ALFA 10 UNITS | Healthcare Administered Drugs | |
| J3090 | INJECTION TEDIZOLID PHOSPHATE 1 MG | Healthcare Administered Drugs | |
| J3095 | INJECTION TELAVANCIN 10 MG | Healthcare Administered Drugs | |
| J3110 | INJECTION TERIPARATIDE 10 MCG | Healthcare Administered Drugs | |
| J3111 | INJECTION, ROMOSOZUMAB-AQQG, 1 MG | Healthcare Administered Drugs | |
| J3145 | INJECTION TESTOSTERONE UNDECANOATE 1 MG | Healthcare Administered Drugs | |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10MG | Healthcare Administered Drugs | |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3247 | INJ, SECUKINUMAB, INTRAVENOUS, 1 MG | Healthcare Administered Drugs | |
| J3262 | INJECTION TOCILIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3285 | INJECTION TREPROSTINIL 1 MG | Healthcare Administered Drugs | |
| J3299 | INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG | Healthcare Administered Drugs | |
| J3304 | INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG | Healthcare Administered Drugs | |
| J3315 | INJECTION TRIPTORELIN PAMOATE 3.75 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG | Healthcare Administered Drugs | |

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| J3357 | USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG | Healthcare Administered Drugs | |
| J3358 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | Healthcare Administered Drugs | |
| J3380 | INJECTION VEDOLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3385 | INJECTION VELAGLUCERASE ALFA 100 UNITS | Healthcare Administered Drugs | |
| J3396 | INJECTION VERTEPORFIN 0.1 MG | Healthcare Administered Drugs | |
| J3397 | INJECTION VESTRONIDASE ALFA-VJBK 1 MG | Healthcare Administered Drugs | |
| J3490 | UNCLASSIFIED DRUGS | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| J3590 | UNCLASSIFIED BIOLOGICS | Healthcare Administered Drugs | |
| J3591 | UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS | Healthcare Administered Drugs | |
| J7168 | PRT COMPLEX CONC KCENTRA PER IU FIX ACT | Healthcare Administered Drugs | |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG | Healthcare Administered Drugs | |
| J7171 | INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU | Healthcare Administered Drugs | |
| J7172 | INJ MARSTACIMAB, 0.5 MG | Healthcare Administered Drugs | |
| J7173 | INJ, CONCIZUMAB-MTCL, 0.5 MG | Healthcare Administered Drugs | |
| J7174 | INJ, FITUSIRAN, 0.04 MG | Healthcare Administered Drugs | |
| J7175 | INJECTION FACTOR X 1 I.U. | Healthcare Administered Drugs | |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG | Healthcare Administered Drugs | |
| J7178 | INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG | Healthcare Administered Drugs | |
| J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO | Healthcare Administered Drugs | |
| J7180 | INJECTION FACTOR XIII 1 I.U. | Healthcare Administered Drugs | |
| J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU | Healthcare Administered Drugs | |
| J7182 | INJECTION FACTOR VIII PER IU (ANTHEMOPHILIC FACTOR, RECOMBINANT) (NOVOEIGHT) | Healthcare Administered Drugs | |
| J7183 | INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO | Healthcare Administered Drugs | |
| J7185 | INJECTION FACTOR VIII PER IU (ANTHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA) | Healthcare Administered Drugs | |
| J7186 | INJ AHF VWF CMLX PER FACTOR VIII IU | Healthcare Administered Drugs | |
| J7187 | INJ VONWILLEBRND FACTOR CMLX HUMN RISTOCETIN IU | Healthcare Administered Drugs | |
| J7188 | INJECTION FACTOR VIII PER I.U. | Healthcare Administered Drugs | |
| J7189 | FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG | Healthcare Administered Drugs | |
| J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU | Healthcare Administered Drugs | |
| J7191 | FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU | Healthcare Administered Drugs | |
| J7192 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | |
| J7193 | FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU | Healthcare Administered Drugs | |
| J7194 | FACTOR IX COMPLEX PER IU | Healthcare Administered Drugs | |
| J7195 | INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | |
| J7196 | INJECTION ANTITHROMBIN RECOMBINANT 50 I.U. | Healthcare Administered Drugs | |
| J7197 | ANTITHROMBIN III PER IU | Healthcare Administered Drugs | |
| J7198 | ANTI-INHIBITOR PER IU | Healthcare Administered Drugs | |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOC | Healthcare Administered Drugs | |
| J7200 | INJECTION FACTOR IX RIXUBIS PER IU | Healthcare Administered Drugs | |
| J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U. | Healthcare Administered Drugs | |
| J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U. | Healthcare Administered Drugs | |
| J7203 | INJECTION FACTOR IX GLYCOPEGYLATED 1 IU | Healthcare Administered Drugs | |

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| J7204 | INJ FACTR VIII ANTIHEM FAC GLYCOPEGLATD-EXEI P-IU | Healthcare Administered Drugs | |
| J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU | Healthcare Administered Drugs | |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U. | Healthcare Administered Drugs | |
| J7208 | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU | Healthcare Administered Drugs | |
| J7209 | INJECTION FACTOR VIII 1 I.U. | Healthcare Administered Drugs | |
| J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U. | Healthcare Administered Drugs | |
| J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U. | Healthcare Administered Drugs | |
| J7212 | FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENEFACT) 1 MCG | Healthcare Administered Drugs | |
| J7213 | INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U. | Healthcare Administered Drugs | |
| J7214 | INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIQ) PER FACTOR VIII IU " | Healthcare Administered Drugs | |
| J7308 | AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE | Healthcare Administered Drugs | |
| J7311 | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT | Healthcare Administered Drugs | |
| J7312 | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG | Healthcare Administered Drugs | |
| J7313 | INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG | Healthcare Administered Drugs | |
| J7314 | INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG | Healthcare Administered Drugs | |
| J7318 | HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG | Healthcare Administered Drugs | |
| J7320 | HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG | Healthcare Administered Drugs | |
| J7321 | HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7322 | HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG | Healthcare Administered Drugs | |
| J7323 | HYALURONAN DERIVATIVE EUFLEXA IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7324 | HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7325 | HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG | Healthcare Administered Drugs | |
| J7326 | HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS | Healthcare Administered Drugs | |
| J7327 | HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7328 | HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG | Healthcare Administered Drugs | |
| J7329 | HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG | Healthcare Administered Drugs | |
| J7331 | HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG | Healthcare Administered Drugs | |
| J7332 | HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG | Healthcare Administered Drugs | |
| J7336 | CAPSAICIN 8% PATCH, PER SQ CENTIMETER | Healthcare Administered Drugs | |
| J7351 | INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG | Healthcare Administered Drugs | |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | Healthcare Administered Drugs | |
| J7353 | ANACAULASE-BCDB, 8.8% GEL, 1 GRAM | Healthcare Administered Drugs | |
| J7354 | CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG) | Healthcare Administered Drugs | |
| J7355 | INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM | Healthcare Administered Drugs | |
| J7356 | INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG | Healthcare Administered Drugs | |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG | Healthcare Administered Drugs | |
| J7511 | LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG | Healthcare Administered Drugs | |
| J7601 | ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME UNIT | Healthcare Administered Drugs | |
| J7639 | DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG | Healthcare Administered Drugs | |
| J7677 | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG | Healthcare Administered Drugs | |
| J7682 | TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG | Healthcare Administered Drugs | |
| J7686 | TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG | Healthcare Administered Drugs | |
| J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |

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| J8499 | PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS | Healthcare Administered Drugs | |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL | Healthcare Administered Drugs | |
| J8670 | ROLAPITANT ORAL 1 MG | Healthcare Administered Drugs | |
| J9035 | INJECTION BEVACIZUMAB 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| J9038 | INJ, AXATILIMAB-CSFR, 0.1 MG | Healthcare Administered Drugs | |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG | Healthcare Administered Drugs | |
| J9218 | LEUPROLIDE ACETATE PER 1 MG | Healthcare Administered Drugs | One J code unit allowed per calendar year without PA. |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| J9226 | HISTRELIN IMPLANT SUPPRELIN LA 50 MG | Healthcare Administered Drugs | |
| J9256 | INJ, NIPOCALIMAB-AAHU, 3 MG | Healthcare Administered Drugs | |
| J9312 | INJECTION RITUXIMAB 10 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| J9332 | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG | Healthcare Administered Drugs | |
| J9333 | INJ, ROZANOLIXIZUMAB-NOLI, 1 MG | Healthcare Administered Drugs | |
| J9334 | INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC | Healthcare Administered Drugs | |
| J9361 | INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG | Healthcare Administered Drugs | |
| J9376 | INJECTION, POZELIMAB-BBFG, 1 MG | Healthcare Administered Drugs | |
| J9381 | INJECTION, TEPLIZUMAB-MZWV, 5 MCG | Healthcare Administered Drugs | |
| Q0138 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD | Healthcare Administered Drugs | |
| Q0139 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD | Healthcare Administered Drugs | |
| Q0224 | INJ, PEMIVIBART, 4500 MG | Healthcare Administered Drugs | |
| Q0235 | INJ, MNCLNLNTBDY PRDCTS FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19_NOC 1 MG | Healthcare Administered Drugs | |
| Q3027 | INJECTION INTERFERON BETA-1A 1 MCG IM USE | Healthcare Administered Drugs | |
| Q3028 | INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE | Healthcare Administered Drugs | |
| Q4074 | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG | Healthcare Administered Drugs | |
| Q5098 | INJ, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5099 | INJ, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5100 | INJ, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5103 | INJECTION INFILIXIMAB-DYB BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5104 | INJECTION INFILIXIMAB-ABDA BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5106 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U | Healthcare Administered Drugs | |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| Q5108 | INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG | Healthcare Administered Drugs | |
| Q5111 | INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG | Healthcare Administered Drugs | |
| Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |

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| Q5118 | INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIENTENZO), 0.5 MG | Healthcare Administered Drugs | |
| Q5121 | INJECTION, INFILIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | Healthcare Administered Drugs | |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG | Healthcare Administered Drugs | |
| Q5123 | INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG | Healthcare Administered Drugs | No PA required for cancer diagnosis |
| Q5124 | INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG | Healthcare Administered Drugs | |
| Q5125 | INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG | Healthcare Administered Drugs | |
| Q5126 | BEVACIZUMAB-MALY, BIOSIMILAR | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| Q5127 | INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| Q5128 | INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG | Healthcare Administered Drugs | |
| Q5129 | INJECTION, BEVACIZUMAB-ADCC (VEGZELMA), BIOSIMILAR, 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| Q5130 | INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| Q5133 | INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5134 | INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5135 | INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5136 | INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5137 | INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG | Healthcare Administered Drugs | |
| Q5138 | INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG | Healthcare Administered Drugs | |
| Q5140 | INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5141 | INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5142 | INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5143 | INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5144 | INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5145 | INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5147 | INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5148 | INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM | Healthcare Administered Drugs | |
| Q5149 | INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5150 | INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5151 | INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG | Healthcare Administered Drugs | |
| Q5152 | INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG | Healthcare Administered Drugs | |
| Q5153 | INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5154 | INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG | Healthcare Administered Drugs | |
| Q5155 | INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5156 | INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |

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| Q5157 | INJ, DENOSUMAB-BMWO (STOBACLO/OSENVELT), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5158 | INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5159 | INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5160 | INJ, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| Q9996 | INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG | Healthcare Administered Drugs | |
| Q9997 | INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG | Healthcare Administered Drugs | |
| Q9998 | INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG | Healthcare Administered Drugs | |
| Q9999 | INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| S0013 | ESKETAMINE, NASAL SPRAY, 1 MG | Healthcare Administered Drugs | This service is carved out to MDHHS. |
| S0122 | INJECTION MENOTROPINS 75 IU | Healthcare Administered Drugs | |
| S0126 | INJECTION FOLLITROPIN ALFA 75 IU | Healthcare Administered Drugs | |
| S0128 | INJECTION FOLLITROPIN BETA 75 IU | Healthcare Administered Drugs | |
| S0132 | INJECTION GANIRELIX ACETATE 250 MCG | Healthcare Administered Drugs | |
| S0157 | BECAPLERMIN GEL 0.01PCT 0.5 GM | Healthcare Administered Drugs | |
| S0189 | TESTOSTERONE PELLETT 75 MG | Healthcare Administered Drugs | |
| S1091 | STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM | Healthcare Administered Drugs | |
| G0151 | SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN | Home Health Care Services | |
| G0152 | SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN | Home Health Care Services | |
| G0153 | SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN | Home Health Care Services | |
| G0155 | SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN | Home Health Care Services | |
| G0156 | SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN | Home Health Care Services | |
| G0157 | SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | |
| G0158 | SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | |
| G0159 | SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS | Home Health Care Services | |
| G0160 | SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS | Home Health Care Services | |
| G0161 | SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M | Home Health Care Services | |
| G0162 | SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS | Home Health Care Services | |
| G0299 | DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN | Home Health Care Services | |
| G0300 | DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN | Home Health Care Services | |
| G0490 | FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA | Home Health Care Services | |
| G0493 | SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN | Home Health Care Services | |
| G0494 | SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN | Home Health Care Services | |
| G0495 | SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN | Home Health Care Services | |
| G0496 | SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN | Home Health Care Services | |
| 15271 | APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25 | Hyperbaric/Wound Therapy | |
| 15272 | APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC | Hyperbaric/Wound Therapy | |
| 15273 | APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM | Hyperbaric/Wound Therapy | |
| 15274 | APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S | Hyperbaric/Wound Therapy | |
| 15275 | SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM | Hyperbaric/Wound Therapy | |
| 15276 | SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM | Hyperbaric/Wound Therapy | |

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| 15277 | SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ | Hyperbaric/Wound Therapy | |
| 15278 | SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ | Hyperbaric/Wound Therapy | |
| 99183 | PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION | Hyperbaric/Wound Therapy | |
| A2001 | INNOVAMATRIX AC PER SQ CM | Hyperbaric/Wound Therapy | |
| A2002 | MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2004 | XCELLISTEM, 1 MG | Hyperbaric/Wound Therapy | |
| A2005 | MICROLYTE MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2006 | NOVOSORB SYNPATH PER SQ CM | Hyperbaric/Wound Therapy | |
| A2007 | RESTRATA, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2008 | THERAGENESIS, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2009 | SYMPHONY, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2010 | APIS, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| A2011 | SUPRA SDRM, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2012 | SUPRATHEL, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2013 | INNOVAMATRIX FS, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2014 | OMEZA COLLAG PER 100 MG | Hyperbaric/Wound Therapy | |
| A2015 | PHOENIX WND MTRX, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2016 | PERMEADERM B, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2017 | PERMEADERM GLOVE, EACH | Hyperbaric/Wound Therapy | |
| A2018 | PERMEADERM C, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2019 | KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM | Hyperbaric/Wound Therapy | |
| A2020 | ACS ADVANCED WOUND SYSTEM | Hyperbaric/Wound Therapy | |
| A2021 | NEOMATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2022 | INNOVABRN/INNOVAMATX XL SQCM | Hyperbaric/Wound Therapy | |
| A2023 | INNOVAMATRIX PD, 1 MG | Hyperbaric/Wound Therapy | |
| A2024 | RESOLVE OR XENOPATCH SQ CM | Hyperbaric/Wound Therapy | |
| A2025 | MIRO3D PER CUBIC CM | Hyperbaric/Wound Therapy | |
| A2026 | RESTRATA MINIMATRIX, 5 MG | Hyperbaric/Wound Therapy | |
| A2027 | MATRIDERM PER SQ CM | Hyperbaric/Wound Therapy | |
| A2028 | MICROMATRIX FLEX PER MG | Hyperbaric/Wound Therapy | |
| A2029 | MIROTRACT MATRIX SHEET | Hyperbaric/Wound Therapy | |
| A2030 | MIRO3D FIBERS, PER MG | Hyperbaric/Wound Therapy | |
| A2031 | MIRODRY, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2032 | MYRIAD MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2033 | MYRIAD MORCELLS, 4 MG | Hyperbaric/Wound Therapy | |
| A2034 | FOUND DRS SOLO, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2035 | CORPL P THERAC P ALLAC P MG | Hyperbaric/Wound Therapy | |
| A2036 | COHEALYX COL DML MX PR SQ CM | Hyperbaric/Wound Therapy | |
| A2037 | G4DERM PLUS, PER ML | Hyperbaric/Wound Therapy | |
| A2038 | MARIGEN PACTO, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2039 | INNOVAMATRIX FD, PER SQ CM | Hyperbaric/Wound Therapy | |
| A4100 | SKIN SUB FDA CLRD AS DEV NOS | Hyperbaric/Wound Therapy | |
| C9250 | ARTISS FIBRIN SEALANT | Hyperbaric/Wound Therapy | |

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| G0277 | HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT | Hyperbaric/Wound Therapy | |
| Q4101 | APLIGRAF PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4102 | OASIS WOUND MATRIX | Hyperbaric/Wound Therapy | |
| Q4103 | OASIS BURN MATRIX | Hyperbaric/Wound Therapy | |
| Q4104 | INTEGRA BMWWD | Hyperbaric/Wound Therapy | |
| Q4105 | INTEGRA DRT OR OMNIGRAFT | Hyperbaric/Wound Therapy | |
| Q4107 | GRAFTJACKET | Hyperbaric/Wound Therapy | |
| Q4108 | INTEGRA MATRIX | Hyperbaric/Wound Therapy | |
| Q4110 | PRIMATRIX | Hyperbaric/Wound Therapy | |
| Q4111 | GAMMAGRAFT | Hyperbaric/Wound Therapy | |
| Q4112 | CYMETRA INJECTABLE | Hyperbaric/Wound Therapy | |
| Q4113 | GRAFTJACKET XPRESS | Hyperbaric/Wound Therapy | |
| Q4114 | INTEGRA FLOWABLE WOUND MATRI | Hyperbaric/Wound Therapy | |
| Q4115 | ALLOSKIN | Hyperbaric/Wound Therapy | |
| Q4116 | ALLODERM PER SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4117 | HYALOMATRIX | Hyperbaric/Wound Therapy | |
| Q4118 | MATRISTEM MICROMATRIX | Hyperbaric/Wound Therapy | |
| Q4121 | THERASKIN PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4122 | DERMACELL, AWM, POROUS SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4123 | ALLOSKIN | Hyperbaric/Wound Therapy | |
| Q4124 | OASIS TRI-LAYER WOUND MATRIX | Hyperbaric/Wound Therapy | |
| Q4125 | ARTHROFLEX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4126 | MEMODERM DERMASPERAN TRANZGRFT INTEGUPPLY PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4127 | TALYMED | Hyperbaric/Wound Therapy | |
| Q4128 | FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4130 | STRATTICE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4132 | GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4133 | GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4134 | HMATRIX | Hyperbaric/Wound Therapy | |
| Q4135 | MEDISKIN | Hyperbaric/Wound Therapy | |
| Q4136 | EZDERM | Hyperbaric/Wound Therapy | |
| Q4137 | AMNIOEXCEL BIODExcel 1SQ CM | Hyperbaric/Wound Therapy | |
| Q4138 | BIODFENCE DRYFLEX, 1CM | Hyperbaric/Wound Therapy | |
| Q4139 | AMNIO OR BIODMATRIX, INJ 1CC | Hyperbaric/Wound Therapy | |
| Q4140 | BIODFENCE 1CM | Hyperbaric/Wound Therapy | |
| Q4141 | ALLOSKIN AC, 1 CM | Hyperbaric/Wound Therapy | |
| Q4142 | XCM BIOLOGIC TISS MATRIX 1CM | Hyperbaric/Wound Therapy | |
| Q4143 | REPRIZA, 1CM | Hyperbaric/Wound Therapy | |
| Q4145 | EPIFIX, INJ, 1MG | Hyperbaric/Wound Therapy | |
| Q4146 | TENSIX, 1CM | Hyperbaric/Wound Therapy | |
| Q4147 | ARCHITECT ECM PX FX 1 SQ CM | Hyperbaric/Wound Therapy | |

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| Q4148 | NEOX NEOX RT OR CLARIX CORD | Hyperbaric/Wound Therapy | |
| Q4149 | EXCELLAGEN, 0.1 CC | Hyperbaric/Wound Therapy | |
| Q4150 | ALLOWRAP DS OR DRY PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4151 | AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4152 | DERMAPURE 1 SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4153 | DERMAVEST, PLURIVEST SQ CM | Hyperbaric/Wound Therapy | |
| Q4154 | BIOVANCE 1 SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG | Hyperbaric/Wound Therapy | |
| Q4156 | NEOX 100 OR CLARIX 100 PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4157 | REVITALON PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4158 | KERECIS OMEGA3 PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4159 | AFFINITY PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4160 | NUSHIELD PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4161 | BIO-CONNKT PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4163 | WOUNDEX BIOSKIN PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4164 | HELICOLL PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4165 | KERAMATRIX, KERASORB SQ CM | Hyperbaric/Wound Therapy | |
| Q4166 | CYTAL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4167 | TRUSKIN, PER SQ CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4168 | AMNIOBAND, 1 MG | Hyperbaric/Wound Therapy | |
| Q4169 | ARTACENT WOUND, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4170 | CYGNUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4171 | INTERFYL, 1 MG | Hyperbaric/Wound Therapy | |
| Q4173 | PALINGEN OR PALINGEN XPLUS | Hyperbaric/Wound Therapy | |
| Q4174 | PALINGEN OR PROMATRX | Hyperbaric/Wound Therapy | |
| Q4175 | MIRODERM | Hyperbaric/Wound Therapy | |
| Q4176 | NEOPATCH OR THERION, 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | Hyperbaric/Wound Therapy | |
| Q4178 | FLOWERAMNIOPATCH PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4179 | FLOWERDERM PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4180 | REVITA PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4181 | AMNIO WOUND PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4182 | TRANSCYTE PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4183 | SURGIGRAFT, 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4184 | CELLESTA OR DUO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4185 | CELLESTA FLOWAB AMNION 0.5CC | Hyperbaric/Wound Therapy | |
| Q4186 | EPIFIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4187 | EPICORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4188 | AMNIOARMOR 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4189 | ARTACENT AC, 1 MG | Hyperbaric/Wound Therapy | |
| Q4190 | ARTACENT AC 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4191 | RESTORIGIN, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |

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| Q4192 | RESTORIGIN, 1 CC | Hyperbaric/Wound Therapy | |
| Q4193 | COLL-E-DERM 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4194 | NOVACHOR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4195 | PURAPLY PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4196 | PURAPLY AM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4197 | PURAPLY XT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4198 | GENESIS AMNIO MEMBRANE 1SQCM | Hyperbaric/Wound Therapy | |
| Q4199 | CYGNUS MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4200 | SKIN TE 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4201 | MATRION 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4202 | KEROXX (2.5G/CC), 1CC | Hyperbaric/Wound Therapy | |
| Q4203 | DERMA-GIDE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4204 | XWRAP PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4206 | FLUID FLOW OR FLUID GF 1 CC | Hyperbaric/Wound Therapy | |
| Q4208 | NOVAFIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4209 | SURGRAFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4211 | AMNION BIO OR AXOBIO SQ CM | Hyperbaric/Wound Therapy | |
| Q4212 | ALLOGEN, PER CC | Hyperbaric/Wound Therapy | |
| Q4213 | ASCENT, 0.5 MG | Hyperbaric/Wound Therapy | |
| Q4214 | CELLESTA CORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG | Hyperbaric/Wound Therapy | |
| Q4216 | ARTACENT CORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4217 | WOUNDFIX BIOWOUND PLUS XPLUS | Hyperbaric/Wound Therapy | |
| Q4218 | SURGICORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4219 | SURGIGRAFT-DUAL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4220 | BELLACELL HD, SUREDERM SQ CM | Hyperbaric/Wound Therapy | |
| Q4221 | AMNIO WRAP2 PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4222 | PROGENAMATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4224 | HHF10-P PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4225 | AMNIO OR DERMA TL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4226 | MYOWN HARV PREP PROC SQ CM | Hyperbaric/Wound Therapy | |
| Q4227 | AMNIOCORE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4229 | COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4230 | COGENEX FLOW AMNION 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4232 | CORPLEX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4233 | SURFACTOR /NUDYN PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4234 | XCELLERATE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4235 | AMNIOREPAIR OR ALTIPLY SQ CM | Hyperbaric/Wound Therapy | |
| Q4236 | CAREPATCH, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4237 | CRYO-CORD, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4238 | DERM-MAXX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4239 | AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4240 | CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4241 | POLYCYTE, TOPICAL ONLY 0.5CC | Hyperbaric/Wound Therapy | |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4245 | AMNIOTEXT, PER CC | Hyperbaric/Wound Therapy | |
| Q4246 | CORETEXT OR PROTEXT, PER CC | Hyperbaric/Wound Therapy | |
| Q4247 | AMNIOTEXT PATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4248 | DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4249 | AMNIPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4250 | AMNIOAMP-MP, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4251 | VIM, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4252 | VENDAJE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4253 | ZENITH AMNIOTIC MEMBRANE PSC | Hyperbaric/Wound Therapy | |
| Q4254 | NOVAFIX DL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4255 | REGUARD, TOPICAL USE PER SQ | Hyperbaric/Wound Therapy | |
| Q4256 | MLG COMPLET, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4257 | RELESE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4258 | ENVERSE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4259 | CELERA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4260 | SIGNATURE APATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4261 | TAG, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4262 | DUAL LAYER IMPAX MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4263 | SURGRAFT TL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4264 | COCOON MEMBRANE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4265 | NEOSTIM TL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4266 | NEOSTIM MEMBRANE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4267 | NEOSTIM DL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4268 | SURGRAFT FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4269 | SURGRAFT XT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4270 | COMPLETE SL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4271 | COMPLETE FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4272 | ESANO A, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4273 | ESANO AAA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4274 | ESANO AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4275 | ESANO ACA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4276 | ORION, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4278 | EPIEFFECT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4279 | VENDAJE AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4280 | XCELL AMNIO MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4281 | BARRERA SL OR BARRERA DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4282 | CYGNUS DUAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4283 | BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4284 | DERMABIND SL, PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4285 | NUDYN DL OR DL MESH PR SQ CM | Hyperbaric/Wound Therapy | |
| Q4286 | NUDYN SL OR SLW, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4287 | DERMABIND DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4288 | DERMABIND CH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4289 | REVOSHIELD+ AMNIO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4290 | MEMBRANE WRAP HYDR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4291 | LAMELLAS XT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4292 | LAMELLAS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4293 | ACESSO DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4294 | AMNIO QUAD-CORE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4295 | AMNIO TRI-CORE AMNIOTIC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4296 | REBOUND MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4297 | EMERGE MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4298 | AMNICORE PRO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4299 | AMNICORE PRO Plus PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4300 | ACESSO TL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4301 | ACTIVATE MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4302 | COMPLETE ACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4303 | COMPLETE AA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4304 | GRAFIX PLUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4305 | AMER AM AC TRI-LAY PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4306 | AMERIC AMNION AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4307 | AMERICAN AMNION, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4308 | SANOPELLIS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4309 | VIA MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4310 | PROCENTA, PER 100 MG | Hyperbaric/Wound Therapy | |
| Q4311 | ACESSO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4312 | ACESSO AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4313 | DERMABIND FM, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4314 | REEVA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4315 | REGENELINK AMNIOTIC MEM ALLO | Hyperbaric/Wound Therapy | |
| Q4316 | AMCHOPLAST PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4317 | VITOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4318 | E-GRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4319 | SANOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4320 | PELLOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4321 | RENOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4322 | CAREGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4323 | ALLOPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4324 | AMNIOTX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4325 | ACAPATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4326 | WOUNDPLUS, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4327 | DUOAMNION, PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4328 | MOST, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4329 | SINGLAY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4330 | TOTAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4331 | AXOLOTL GRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4332 | AXOLOTL DUALGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4333 | ARDEOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4334 | AMNIOPLAST 1, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4335 | AMNIOPLAST 2, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4336 | ARTECENT C, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4337 | ARTECENT TRIDENT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4338 | ARTACENT VELOS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4339 | ARTACENT VERICLEN, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4340 | SIMPLIGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4341 | SIMPLIMAX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4342 | THERAMEND, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4343 | DERMACYTE AC MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4344 | TRI MEMBRANE WRAP, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4345 | MATRIX HD ALLOGRFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4346 | SHELTER DM MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4347 | RAMPART DL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4348 | SENTRY SL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4349 | MANTLE DL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4350 | PALISADE DM MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4351 | ENCLOSE TL MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4352 | OVERLAY SL MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4353 | XCEED TL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4354 | PALINGEN DUAL-LAYER SQ CM | Hyperbaric/Wound Therapy | |
| Q4355 | ABIO XPL ABIO XPL HY P SQ CM | Hyperbaric/Wound Therapy | |
| Q4356 | ABIO MEM ABIO HYD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4357 | XWRAP PLUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4358 | XWRAP DUAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4359 | CHORIPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4360 | AMCHOPLAST FD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4361 | EPIXPRESS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4362 | CYGNUS DISK, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4363 | AM BUR MEM HYDRO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4364 | AM BUR XP MEM XPL HY P SQ CM | Hyperbaric/Wound Therapy | |
| Q4365 | AMNIO BUR DL MEM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4366 | DL AMNIO BUR X-MEM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4367 | AMNIOCORE SL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4368 | AMCHOTHICK, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4369 | AMNIOPLAST 3, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4370 | AEROGUARD, PER SQUARE CENTIMETER" | Hyperbaric/Wound Therapy | |

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| Q4371 | NEOGUARD, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4372 | AMCHOPLAST EXCEL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4373 | MEMBRANE WRAP-LITE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4375 | DUOGRAFT AC, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4376 | DUOGRAFT AA, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4377 | TRIGRAFT FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4378 | RENEW FT MATRIX, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4379 | AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4380 | ADVOGRAFT ONE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4382 | ADVOGRAFT DUAL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4383 | AXOLOTL GRAFT ULT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4384 | AXOLOTL DUAL ULT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4385 | APOLLO FT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4386 | ACESSO TRIFACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4387 | NEOTHELIUM FT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4388 | NEOTHELIUM 4L PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4389 | NEOTHELIUM 4L+ PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4390 | ASCENDION PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4391 | AMNIOPLAST DOUBLE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4392 | GRAFIX DUO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4393 | SURGRAFT AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4394 | SURGRAFT ACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4395 | ACELAGRAFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4396 | NATALIN PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4397 | SUMMIT AAA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4400 | POLYGON3 MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4401 | ABSOLV3 MEMBERANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4402 | XWRAP 2.0 PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4403 | XWRAP DUAL PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4404 | XWRAP HYDRO PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4405 | XWRAP FENESTRA PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4406 | XWRAP FENESTRA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4407 | XWRAP TRIBUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4408 | XWRAP HYDRO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4409 | AMINOMATRIX F3X PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4410 | AMCHOMATRIX DL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4411 | AMINOMATRIX F4X PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4412 | CHRIOFIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4413 | CYGNUS SOLO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4414 | SIMPLICHOR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4415 | ALEXIGUARD SL-T PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4416 | ALEXIGUARD TL-T PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4417 | ALEXIGUARD DL-T PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4398 | SUMMIT AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4399 | SUMMIT FX PER SQ CM | Hyperbaric/Wound Therapy | |
| 70450 | CT HEAD BRAIN W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70460 | CT HEAD BRAIN W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70470 | CT HEAD BRAIN W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70496 | CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70498 | CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70472 | CT CEREBRAL PERFUSION ANALYSIS W CONTRAST MATERIAL; IMAGE POSTPROCESSING PERFORMED WITH CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70473 | CT CEREBRAL PERFUSION ANALYSIS W CONTRAST MATERIAL; IMAGE POSTPROCESSING PERFORMED WITHOUT CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70540 | MRI ORBIT FACE AND NECK W O CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70542 | MRI ORBIT FACE AND NECK W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70543 | MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70544 | MRA HEAD W O CONTRST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70545 | MRA HEAD W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70546 | MRA HEAD W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70547 | MRA NECK W O CONTRST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70548 | MRA NECK W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70549 | MRA NECK W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70551 | MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70552 | MRI BRAIN BRAIN STEM W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70553 | MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70554 | MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMINISTRATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70555 | MRI BRAIN FUNCTIONAL W PHYSICIAN ADMINISTRATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71275 | CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71550 | MRI CHEST W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71551 | MRI CHEST W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |

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| 71552 | MRI CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71555 | MRA CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72128 | CT THORACIC SPINE W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72129 | CT THORACIC SPINE W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72130 | CT THORACIC SPINE W O AND W CONTRAST MTRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72131 | CT LUMBAR SPINE W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72132 | CT LUMBAR SPINE W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72133 | CT LUMBAR SPINE W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72141 | MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72142 | MRI SPINAL CANAL CERVICAL W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72146 | MRI SPINAL CANAL THORACIC W O CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72147 | MRI SPINAL CANAL THORACIC W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72148 | MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72149 | MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72156 | MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72157 | MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72158 | MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72159 | MRA SPINAL CANAL W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72191 | CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72192 | CT PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72193 | CT PELVIS W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72194 | CT PELVIS W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72195 | MRI PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72196 | MRI PELVIS W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 72197 | MRI PELVIS W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |

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| 72198 | MRA PELVIS W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73220 | MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73221 | MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73222 | MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73223 | MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73225 | MRA UPPER EXTREMITY W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73718 | MRI LOWER EXTREM OTH THN JT W O CONTR MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73719 | MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73720 | MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73721 | MRI ANY JT LOWER EXTREM W O CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73722 | MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73723 | MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 73725 | MRA LOWER EXTREMITY W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74150 | CT ABDOMEN W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74160 | CT ABDOMEN W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74170 | CT ABDOMEN W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74174 | CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74175 | CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74176 | CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74177 | CT ABDOMEN AND PELVIS W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74178 | CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74181 | MRI ABDOMEN W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74182 | MRI ABDOMEN W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |

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| 74183 | MRI ABDOMEN W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74185 | MRA ABDOMEN W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74261 | CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74263 | CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75559 | CARDIAC MRI W O CONTRAST W STRESS IMAGING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75561 | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75563 | CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75573 | CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75574 | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 75577 | QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75580 | N-INVAS EST C FFR AUGMNT SW ALYS CTA I AND R PHY/QHP | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75625 | AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75630 | AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75635 | CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75710 | ANGIOGRAPHY EXTREMITY UNILATERAL RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75716 | ANGIOGRAPHY EXTREMITY BILATERAL RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75726 | ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75736 | ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75820 | VENOGRAPHY EXTREMITY UNILATERAL RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |

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| 75822 | VENOGRAPHY EXTREMITY BILATERAL RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75825 | VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75827 | VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75860 | VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 75898 | ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 76376 | 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76377 | 3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION | Imaging & Special Tests | If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76390 | MRI SPECTROSCOPY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76391 | MAGNETIC RESONANCE ELASTOGRAPHY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77046 | MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77047 | MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77048 | MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77049 | MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78414 | CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 78428 | CARDIAC SHUNT DETECTION | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 78429 | MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78430 | MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78431 | MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78432 | MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78433 | MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78451 | MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78459 | MYOCARDIAL IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78466 | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78468 | MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78469 | MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78481 | CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78483 | CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78491 | MYOCDR IMAGE PET PERFUS SINGLE STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78492 | MYOCDR IMAGE PET PERFUS MULTPL STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78499 | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78608 | BRAIN IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78609 | BRAIN IMAGING PET PERFUSION EVALUATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78811 | PET IMAGING LIMITED AREA CHEST HEAD NECK | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78812 | PET IMAGING SKULL BASE TO MID-THIGH | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78813 | PET IMAGING WHOLE BODY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93241 | EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93242 | EXTERNAL ECG REC GT 48HR LT 7D RECORDING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93243 | EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93244 | EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93245 | EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93246 | EXTERNAL ECG REC GT 7D LT 15D RECORDING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93247 | EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93248 | EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93303 | COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |

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| 93304 | F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93306 | ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93307 | ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93308 | ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93320 | DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93325 | DOP ECHOCARD COLOR FLOW VELOCITY MAPPING | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93350 | ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93351 | ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93451 | RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93452 | L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93453 | R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93454 | CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93455 | CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93456 | CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93457 | CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93458 | CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93459 | CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93460 | R & L HRT CATH WINJX HRT ART& L VENTR IMG | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93461 | R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93880 | DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93882 | DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93895 | CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 93925 | DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93926 | DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93930 | DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93931 | DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93978 | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93979 | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 0331T | MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0332T | MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0609T | MRS DISC PAIN ACQUISJ DATA | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0610T | MRS DISC PAIN TRANSMIS DATA | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0611T | MRS DISC PAIN ALG ALYS DATA | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0612T | MRS DISCOGENIC PAIN I&R | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0633T | CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0634T | CT BREAST W/3D RENDERING UNI WITH CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0635T | CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0636T | CT BREAST W/3D RENDERING BI WITHOUT CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 0637T | CT BREAST W/3D RENDERING BI WITH CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0638T | CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0710T | N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0711T | N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0712T | N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 0713T | N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| C8910 | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| G0278 | ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH | Imaging & Special Tests | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| S5170 | HOME DELIVERED MEALS INCLUDING PREPARATION | In Lieu of Services (ILOS) | |
| S9977 | HOME DELIVERED MEALS INCLUDING PREPARATION | In Lieu of Services (ILOS) | |
| 95721 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO | Neuropsychological and Psychological Tests | |
| 95722 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG | Neuropsychological and Psychological Tests | |
| 95723 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO | Neuropsychological and Psychological Tests | |
| 95724 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG | Neuropsychological and Psychological Tests | |
| 95725 | EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID | Neuropsychological and Psychological Tests | |
| 95726 | EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG | Neuropsychological and Psychological Tests | |
| 95957 | DIGITAL ANALYSIS ELECTROENCEPHALOGRAM | Neuropsychological and Psychological Tests | |
| 96112 | DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR | Neuropsychological and Psychological Tests | |
| 96113 | DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN | Neuropsychological and Psychological Tests | |
| 96116 | NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOU | Neuropsychological and Psychological Tests | |
| 96121 | NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR | Neuropsychological and Psychological Tests | |
| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING | Neuropsychological and Psychological Tests | |
| 96130 | PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR | Neuropsychological and Psychological Tests | |
| 96131 | PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR | Neuropsychological and Psychological Tests | |
| 96132 | NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR | Neuropsychological and Psychological Tests | |
| 96133 | NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR | Neuropsychological and Psychological Tests | |
| 96137 | PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests | |
| 96138 | PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN | Neuropsychological and Psychological Tests | |
| 96139 | PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests | |
| 96146 | PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT | Neuropsychological and Psychological Tests | |
| 17360 | CHEMICAL EXFOLIATION ACNE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 20560 | NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 20561 | NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21073 | MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21120 | GENIOPLASTY AUGMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21121 | GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21122 | GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21123 | GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 21125 | AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21127 | AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21137 | REDUCTION FOREHEAD CONTOURING ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21138 | RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21139 | RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21141 | RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21142 | RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21143 | RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21145 | RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21146 | RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21147 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21150 | RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21151 | RCNSTJ MIDFACE LEFORT II W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21154 | RCNSTJ MIDFACE LEFORT III W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21155 | RCNSTJ MIDFACE LEFORT III W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21159 | RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21160 | RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21172 | RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21175 | RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21240 | ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21242 | ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21243 | ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21270 | MALAR AUGMENTATION PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21280 | MEDIAL CANTHOPEXY SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21282 | LATERAL CANTHOPEXY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21295 | REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21296 | REDUCTION MASSETER MUSCLE AND BONE INTRAORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21602 | EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 21603 | EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 21620 | OSTECTOMY STERNUM PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 21627 | STERNAL DEBRIDEMENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 21630 | RADICAL RESECTION STERNUM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 21750 | CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 22100 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22101 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22102 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22110 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22112 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22114 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22206 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 22207 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22210 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22212 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22214 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22220 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22222 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22224 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22526 | PERQ INTRDCL ELECTROTHRM ANNULOPLASTY 1 LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22527 | PERQ INTRDCL ELECTROTHRM ANNULOPLASTY ADDL LVL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22532 | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22548 | ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22554 | ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22556 | ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22595 | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22600 | ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22610 | ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22612 | ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22633 | ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22800 | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22802 | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22804 | ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22808 | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22810 | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22812 | ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22818 | KYPHECTOMY SINGLE OR TWO SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22819 | KYPHECTOMY 3 OR MORE SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22849 | REINSERTION SPINAL FIXATION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22850 | REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22852 | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22855 | REMOVAL ANTERIOR INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22857 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22860 | TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 22862 | REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22864 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22865 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22867 | INSJ STABLI DEV W DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22868 | INSJ STABLI DEV W DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22869 | INSJ STABLI DEV W O DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22870 | INSJ STABLI DEV W O DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 23470 | ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 23472 | ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 23473 | REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 23474 | REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27125 | HEMIARTHROPLASTY HIP PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27130 | ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27132 | CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27134 | REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27137 | REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27138 | REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27438 | ARTHROPLASTY PATELLA W PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27440 | ARTHROPLASTY KNEE TIBIAL PLATEAU | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27441 | ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27442 | ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27443 | ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27446 | ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27447 | ARTHRP KNEE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27486 | REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27487 | REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28035 | RELEASE TARSAL TUNNEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28060 | FASCIECTOMY PLANTAR FASCIA PARTIAL SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28062 | FASCIOTOMY PLANTAR FASCIA RADICAL SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28080 | EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28090 | EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28092 | EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28104 | EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28108 | EXC CURTG CST B9 TUM PHALANGES FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28110 | OSTECTOMY PRTL 5TH METAR HEAD SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28111 | OSTECTOMY COMPLETE 1ST METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28112 | OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28113 | OSTECTOMY COMPLETE 5TH METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28118 | OSTECTOMY CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28119 | OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28120 | PARTIAL EXCISION BONE TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28122 | PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28124 | PARTIAL EXCISION BONE PHALANX TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 28200 | RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28202 | RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28208 | REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28210 | RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28270 | CAPSUL MITTARPHLNGL JT W WO TENORRHAPHY EA JT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28285 | CORRECTION HAMMERTOES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28286 | CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28288 | OSTC PRTL EXOSTC CONDYLIC METAR HEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28289 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28291 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28292 | CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28295 | CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28296 | CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28297 | CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28298 | CORRJ HALLUX VALGUS W SESMDC W PROX PHLNK OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28299 | CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28300 | OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28304 | OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28305 | OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28306 | OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28307 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28308 | OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28309 | OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28310 | OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28312 | OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28313 | RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28315 | SESAMOIDECTOMY FIRST TOE SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28320 | REPAIR NONUNION MALUNION TARSAL BONES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28322 | RPR NON MALUNION METARSAL W WO BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28345 | RCNSTJ TOE SYNDACTYLW W WO SKIN GRAFT EACH WEB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28705 | ARTHRODESIS PANTALAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28715 | ARTHRODESIS TRIPLE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28725 | ARTHRODESIS SUBTALAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28730 | ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28735 | ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28737 | ARTHRD W TDN LNGTH AND ADMVNT TARS NVCLR-CUNEIFOR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28740 | ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28750 | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28755 | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28760 | ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28890 | ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29805 | ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29806 | ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 29807 | ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29819 | ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29820 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29821 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29822 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29823 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29824 | ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29825 | ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29827 | ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29828 | ARTHROSCOPY SHOULDER BICEPS TENODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29860 | ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29862 | ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29863 | ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29866 | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29867 | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29868 | ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29870 | ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29873 | ARTHROSCOPY KNEE LATERAL RELEASE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29874 | ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29875 | ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29876 | ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29877 | ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29879 | ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29880 | ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29881 | ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29882 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29883 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29884 | ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29885 | ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29886 | ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29887 | ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29888 | ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29889 | ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29891 | ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29892 | ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29894 | ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29895 | ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29897 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29898 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29899 | ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29914 | ARTHROSCOPY HIP W FEMOROPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29915 | ARTHROSCOPY HIP W ACETABULOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 29916 | ARTHROSCOPY HIP W LABRAL REPAIR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 30465 | REPAIR NASAL VESTIBULAR STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 30469 | RPR OF NSL VLVE CLLPSE WITH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31253 | NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31257 | NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31259 | NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31295 | NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31296 | NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31297 | NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31298 | NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31660 | BRONCHOSCOPIC THERMOPLASTY ONE LOBE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31661 | BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 32035 | THORACOSTOMY W/RIB RESECTION EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32036 | THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32096 | THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32097 | THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32098 | THORACOTOMY W/BIOPSY OF PLEURA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32100 | THORACOTOMY WITH EXPLORATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32110 | THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32120 | THORACOTOMY POSTOPERATIVE COMPLICATIONS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32124 | THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32140 | THORCOM W/REMOVAL OF CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32141 | THORACOTOMY W/RESECTION BULLAE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32150 | THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32151 | THORCOM W/RMVL IPUL FB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32160 | THORACOTOMY W/CARDIAC MASSAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32200 | PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32215 | PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32220 | DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32225 | DECORTICATION PULMONARY PARTIAL SEPARATE PROC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32440 | REMOVAL OF LUNG PNEUMONECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32442 | REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 32445 | REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32480 | RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32482 | RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32484 | RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32486 | RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32488 | RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32491 | RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32501 | RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32503 | RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32504 | RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32505 | THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32506 | THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32507 | THORACOTOMY W/DX WEDGE RESEXN AND AN TOM LUNG RESE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32540 | EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32650 | THORACOSCOPY W/PLEURODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32651 | THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32652 | THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32653 | THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32654 | THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32655 | THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32656 | THORACOSCOPY W/PARIETAL PLEURECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32658 | THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32659 | THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32661 | THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32662 | THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32663 | THORACOSCOPY W/LOBECTOMY SINGLE LOBE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32664 | THORACOSCOPY W/THORACIC SYMPATHECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32665 | THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 32666 | THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32667 | THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32668 | THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32669 | THORACOSCOPY W/SEGMENTECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32670 | THORACOSCOPY W/BILOBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32671 | THORACOSCOPY W/PNEUMONECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32672 | THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32673 | THORACOSCOPY RESEXN THYMUS UNI/BILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32674 | THORACOSCOPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32810 | CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32815 | OPEN CLOSURE MAJOR BRONCHIAL FISTULA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32820 | MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32900 | RESECTION RIBS EXTRAPLEURAL ALL STAGES | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32905 | THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32906 | THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCLPLR FSTL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32940 | PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 32997 | TOTAL LUNG LAVAGE UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33017 | PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33018 | PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33019 | PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33020 | PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33025 | CRTJ PERICARDIAL WINDOW/PRTL RESECT W/DRG/BX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33030 | PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33031 | PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33050 | RESECTION PERICARDIAL CYST/TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33120 | EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33130 | RESECTION EXTERNAL CARDIAC TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33206 | INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33207 | INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33208 | INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33210 | INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33211 | INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33212 | INS PM PLS GEN W/EXIST SINGLE LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33213 | INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33214 | UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33216 | INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33217 | INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33221 | INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33224 | INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33225 | INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33230 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33231 | INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33236 | RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33237 | RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33238 | RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33240 | INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33241 | REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33243 | RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33244 | RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33249 | INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33250 | ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33251 | ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33254 | ABLATION AND RECONSTRUCTION ATRIA LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33255 | ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33256 | ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33257 | ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33258 | ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33259 | ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33261 | OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33262 | RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33263 | RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33264 | RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33265 | NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33266 | NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33267 | EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33268 | EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33269 | EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33270 | INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33271 | INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33272 | RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33273 | REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33274 | TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33275 | TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33285 | INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33286 | REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33300 | REPAIR CARDIAC WOUND W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33305 | REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33310 | CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33315 | CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33320 | SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33321 | SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33322 | SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33330 | INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33335 | INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33340 | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33361 | REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33362 | REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33363 | REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33364 | REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33365 | REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33366 | TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33367 | REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33368 | REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33369 | REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33370 | TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33390 | VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33391 | VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33404 | CONSTRUCTION APICAL-AORTIC CONDUIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33405 | RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33406 | RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33410 | RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33411 | RPLCMT AORTIC VALVE ANNULUS ENLGMNT NONC SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33412 | REPLACEMENT AORTIC VALVE KONNO PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33413 | REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33414 | RPR VENTR O/F TRC OBSTR CJ PATCH ENLGMNT O/F TRC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33415 | RESECTION/INCISION SUBVALVULAR TISSUE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33416 | VENTRICULOMYOTOMY-MYECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33417 | AORTOPLASTY SUPRAVALVULAR STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33418 | TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33419 | TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33420 | VALVOTOMY MITRAL VALVE CLOSED HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33422 | VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33425 | VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33426 | VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33427 | VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33430 | REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33440 | RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33460 | VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33463 | VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33464 | VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33465 | REPLACEMENT TRICUSPID VALVE W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33468 | TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33474 | VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33475 | REPLACEMENT PULMONARY VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33476 | R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33477 | TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33478 | OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33496 | RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33500 | RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33501 | RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33502 | RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33503 | RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33504 | RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33505 | RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33506 | RPR ANOM CORONARY ART FROM PULM ART TO AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33507 | RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33508 | ENDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33509 | ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33510 | CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33511 | CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33512 | CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33513 | CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33514 | CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33516 | CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33517 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33518 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33519 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33521 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33522 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33523 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33530 | ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33533 | CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33534 | CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33535 | CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33536 | CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33542 | MYOCARDIAL RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33545 | RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33548 | SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33572 | CORONARY ENDARTERCOMY OPEN ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33600 | CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33602 | CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33606 | ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33608 | RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33610 | RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33611 | RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33612 | RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33615 | RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33617 | RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33619 | RPR 1 VNTRC W/O/F OBSTR CJ AND AORTIC ARCH HYPOPLAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33620 | APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33621 | TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33622 | RECONSTRUCTION COMPLEX CARDIAC ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33641 | RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33645 | DIR/PATCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33647 | RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33660 | RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33665 | RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33670 | RPR COMPL AV CANAL W/WO PROSTC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33675 | CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33676 | CLOSURE MULTIPLE VSD W/RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33677 | CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33681 | CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33684 | CLSR V-SEPTL DFCT W/PULM VLVLT/INFUND RESCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33688 | CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33690 | BANDING PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33692 | COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33694 | COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33697 | COMPL RPR T-FALLOT W/PULM ATRESIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33702 | RPR SINUS VALSALVA FISTULA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33710 | RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33720 | RPR SINUS VALSALVA ANEURYSM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33724 | REPAIR ISOLATED PARTIAL PULM VENOUS RETURN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33726 | REPAIR PULMONARY VENOUS STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33730 | COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33732 | RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33735 | ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33736 | ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33750 | SHUNT SUBCLAVIAN PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33755 | SHUNT ASCENDING AORTA PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33762 | SHUNT DESCENDING AORTA PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33764 | SHUNT CENTRAL W/PROSTHETIC GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33766 | SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33767 | SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33768 | ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33770 | RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33771 | RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33774 | RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33775 | RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33776 | RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33777 | RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33778 | RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33779 | RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33780 | RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33781 | RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33782 | A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33783 | A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33786 | TOTAL REPAIR TRUNCUS ARTERIOSUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33788 | REIMPLANTATION ANOMALOUS PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33800 | AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33802 | DIVISION ABERRANT VESSEL VASCULAR RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33803 | DIVISION ABERRANT VESSEL W/REANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33814 | OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33820 | REPAIR PATENT DUCTUS ARTERIOSUS LIGATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33824 | RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33840 | EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33845 | EXCISION COARCTATION AORTA W/WO PDA W/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 33851 | EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33852 | RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33853 | RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33858 | AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33859 | AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33863 | AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33864 | ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33871 | TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 33875 | DESCENDING THORACIC AORTA GRAFT W/WO BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33877 | RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33880 | EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33881 | EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33883 | PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33886 | PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33910 | PULMONARY ARTERY EMBOLCTOMY W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33915 | PULMONARY ARTERY EMBOLCTOMY W/O CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33916 | PULMONARY ENDARTERCOMY W/WO EMBOLCTOMY W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33917 | RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33920 | RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33922 | TRANSECTION PULMONARY ARTERY W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33924 | LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33925 | RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33926 | RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 33975 | INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 33976 | INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 33979 | INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 34001 | EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34051 | EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34101 | EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34111 | EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34151 | EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 34201 | EMBL/THRMB FEMORAL POPLITEAL AORTO-ILIAC ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34203 | EMBL/THRMB POPLITEAL-TIBIO-PRONEAL ART LEG INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34401 | THRMB DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34421 | THRMB DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34451 | THRMB DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34471 | THRMB DIR/W/CATH SUBCLAVIAN VEIN NECK INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34490 | THRMB DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34501 | VALVULOPLASTY FEMORAL VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34502 | RECONSTRUCTION VENA CAVA ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34510 | VENOUS VALVE TRANSPOSITION ANY VEIN DONOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34520 | CROSS-OVER VEIN GRAFT VENOUS SYSTEM | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34701 | EVASC RPR DPLMNT AORTO-AORTIC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34702 | EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34703 | VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34704 | EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34705 | EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34706 | EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34707 | EVASC RPR DPLMNT ILIO-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34708 | EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34709 | PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34710 | THRMB DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34711 | DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34712 | TRANSCATHETER DLVR ENHNC D FIXATION DEVICES RS AND I | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34713 | PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34714 | OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34715 | OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34716 | OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 34717 | EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34718 | EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34808 | EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34812 | OPN FEM ART EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34813 | PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 34820 | OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34830 | OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34831 | OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34832 | DLVD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34833 | OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34834 | OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34839 | PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34841 | ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34842 | ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34843 | ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34844 | ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34845 | EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34846 | VISCER AND INFREARENAL ABDOM AORTA 2 PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34847 | VISCER AND INFREARENAL ABDOM AORTA 3 PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 34848 | VISCER AND INFREARENAL ABDOM AORTA 4 PLUS PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35001 | DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35002 | DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35005 | DIR RPR ANEURYSM VERTEBRAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35013 | DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35021 | DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35022 | DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35081 | DIR RPR ANEURYSM ABDOMINAL AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35082 | DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35091 | DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35092 | VISCER AND INFREARENAL ABDOM AORTA 1 PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35102 | DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35103 | DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35111 | DIR RPR ANEURYSM SPLENIC ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 35112 | DIR RPR RUPTD ANEURYSM SPLENIC ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35121 | DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35122 | DIR RPR RUPTD ANEURYSM HEPATIC/CELIAC/RENAL/MESEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35131 | DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35132 | DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35141 | DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35142 | DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35151 | DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35152 | DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35182 | RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35189 | RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35211 | DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35216 | RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35221 | RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35241 | RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35246 | RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35251 | REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35271 | RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35276 | RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35281 | RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35301 | TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35302 | TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35303 | TEAEC W/GRAFT POPLITEAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35304 | TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35305 | TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35306 | TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35311 | TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35321 | TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 35331 | TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 35341 | TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35351 | TEAEC W/WO PATCH GRAFT ILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35355 | TEAEC W/WO PATCH GRAFT ILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35361 | TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35363 | TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35371 | TEAEC W/WO PATCH GRAFT COMMON FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35372 | TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35390 | ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35400 | ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35500 | HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 35501 | BYPASS W/VEIN COMMON-IPILATERAL CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35506 | BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35508 | BYPASS W/VEIN CAROTID-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35509 | BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35510 | BYPASS W/VEIN CAROTID-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35511 | BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35512 | BYPASS W/VEIN SUBCLAVIAN-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35515 | BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35516 | BYPASS W/VEIN SUBCLAVIAN-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35518 | BYPASS W/VEIN AXILLARY-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35521 | BYPASS W/VEIN AXILLARY-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35522 | BYPASS W/VEIN AXILLARY-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35523 | BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35525 | BYPASS W/VEIN BRACHIAL-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35526 | BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35531 | BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35533 | BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35535 | BYPASS W/VEIN HEPATORENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35536 | BYPASS W/VEIN SPLENORENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 35537 | BYPASS W/VEIN AORTOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35538 | BYPASS W/VEIN AORTOBI-ILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35539 | BYPASS W/VEIN AORTOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35540 | BYPASS W/VEIN AORTOBIFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35556 | BYPASS W/VEIN FEMORAL-POPLITEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35558 | BYPASS W/VEIN FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35560 | BYPASS W/VEIN AORTORENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35563 | BYPASS W/VEIN ILIOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35565 | BYPASS W/VEIN ILIOfEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35566 | BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35570 | BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35571 | BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35572 | HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 35583 | IN-SITU VEIN BYPASS FEMORAL-POPLITEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35585 | IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35587 | IN-SITU VEIN BYP POP-TIBL PRONEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35600 | OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35601 | BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35606 | BYP OTH/THN VEIN CAROTID-SUBCLAVIAN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35612 | BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35616 | BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35621 | BYP OTH/THN VEIN AXILLARY-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35623 | BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35626 | BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35631 | BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35632 | BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35633 | BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35634 | BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35636 | BYP OTH/THN VEIN SPLENORENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 35637 | BYP OTH/THN VEIN AORTOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35638 | BYP OTH/THN VEIN AORTOBI-ILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35642 | BYP OTH/THN VEIN CAROTID-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35645 | BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35646 | BYP OTH/THN VEIN AORTOBIFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35647 | BYP OTH/THN VEIN AORTOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35650 | BYP OTH/THN VEIN AXILLARY-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35654 | BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35656 | BYP OTH/THN VEIN FEMORAL-POPLITEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35661 | BYP OTH/THN VEIN FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35663 | BYP OTH/THN VEIN ILIOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35665 | BYP OTH/THN VEIN ILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35666 | BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35671 | BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35681 | BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35682 | BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35683 | BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35691 | TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35693 | TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35694 | TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35695 | TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35697 | RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35700 | ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35701 | EXPLORATION N/FLWD SURG NECK ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35702 | EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35703 | EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35800 | EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35820 | EXPL PO HEMRRG THROMBOSIS/INFCTJ CH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 35840 | EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35870 | RPR GRF-ENTERIC FSTL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35901 | EXCISION INFECTED NECK GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35905 | EXCISION INFECTED GRAFT THORAX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 35907 | EXCISION INFECTED GRAFT ABDOMEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36000 | INTRODUCTION NEEDLE/INTRACATHETER VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36005 | NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36010 | INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36011 | SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36140 | INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36200 | INTRODUCTION CATHETER AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36215 | SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36216 | SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36217 | SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV THRC/BRCHCPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36221 | NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36222 | SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36223 | SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36224 | SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36225 | SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36226 | SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36245 | SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36246 | SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36247 | SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36251 | SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36252 | SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36253 | SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36254 | SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36468 | INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 36470 | INJXN SCLRSNT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36471 | INJXN SCLRSNT MLTIPLE INCMPTNT VEINS, SAME LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36473 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36474 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36476 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 36478 | ENDOVEN ABLTI INCMPTNT VEIN XTR LASER 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36479 | ENDOVEN ABLTI INCMPTNT VEIN XTR LASER 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36482 | ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36483 | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 36800 | INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36810 | INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36815 | INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36835 | INSERTION THOMAS SHUNT SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36836 | PERQ AV FISTULA CREATION UXTR SINGLE ACCESS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36837 | PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36838 | DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36860 | XTRNL CANNULA DECLTNG SPX W/O BALO CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 36861 | XTRNL CANNULA DECLTNG SPX W/BALO CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37184 | PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37187 | PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37188 | PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37215 | TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37216 | TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37217 | TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37218 | TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37236 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37238 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37242 | VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37243 | VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37246 | TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37248 | TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 37254 | RVSLRZTN, ENDVSCLR, OPN OR PRCNTNS, ILC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, IINCLDNG ALL MNVRS NCSSRY AACSSNG SLCTVLY CTHTRZNG ARTRY CRSSNG LSN, IINCLDNG ALL IMGNG GDNC RADLGCL SPRVSN INTRPRTTN NCSSRY PRFRM AANGPLSTY WTHN SME ARTRY, UNLTRL; STRGHTFRWRD LSN, IINTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37256 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, LC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; CMPLX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37258 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, LC VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 37260 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, LC VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37263 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37265 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37267 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37269 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37271 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37273 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37275 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNL STNT PLCMNT, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT, THRCTMY, ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 37277 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNLT STNT PLCMNT, WTH TRNSLMNLT THRCTMY, INCLDNG TRNSLMNLT ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT, THRCTMY, ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37280 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37282 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH ANGPLSTY WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37284 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT STNT PLCMNT, INCLDNG TRNSLMNLT ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37286 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT STNT PLCMNT, INCLDNG TRNSLMNLT ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH STNT PLCMNT ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37288 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT THRCTMY, INCLDNG TRNSLMNLT ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; STRGHTFRWRD LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37290 | RVSLRZTN, ENDVSCLR, PN R PRCNTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNLT THRCTMY, INCLDNG TRNSLMNLT ANGPLSTY WHN PRFRMD, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND SLCTVLY CTHTRZNG TH RTRY ND CRSSNG TH LSN, INCLDNG LL MGNG GDNC ND RDLGCL SPRVSN ND NTRPRTTN NCSSRY T PRFRM TH THRCTMY ND ANGPLSTY WHN PRFRMD, WTHN TH SM RTRY, NLTRL; CMLPX LSN, INTL VSSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37618 | LIGATION MAJOR ARTERY EXTREMITY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37660 | LIGATION OF COMMON ILIAC VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37700 | LIGTN & DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPTN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37718 | LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37722 | LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37735 | LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37760 | LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |

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| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37765 | STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37766 | STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37780 | LIGTN & DIVSN SHORT SAPH VEIN SAPHENOPPLTL JUNCT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 37785 | LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 38746 | THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 39000 | MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 39010 | MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 39200 | RESECTION OF MEDIASTINAL CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 39220 | RESECTION MEDIASTINAL TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the Availity portal. |
| 43291 | ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S) | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43644 | LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43645 | LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43647 | LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43648 | LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43770 | LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43771 | LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43772 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43773 | LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43774 | LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43775 | LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43842 | GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43843 | GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43845 | GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43846 | GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43847 | GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43848 | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43881 | IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43882 | RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43886 | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43888 | GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 52441 | CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 52649 | LASER ENUCLEATION PROSTATE W MORCELLATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 53410 | URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53420 | URTP 2-STG RCNSTI/RPR PROSTAT/URETHRA 1ST STAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53425 | URTP 2-STG RCNSTI/RPR PROSTAT/URETHRA 2ND STAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53430 | URETHROPLASTY RCNSTN FEMALE URETHRA | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53850 | TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 53852 | TRURL DSTRJ PRSTATE TISS RF THERMOTH | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 53854 | TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 53865 | CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 54125 | AMPUTATION PENIS COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54401 | INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 54405 | INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 54410 | RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54411 | RMVL AND RPLCMT ALL CMPNNTS INFLBL PENILE PROSTH INFECTED FIELD | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54416 | RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54417 | RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54520 | ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54690 | LAPAROSCOPY SURGICAL ORCHIECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55866 | LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55867 | LPRSCOPY, SRGCL PRSTTCTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLFEDING VSCOTMY MEATOTMY IIRTHRL CALBRTN AND/OR | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55874 | TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 55880 | TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 55970 | INTERSEX SURG MALE FEMALE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55980 | INTERSEX SURG FEMALE MALE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56625 | VULVECTOMY SIMPLE COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56800 | PLASTIC REPAIR INTROITUS | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56805 | CLITOROPLASTY INTERSEX STATE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57106 | VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57110 | VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57291 | CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57292 | CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57296 | REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57335 | VAGINOPLASTY INTERSEX STATE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57426 | REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 58150 | TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58152 | TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58180 | SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58200 | TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58210 | RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58260 | VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58262 | VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58263 | VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58267 | VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58270 | VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58285 | VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58290 | VAGINAL HYSTERECTOMY UTERUS OVER 250 GM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58291 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58292 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58294 | VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 58321 | ARTIFICIAL INSEMINATION INTRA-CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58322 | ARTIFICIAL INSEMINATION INTRA-UTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58323 | SPERM WASHING ARTIFICIAL INSEMINATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58345 | TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58350 | CHROMOTUBATION OVIDUCT W MATERIALS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58356 | ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58540 | HYSTEROPLASTY RPR UTERINE ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58541 | LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58542 | LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58543 | LAPS SUPRACERVICAL HYSTERECTOMY OVER 250 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58544 | LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58545 | LAPS MYOMECTIONY EXC 1-4 MYOMAS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58546 | LAPS MYOMECTIONY EXC 5 OR GRT MYOMAS OVER 250 GRAMS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58550 | LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58552 | LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58553 | LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58554 | LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58570 | LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58571 | LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58572 | LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58573 | LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58660 | LAPAROSCOPY W LYSIS OF ADHESIONS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58661 | LAPAROSCOPY W RMVL ADNEXAL STRUCTURES | OP Hosp/Amb Surgery Center (ASC) Procedures | No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings. |
| 58662 | LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58672 | LAPAROSCOPY FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58673 | LAPAROSCOPY SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58720 | SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58740 | LYSIS OF ADHESIONS SALPINX OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58750 | TUBOTUBAL ANASTATOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58752 | TUBOUTERINE IMPLANTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58760 | FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58770 | SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58940 | OOPHORECTOMY PARTIAL TOTAL UNI BI | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58970 | FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58974 | EMBRYO TRANSFER INTRAUTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58976 | GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61863 | STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61867 | STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61885 | INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61886 | INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62324 | NIX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 62325 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62326 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62327 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62330 | DCMPRSSN, PRCTNS, WITH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY FR ACCSS, EPDRGRPHY, AND IMGNG GDNC (I.E, CT R FLRSCPY), BLTRL; ONE INTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 62331 | DCMPRSSN, PRCTNS, WITH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY ACCSS, EPDRGRPHY, AND IMGNG GDNC (I.E, CT R FLRSCPY), BLTRL; ADDTNL INTRSPC(S), LMBR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 62380 | NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63001 | LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63003 | LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63005 | LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63011 | LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63012 | LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63015 | LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63016 | LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63017 | LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63020 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63030 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63040 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63042 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63045 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63046 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63047 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63048 | LAM FACETECTOMY AND FORAMOTOMY 1 SGM EA CRV THRC/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63050 | LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63051 | LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63052 | LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63053 | LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63055 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63056 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63057 | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63064 | COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63075 | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63076 | DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63077 | DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63081 | VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63087 | VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63090 | VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63300 | VCRPEC LES 1 SGM XDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63304 | VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 63308 | VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64553 | PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64568 | INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64569 | REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64570 | REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64582 | OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64590 | INSERTION RPLCMT PERIPHERAL GASTRIC NPGR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64912 | NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 65771 | RADIAL KERATOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69714 | IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69716 | IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69729 | IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69730 | RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69930 | COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 76984 | DX INTRAOP THORACIC AORTA US | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 76987 | DX INTRAOP EPICAR CAR US CHD | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 76988 | DX NTROP EPCR US CHD IMG ACQ | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 76989 | DX INTRAOP EPICAR US CHD I&R | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92920 | PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92924 | PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92928 | PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92933 | PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92937 | PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92941 | PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92943 | PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92972 | PERQ TRLUML CORONRY LITHOTRP | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92973 | PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92974 | TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92986 | PRQ BALLOON VALVULOPLASTY AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92987 | PRQ BALLOON VALVULOPLASTY MITRAL VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 92990 | PRQ BALLOON VALVULOPLASTY PULMONARY VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93025 | MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93228 | XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93229 | XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93264 | REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93268 | XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93270 | XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93271 | XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93272 | XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93319 | 3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93462 | LEFT HEART CATH BY TRANSEPTAL PUNCTURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |

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| 93503 | INSERTION FLOW DIRECTED CATHETER FOR MONITORING | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93505 | ENDOMYOCARDIAL BIOPSY | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93568 | NJX PULMONARY ANGIO HRT CATH W/S&I | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93584 | VNGRPH CHD ANOM/PERSIST SVC | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93585 | VNGRPH CHD AZYGS/HEMIAZYGS | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93586 | VNGRPH CHD CORONARY SINUS | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93587 | VNGRPH CHD VNVN CLTRL AT/ABV | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93588 | VNGRPH CHD VNVN CLTRL BELOW | OP Hosp/Amb Surgery Center (ASC) procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93590 | PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93591 | PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93610 | INTRA-ATRIAL PACING | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93612 | INTRAVENTRICULAR PACING | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93619 | COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93620 | COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93623 | PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93644 | EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93650 | ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93653 | EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93654 | EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93656 | EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 93662 | INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S & I | OP Hosp/Amb Surgery Center (ASC) Procedures | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 96567 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96573 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96574 | DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96900 | ACTINOTHERAPY ULTRAVIOLET LIGHT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96910 | PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96912 | PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96913 | PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96920 | LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96921 | LASER SKIN DISEASE PSORIASIS 250-500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96922 | LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0402T | COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0479T | FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0480T | FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 0707T | NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C2616 | BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9757 | LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9761 | CYSTO URS &/PYELOSOPY LITH & VAC ASPIR KDNY COLLECTN SYSTM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9765 | REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9766 | REV EVAR ANY VES;IV LITHOTRIPSY AND ATHERECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9767 | REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9772 | RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| C9773 | RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9774 | RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| C9775 | RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| J7330 | AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| S2095 | TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| S2118 | METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27278 | ARTHRO SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNEXTN DVCF | Pain Management Procedures | |
| 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS | Pain Management Procedures | |
| 62263 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS | Pain Management Procedures | |
| 62264 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY | Pain Management Procedures | |
| 62320 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Pain Management Procedures | |
| 62321 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | Pain Management Procedures | |
| 62322 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN | Pain Management Procedures | |
| 62323 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN | Pain Management Procedures | |
| 62351 | IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM | Pain Management Procedures | |
| 62360 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR | Pain Management Procedures | |
| 62361 | IMPLTJ RPLCMT FS NON-PRGRBL PUMP | Pain Management Procedures | |
| 62362 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP | Pain Management Procedures | |
| 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL | Pain Management Procedures | |
| 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL | Pain Management Procedures | |
| 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR | Pain Management Procedures | |
| 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR | Pain Management Procedures | |
| 63685 | INSJ RPLCMT SPI NPGR DIR INDUSIVE COUPLING | Pain Management Procedures | |
| 63688 | REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR | Pain Management Procedures | |
| 64450 | INJECTION ANES OTHER PERIPHERAL NERVE BRANCH | Pain Management Procedures | No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure. |
| 64451 | INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG | Pain Management Procedures | |
| 64454 | INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG | Pain Management Procedures | |
| 64479 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL | Pain Management Procedures | |
| 64480 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV | Pain Management Procedures | |
| 64483 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL | Pain Management Procedures | |
| 64484 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV | Pain Management Procedures | |
| 64490 | NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL | Pain Management Procedures | |
| 64491 | NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL | Pain Management Procedures | |
| 64492 | NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL | Pain Management Procedures | |
| 64493 | NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL | Pain Management Procedures | |
| 64494 | NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL | Pain Management Procedures | |
| 64495 | NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL | Pain Management Procedures | |
| 64624 | DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG | Pain Management Procedures | |
| 64625 | RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN | Pain Management Procedures | |
| 64628 | THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC | Pain Management Procedures | |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA | Pain Management Procedures | |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA | Pain Management Procedures | |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL | Pain Management Procedures | |

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| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL | Pain Management Procedures | |
| 64640 | DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE | Pain Management Procedures | |
| 92507 | TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 92508 | TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 92630 | AUDITORY REHABILITATION PRELINGUAL HEARING LOSS | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 92633 | AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97110 | THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97112 | THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97113 | THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97116 | THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97124 | THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97130 | THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97140 | MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97150 | THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDIVIDUALS | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97530 | THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| 97535 | SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline) |
| S8940 | EQUESTRIAN/HIPPOTHERAPY PER SESSION | Physical, Occupational, and Speech Therapy | |
| L0462 | TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB | Prosthetics & Orthotics | |
| L0480 | TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0482 | TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0484 | TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0486 | TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0636 | LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM | Prosthetics & Orthotics | |
| L0637 | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB | Prosthetics & Orthotics | |
| L0640 | LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB | Prosthetics & Orthotics | |
| L0650 | LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS | Prosthetics & Orthotics | |
| L0700 | CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL | Prosthetics & Orthotics | |
| L0710 | CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL | Prosthetics & Orthotics | |
| L0720 | CTLSO A-P-L CONTROL CUSTOM | Prosthetics & Orthotics | |
| L0999 | ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED | Prosthetics & Orthotics | |
| L1000 | CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL | Prosthetics & Orthotics | |
| L1005 | TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS | Prosthetics & Orthotics | |
| L1200 | TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY | Prosthetics & Orthotics | |
| L1300 | OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL | Prosthetics & Orthotics | |
| L3010 | FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA | Prosthetics & Orthotics | |
| L3020 | FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA | Prosthetics & Orthotics | |
| L1499 | SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED | Prosthetics & Orthotics | |
| L1680 | HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB | Prosthetics & Orthotics | |
| L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM | Prosthetics & Orthotics | |
| L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB | Prosthetics & Orthotics | |
| L1844 | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | |

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| L1846 | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | |
| L1860 | KNEE ORTHOS MOD SUPRACONDYLAR PROS SOCKT CSTM FAB | Prosthetics & Orthotics | |
| L2000 | KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM | Prosthetics & Orthotics | |
| L2005 | KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM | Prosthetics & Orthotics | |
| L2006 | KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB | Prosthetics & Orthotics | |
| L2010 | KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB | Prosthetics & Orthotics | |
| L2020 | KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB | Prosthetics & Orthotics | |
| L2030 | KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM | Prosthetics & Orthotics | |
| L2034 | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB | Prosthetics & Orthotics | |
| L2036 | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB | Prosthetics & Orthotics | |
| L2037 | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB | Prosthetics & Orthotics | |
| L2038 | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB | Prosthetics & Orthotics | |
| L2090 | HKAFO UNI TORSION CABLE BALL BEAR CSTM | Prosthetics & Orthotics | |
| L2106 | AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB | Prosthetics & Orthotics | |
| L2108 | AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics | |
| L2126 | KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB | Prosthetics & Orthotics | |
| L2128 | KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics | |
| L2627 | ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES | Prosthetics & Orthotics | |
| L2628 | ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES | Prosthetics & Orthotics | |
| L2999 | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | Prosthetics & Orthotics | |
| L3900 | WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB | Prosthetics & Orthotics | |
| L3901 | WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB | Prosthetics & Orthotics | |
| L3904 | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | Prosthetics & Orthotics | |
| L3999 | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED | Prosthetics & Orthotics | |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM | Prosthetics & Orthotics | |
| L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | Prosthetics & Orthotics | |
| L5060 | ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK | Prosthetics & Orthotics | |
| L5100 | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT | Prosthetics & Orthotics | |
| L5105 | BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT | Prosthetics & Orthotics | |
| L5150 | KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT | Prosthetics & Orthotics | |
| L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT | Prosthetics & Orthotics | |
| L5200 | ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION | Prosthetics & Orthotics | |
| L5210 | ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA | Prosthetics & Orthotics | |
| L5220 | ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN | Prosthetics & Orthotics | |
| L5230 | ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT | Prosthetics & Orthotics | |
| L5250 | HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT | Prosthetics & Orthotics | |
| L5270 | HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT | Prosthetics & Orthotics | |
| L5280 | HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT | Prosthetics & Orthotics | |
| L5301 | BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS | Prosthetics & Orthotics | |
| L5312 | KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT | Prosthetics & Orthotics | |
| L5321 | ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE | Prosthetics & Orthotics | |
| L5331 | JOINT SINGLE AXIS KNEE SACH FOOT | Prosthetics & Orthotics | |
| L5341 | SINGLE AXIS KNEE SACH FOOT | Prosthetics & Orthotics | |

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| L5500 | INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED | Prosthetics & Orthotics | |
| L5505 | INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN | Prosthetics & Orthotics | |
| L5510 | PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL | Prosthetics & Orthotics | |
| L5520 | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM | Prosthetics & Orthotics | |
| L5530 | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL | Prosthetics & Orthotics | |
| L5535 | PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END | Prosthetics & Orthotics | |
| L5540 | PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL | Prosthetics & Orthotics | |
| L5560 | PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL | Prosthetics & Orthotics | |
| L5570 | PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED | Prosthetics & Orthotics | |
| L5580 | PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL | Prosthetics & Orthotics | |
| L5585 | PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT | Prosthetics & Orthotics | |
| L5590 | PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD | Prosthetics & Orthotics | |
| L5595 | PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD | Prosthetics & Orthotics | |
| L5600 | PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD | Prosthetics & Orthotics | |
| L5610 | ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS | Prosthetics & Orthotics | |
| L5611 | ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT | Prosthetics & Orthotics | |
| L5613 | ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC | Prosthetics & Orthotics | |
| L5614 | ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT | Prosthetics & Orthotics | |
| L5616 | ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT | Prosthetics & Orthotics | |
| L5639 | ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET | Prosthetics & Orthotics | |
| L5643 | ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME | Prosthetics & Orthotics | |
| L5649 | ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET | Prosthetics & Orthotics | |
| L5651 | ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME | Prosthetics & Orthotics | |
| L5681 | ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT | Prosthetics & Orthotics | |
| L5683 | ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT | Prosthetics & Orthotics | |
| L5700 | REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL | Prosthetics & Orthotics | |
| L5701 | REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT | Prosthetics & Orthotics | |
| L5702 | REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL | Prosthetics & Orthotics | |
| L5703 | ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY | Prosthetics & Orthotics | |
| L5706 | CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC | Prosthetics & Orthotics | |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC | Prosthetics & Orthotics | |
| L5718 | ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL | Prosthetics & Orthotics | |
| L5722 | ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL | Prosthetics & Orthotics | |
| L5724 | ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | Prosthetics & Orthotics | |
| L5726 | ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL | Prosthetics & Orthotics | |
| L5728 | ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL | Prosthetics & Orthotics | |
| L5780 | ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL | Prosthetics & Orthotics | |
| L5781 | ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS | Prosthetics & Orthotics | |
| L5782 | ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY | Prosthetics & Orthotics | |
| L5783 | ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS | Prosthetics & Orthotics | |
| L5795 | ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL | Prosthetics & Orthotics | |
| L5814 | ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK | Prosthetics & Orthotics | |
| L5816 | ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK | Prosthetics & Orthotics | |

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| L5822 | ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL | Prosthetics & Orthotics | |
| L5824 | ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | Prosthetics & Orthotics | |
| L5826 | ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME | Prosthetics & Orthotics | |
| L5827 | ENDO KNEE SHIN SINGLE AXIS | Prosthetics & Orthotics | |
| L5828 | ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL | Prosthetics & Orthotics | |
| L5830 | ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL | Prosthetics & Orthotics | |
| L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT | Prosthetics & Orthotics | |
| L5841 | ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL | Prosthetics & Orthotics | |
| L5845 | ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ | Prosthetics & Orthotics | |
| L5848 | ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN | Prosthetics & Orthotics | |
| L5856 | ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE | Prosthetics & Orthotics | |
| L5857 | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY | Prosthetics & Orthotics | |
| L5858 | ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY | Prosthetics & Orthotics | |
| L5859 | ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR | Prosthetics & Orthotics | |
| L5930 | ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME | Prosthetics & Orthotics | |
| L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL | Prosthetics & Orthotics | |
| L5964 | ADD ENDOSKEL AK FLEXIBLE PROTVE OTR SURF COVER | Prosthetics & Orthotics | |
| L5966 | ADD ENDO HIP DISRTC FLXIBL PROTVE OTR SURF COVR | Prosthetics & Orthotics | |
| L5968 | ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE | Prosthetics & Orthotics | |
| L5969 | ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST | Prosthetics & Orthotics | |
| L5973 | ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC | Prosthetics & Orthotics | |
| L5979 | ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE | Prosthetics & Orthotics | |
| L5980 | ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM | Prosthetics & Orthotics | |
| L5981 | ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL | Prosthetics & Orthotics | |
| L5987 | ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN | Prosthetics & Orthotics | |
| L5988 | ADD LW LIMB PROSTH VERTCL SHOCK RDUCC PYLN FEATUR | Prosthetics & Orthotics | |
| L5990 | ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT | Prosthetics & Orthotics | |
| L5999 | LOWER EXTREMITY PROSTHESIS NOS | Prosthetics & Orthotics | |
| L6000 | PARTIAL HAND THUMB REMAINING | Prosthetics & Orthotics | |
| L6010 | PARTIAL HAND LITTLE AND OR RING FINGER REMAINING | Prosthetics & Orthotics | |
| L6020 | PARTIAL HAND NO FINGER REMAINING | Prosthetics & Orthotics | |
| L6026 | TRANSCARPAL MC PART HAND DISARTICULATION PROS | Prosthetics & Orthotics | |
| L6050 | WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD | Prosthetics & Orthotics | |
| L6055 | WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE | Prosthetics & Orthotics | |
| L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD | Prosthetics & Orthotics | |
| L6110 | BELOW ELBOW MOLDED SOCKET | Prosthetics & Orthotics | |
| L6120 | BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF | Prosthetics & Orthotics | |
| L6130 | BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF | Prosthetics & Orthotics | |
| L6200 | ELB DISARTIC MOLD SOCKT OUTSIDE LOCK HINGE FORARM | Prosthetics & Orthotics | |
| L6205 | ELB DISARTIC MOLD SOCKT W/XPND INTRFCE LOCK FORARM | Prosthetics & Orthotics | |
| L6250 | ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM | Prosthetics & Orthotics | |
| L6300 | SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM | Prosthetics & Orthotics | |
| L6310 | SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH | Prosthetics & Orthotics | |

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| L6320 | SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY | Prosthetics & Orthotics | |
| L6360 | INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH | Prosthetics & Orthotics | |
| L6370 | INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY | Prosthetics & Orthotics | |
| L6400 | BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP | Prosthetics & Orthotics | |
| L6450 | ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | Prosthetics & Orthotics | |
| L6500 | ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | Prosthetics & Orthotics | |
| L6550 | SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS | Prosthetics & Orthotics | |
| L6570 | INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS | Prosthetics & Orthotics | |
| L6580 | PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD | Prosthetics & Orthotics | |
| L6582 | PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED | Prosthetics & Orthotics | |
| L6584 | PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKET MOLD | Prosthetics & Orthotics | |
| L6586 | PREP ELB DISRTC/ABVE ELB 1 WALL SOCKET DIR FORMED | Prosthetics & Orthotics | |
| L6588 | PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD | Prosthetics & Orthotics | |
| L6590 | PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM | Prosthetics & Orthotics | |
| L6621 | UP EXTREM PROS ADD FLEXION/EXTENSION WRIST | Prosthetics & Orthotics | |
| L6624 | UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT | Prosthetics & Orthotics | |
| L6638 | UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB | Prosthetics & Orthotics | |
| L6646 | UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS | Prosthetics & Orthotics | |
| L6648 | UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR | Prosthetics & Orthotics | |
| L6693 | UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE | Prosthetics & Orthotics | |
| L6696 | ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT | Prosthetics & Orthotics | |
| L6697 | ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT | Prosthetics & Orthotics | |
| L6700 | UE ADD EXT POWER MYOEL | Prosthetics & Orthotics | |
| L6707 | TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING | Prosthetics & Orthotics | |
| L6708 | TERMINAL DEVICE HAND MECH VOLUNTARY OPENING | Prosthetics & Orthotics | |
| L6709 | TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING | Prosthetics & Orthotics | |
| L6712 | TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED | Prosthetics & Orthotics | |
| L6713 | TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED | Prosthetics & Orthotics | |
| L6715 | TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL | Prosthetics & Orthotics | |
| L6721 | TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ | Prosthetics & Orthotics | |
| L6722 | TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS | Prosthetics & Orthotics | |
| L6880 | ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR | Prosthetics & Orthotics | |
| L6881 | AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC | Prosthetics & Orthotics | |
| L6882 | MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC | Prosthetics & Orthotics | |
| L6900 | HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN | Prosthetics & Orthotics | |
| L6905 | HAND REST PART HAND W/GLOVE MX FNGR REMAIN | Prosthetics & Orthotics | |
| L6910 | HAND REST PART HAND W/GLOVE NO FNGR REMAIN | Prosthetics & Orthotics | |
| L6920 | WRST DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE | Prosthetics & Orthotics | |
| L6925 | WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6930 | BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE | Prosthetics & Orthotics | |
| L6935 | BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE | Prosthetics & Orthotics | |
| L6940 | ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6945 | ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | Prosthetics & Orthotics | |

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| L6950 | ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6955 | ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6960 | SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6965 | SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM | Prosthetics & Orthotics | |
| L6970 | INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6975 | INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC | Prosthetics & Orthotics | |
| L7007 | ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT | Prosthetics & Orthotics | |
| L7008 | ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC | Prosthetics & Orthotics | |
| L7009 | ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT | Prosthetics & Orthotics | |
| L7040 | PREHENSILE ACTUATOR SWITCH CONTROLLED | Prosthetics & Orthotics | |
| L7045 | ELEC HOOK SWITCH/MYOELECTRIC CONTROL PEDIATRIC | Prosthetics & Orthotics | |
| L7170 | ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED | Prosthetics & Orthotics | |
| L7180 | ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC | Prosthetics & Orthotics | |
| L7181 | ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC | Prosthetics & Orthotics | |
| L7185 | ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL | Prosthetics & Orthotics | |
| L7186 | ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL | Prosthetics & Orthotics | |
| L7190 | ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL | Prosthetics & Orthotics | |
| L7191 | ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRICALY CNTRL | Prosthetics & Orthotics | |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE | Prosthetics & Orthotics | |
| L7406 | ADD TO UPP EXTR USER ADJ MEC | Prosthetics & Orthotics | |
| L7499 | UPPER EXTREMITY PROSTHESIS NOS | Prosthetics & Orthotics | |
| L8033 | NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA | Prosthetics & Orthotics | |
| L8499 | UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES | Prosthetics & Orthotics | |
| L8608 | MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS | Prosthetics & Orthotics | |
| L8614 | COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS | Prosthetics & Orthotics | |
| L8678 | ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO | Prosthetics & Orthotics | |
| L8692 | AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN | Prosthetics & Orthotics | |
| L8699 | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED | Prosthetics & Orthotics | |
| L8701 | PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB | Prosthetics & Orthotics | |
| L8702 | PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS | Prosthetics & Orthotics | |
| 76965 | US GUIDANCE INTERSTITIAL RADIOELEMENT APPLICATION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77011 | CT GUIDANCE STEREOTACTIC LOCALIZATION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77261 | THER RAD TX PLNNING SMPL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77262 | THER RAD TX PLNNING INTRM | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77263 | THER RAD TX PLNNING CPLX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77280 | THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77285 | THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77290 | THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77293 | RESPIRATORY MOTION MANAGEMENT SIMULATION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77295 | 3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77299 | UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77301 | NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |

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| 77306 | TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77307 | TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77316 | BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77317 | BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77318 | BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77321 | SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77331 | SPEC DOSIM ONLY PRESCRIBED TREATING PHYS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77332 | TX DEVICES DESIGN AND CONSTRUCTION SIMPLE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77333 | TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77334 | TX DEVICES DESIGN AND CONSTRUCTION COMPLEX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77336 | CONTINUING MEDICAL PHYSICS CONSLTJ PR WK | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77338 | MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77370 | SPEC MEDICAL RADJ PHYSICS CONSLTJ | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77371 | RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77372 | RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77373 | STEREOTACTIC BODY RADIATION DELIVERY | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77387 | GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77402 | RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77407 | RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77412 | RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77417 | THERAPEUTIC RADIOLOGY PORT IMAGES(S) | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77423 | HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77427 | RADIATION TREATMENT MANAGEMENT 5 TREATMENTS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77431 | RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77432 | STEREOTACTIC RADIATION TX MANAGEMENT CRANIAL LESION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77435 | STEREOTACTIC BODY RADIATION MANAGEMENT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77470 | SPECIAL TREATMENT PROCEDURE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77499 | UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77520 | PROTON TX DELIVERY SIMPLE W O COMPENSATION | Radiation Therapy & Radio Surgery | |
| 77522 | PROTON TX DELIVERY SIMPLE W COMPENSATION | Radiation Therapy & Radio Surgery | |
| 77523 | PROTON TX DELIVERY INTERMEDIATE | Radiation Therapy & Radio Surgery | |
| 77525 | PROTON TX DELIVERY COMPLEX | Radiation Therapy & Radio Surgery | |
| 77750 | NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77761 | INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77762 | INTRACAVITARY RADIATION SOURCE APPLIC INTERMED | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77763 | INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77767 | HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77768 | HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTIPLE LESION | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77770 | HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77771 | HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |

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| 77772 | HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77778 | INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77789 | SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 77790 | SUPERVISION HANDLING LOADING RADIATION SOURCE | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI | Radiation Therapy & Radio Surgery | |
| A9590 | IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE | Radiation Therapy & Radio Surgery | |
| A9600 | STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| A9604 | SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI | Radiation Therapy & Radio Surgery | |
| A9606 | RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI | Radiation Therapy & Radio Surgery | |
| G0339 | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS | Radiation Therapy & Radio Surgery | |
| G0340 | IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS | Radiation Therapy & Radio Surgery | |
| G6001 | ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6002 | STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6003 | RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6004 | RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6005 | RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6006 | RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6007 | RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6008 | RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6009 | RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6010 | RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6011 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6012 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6013 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| G6014 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT | Radiation Therapy & Radio Surgery | Adults send request to Evolent. For Pediatrics, no PA required for Outpatient. |
| 95782 | POLYSOM LT 6 YRS SLEEP STAGE 4 OR GT ADDL PARAM ATTND | Sleep Studies | |
| 95783 | POLYSOM LT 6 YRS SLEEP W/CPAP/BILVL VENT 4 OR GT PARAM | Sleep Studies | |
| 95805 | MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG | Sleep Studies | |
| 95807 | SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN | Sleep Studies | |
| 95808 | POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND | Sleep Studies | |
| 95810 | POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND | Sleep Studies | |
| 95811 | POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT | Sleep Studies | |
| 32850 | DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR | Transplants/Gene Therapy | |
| 32851 | LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS | Transplants/Gene Therapy | |
| 32852 | LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS | Transplants/Gene Therapy | |
| 32853 | LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS | Transplants/Gene Therapy | |
| 32854 | LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS | Transplants/Gene Therapy | |

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| 32855 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI | Transplants/Gene Therapy | |
| 32856 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI | Transplants/Gene Therapy | |
| 33929 | REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL | Transplants/Gene Therapy | |
| 33930 | DONOR CARDIECTOMY - PNEUMONECTOMY | Transplants/Gene Therapy | |
| 33933 | BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT | Transplants/Gene Therapy | |
| 33935 | HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC | Transplants/Gene Therapy | |
| 33940 | DONOR CARDIECTOMY | Transplants/Gene Therapy | |
| 33944 | BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT | Transplants/Gene Therapy | |
| 33945 | HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY | Transplants/Gene Therapy | |
| 33995 | INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY | Transplants/Gene Therapy | |
| 38204 | MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ | Transplants/Gene Therapy | |
| 38205 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC | Transplants/Gene Therapy | |
| 38206 | BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO | Transplants/Gene Therapy | |
| 38207 | TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR | Transplants/Gene Therapy | |
| 38208 | TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV PER DNR | Transplants/Gene Therapy | |
| 38209 | TRNSP PREPJ HEMATOP PROG THAW PREV HRV WSH PER DNR | Transplants/Gene Therapy | |
| 38210 | TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL | Transplants/Gene Therapy | |
| 38211 | TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ | Transplants/Gene Therapy | |
| 38212 | TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL | Transplants/Gene Therapy | |
| 38213 | TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ | Transplants/Gene Therapy | |
| 38214 | TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ | Transplants/Gene Therapy | |
| 38215 | TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM | Transplants/Gene Therapy | |
| 38225 | CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY | Transplants/Gene Therapy | |
| 38226 | CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS | Transplants/Gene Therapy | |
| 38227 | CAR-T THERAPY RECEIPT and PREPJ CAR-T CELLS F/ADMN | Transplants/Gene Therapy | |
| 38228 | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION | Transplants/Gene Therapy | |
| 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy | |
| 38232 | BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS | Transplants/Gene Therapy | |
| 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS | Transplants/Gene Therapy | |
| 38243 | TRNSPLJ HEMATOPOIETIC CELL BOOST | Transplants/Gene Therapy | |
| 44132 | DONOR ENTERECTOMY OPEN CADAVER DONOR | Transplants/Gene Therapy | |
| 44133 | DONOR ENTERECTOMY OPEN LIVING DONOR | Transplants/Gene Therapy | |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR | Transplants/Gene Therapy | |
| 44136 | INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR | Transplants/Gene Therapy | |
| 44137 | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL | Transplants/Gene Therapy | |
| 44715 | BKBENCH PREPJ CADAVER LIVING DONOR INTESTINE | Transplants/Gene Therapy | |
| 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA | Transplants/Gene Therapy | |
| 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA | Transplants/Gene Therapy | |

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| 47133 | DONOR HEPATECTOMY CADAVER DONOR | Transplants/Gene Therapy | |
| 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE | Transplants/Gene Therapy | |
| 47140 | DONOR HEPATECTOMY LIVING DONOR SEG II AND III | Transplants/Gene Therapy | |
| 47141 | DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV | Transplants/Gene Therapy | |
| 47142 | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI | Transplants/Gene Therapy | |
| 47143 | BKBENCH PREP CADAVER DONOR | Transplants/Gene Therapy | |
| 47144 | BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII | Transplants/Gene Therapy | |
| 47145 | BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI | Transplants/Gene Therapy | |
| 47146 | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA | Transplants/Gene Therapy | |
| 47147 | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA | Transplants/Gene Therapy | |
| 48160 | PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS | Transplants/Gene Therapy | |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT | Transplants/Gene Therapy | |
| 48551 | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT | Transplants/Gene Therapy | |
| 48552 | BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA | Transplants/Gene Therapy | |
| 48554 | TRANSPLANTATION PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | |
| 50300 | DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL | Transplants/Gene Therapy | |
| 50320 | DONOR NEPHRECTOMY OPEN LIVING DONOR | Transplants/Gene Therapy | |
| 50323 | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT | Transplants/Gene Therapy | |
| 50325 | BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT | Transplants/Gene Therapy | |
| 50327 | BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA | Transplants/Gene Therapy | |
| 50328 | BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA | Transplants/Gene Therapy | |
| 50329 | BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA | Transplants/Gene Therapy | |
| 50340 | RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE | Transplants/Gene Therapy | |
| 50360 | RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY | Transplants/Gene Therapy | |
| 50365 | RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY | Transplants/Gene Therapy | |
| 50370 | RMVL TRNSPLED RENAL ALLOGRAFT | Transplants/Gene Therapy | |
| 50380 | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY | Transplants/Gene Therapy | |
| 81560 | TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD | Transplants/Gene Therapy | |
| 0584T | PERCUTANEOUS ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |
| 0585T | LAPAROSCOPIC ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |
| 0586T | OPEN ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |
| J1411 | INJ, HEMGENIX, PER TX DOSE | Transplants/Gene Therapy | |
| J1412 | INJECTION VALOCTOGENE ROXAPARVOVEC-RVOX PER ML | Transplants/Gene Therapy | |
| J1413 | INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D | Transplants/Gene Therapy | |
| J1414 | INJ, FIDANACOGENE ELAPARVOVECDZKT, PER THERAPEUTIC DOSE | Transplants/Gene Therapy | |
| J2326 | INJECTION NUSINERSEN 0.1 MG | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3387 | INJ, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3389 | TOPCL ADMIN, PRADEMAGENE ZAMIKERACEL, PER TRTMNT | Transplants/Gene Therapy | |
| J3391 | INJ, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3392 | INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3393 | INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3394 | INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | This service is carved out to MDHHS. |

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| J3398 | INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10 | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3401 | BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| J3402 | INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE | Transplants/Gene Therapy | |
| J3403 | REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT | Transplants/Gene Therapy | |
| J9029 | IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D | Transplants/Gene Therapy | |
| Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2042 | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2043 | SIPULEUCEL-T AUTO CD54 PLUS | Transplants/Gene Therapy | |
| Q2053 | BREXUCABTAGENE CAR POST | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2054 | LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2055 | IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2056 | CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2057 | AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| Q2058 | OBECABTAGENE CAR POS T | Transplants/Gene Therapy | This service is carved out to MDHHS. |
| S2053 | TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS | Transplants/Gene Therapy | |
| S2054 | TRANSPLANTATION OF MULTIVISCERAL ORGANS | Transplants/Gene Therapy | |
| S2055 | HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR | Transplants/Gene Therapy | |
| S2060 | LOBAR LUNG TRANSPLANTATION | Transplants/Gene Therapy | |
| S2061 | DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR | Transplants/Gene Therapy | |
| S2065 | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION | Transplants/Gene Therapy | |
| S2107 | ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT | Transplants/Gene Therapy | |
| S2140 | CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy | |
| S2142 | CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC | Transplants/Gene Therapy | |
| S2150 | BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP | Transplants/Gene Therapy | |
| S2152 | SOLID ORGAN; TRANSPLANTATION AND RELATED COMP | Transplants/Gene Therapy | |
| A0430 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING | Transportation Services | |
| A0431 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING | Transportation Services | |
| S9960 | AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING | Transportation Services | |

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| 59961 | AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING | Transportation Services | |
| 17999 | UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE | Unlisted/Miscellaneous | |
| 19499 | UNLISTED PROCEDURE BREAST | Unlisted/Miscellaneous | |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | Unlisted/Miscellaneous | |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | Unlisted/Miscellaneous | |
| 22899 | UNLISTED PROCEDURE SPINE | Unlisted/Miscellaneous | |
| 22999 | UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM | Unlisted/Miscellaneous | |
| 23929 | UNLISTED PROCEDURE SHOULDER | Unlisted/Miscellaneous | |
| 26989 | UNLISTED PROCEDURE HANDS FINGERS | Unlisted/Miscellaneous | |
| 27299 | UNLISTED PROCEDURE PELVIS HIP JOINT | Unlisted/Miscellaneous | |
| 29999 | UNLISTED PROCEDURE ARTHROSCOPY | Unlisted/Miscellaneous | |
| 30999 | UNLISTED PROCEDURE NOSE | Unlisted/Miscellaneous | |
| 37799 | UNLISTED PROCEDURE VASCULAR SURGERY | Unlisted/Miscellaneous | |
| 38129 | UNLISTED LAPAROSCOPY PROCEDURE SPLEEN | Unlisted/Miscellaneous | |
| 38589 | UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM | Unlisted/Miscellaneous | |
| 38999 | UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM | Unlisted/Miscellaneous | |
| 39499 | UNLISTED PROCEDURE MEDIASTINUM | Unlisted/Miscellaneous | |
| 39599 | UNLISTED PROCEDURE DIAPHRAGM | Unlisted/Miscellaneous | |
| 40799 | UNLISTED PROCEDURE LIPS | Unlisted/Miscellaneous | |
| 41599 | UNLISTED PROCEDURE TONGUE FLOOR MOUTH | Unlisted/Miscellaneous | |
| 42299 | UNLISTED PROCEDURE PALATE UVULA | Unlisted/Miscellaneous | |
| 43499 | UNLISTED PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous | |
| 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | Unlisted/Miscellaneous | |
| 43999 | UNLISTED PROCEDURE STOMACH | Unlisted/Miscellaneous | |
| 45399 | UNLISTED PROCEDURE COLON | Unlisted/Miscellaneous | |
| 47579 | UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous | |
| 47999 | UNLISTED PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous | |
| 49999 | UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM | Unlisted/Miscellaneous | |
| 54699 | UNLISTED LAPAROSCOPY PROCEDURE TESTIS | Unlisted/Miscellaneous | |
| 55559 | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD | Unlisted/Miscellaneous | |
| 55899 | UNLISTED PROCEDURE MALE GENITAL SYSTEM | Unlisted/Miscellaneous | |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous | |
| 58679 | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY | Unlisted/Miscellaneous | |
| 58999 | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL | Unlisted/Miscellaneous | |
| 60699 | UNLISTED PROCEDURE ENDOCRINE SYSTEM | Unlisted/Miscellaneous | |
| 64999 | UNLISTED PROCEDURE NERVOUS SYSTEM | Unlisted/Miscellaneous | |
| 67299 | UNLISTED PROCEDURE POSTERIOR SEGMENT | Unlisted/Miscellaneous | |
| 68899 | UNLISTED PROCEDURE LACRIMAL SYSTEM | Unlisted/Miscellaneous | |
| 77399 | UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS | Unlisted/Miscellaneous | |
| 77799 | UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY | Unlisted/Miscellaneous | |
| 87797 | IADNA NOS DIRECT PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous | |
| 87798 | IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous | |

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| 88299 | UNLISTED CYTOGENETIC STUDY | Unlisted/Miscellaneous | |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | Unlisted/Miscellaneous | |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE PROCEDURE | Unlisted/Miscellaneous | |
| 95999 | UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX | Unlisted/Miscellaneous | |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | Unlisted/Miscellaneous | |
| 97039 | UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND | Unlisted/Miscellaneous | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE SPECIFY | Unlisted/Miscellaneous | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC | Unlisted/Miscellaneous | |
| 97802 | MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI | Unlisted/Miscellaneous | |
| 97803 | MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 MIN | Unlisted/Miscellaneous | |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | Unlisted/Miscellaneous | |
| 99600 | UNLISTED HOME VISIT SERVICE PROCEDURE | Unlisted/Miscellaneous | |
| 0705T | REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30 | Unlisted/Miscellaneous | |
| 0708T | INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION | Unlisted/Miscellaneous | |
| 0709T | INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION | Unlisted/Miscellaneous | |
| A0999 | UNLISTED AMBULANCE SERVICE | Unlisted/Miscellaneous | |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS | Unlisted/Miscellaneous | |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | Unlisted/Miscellaneous | |
| A6262 | WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC | Unlisted/Miscellaneous | |
| A9291 | PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX | Unlisted/Miscellaneous | |
| A9699 | RADIOPHARMACEUTICAL THERAPEUTIC NOC | Unlisted/Miscellaneous | |
| A9900 | DME SUP ACCESS SRV-COMPON OTH HCPCS | Unlisted/Miscellaneous | |
| A9999 | MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS | Unlisted/Miscellaneous | |
| B9998 | NOC FOR ENTERAL SUPPLIES | Unlisted/Miscellaneous | |
| E0769 | ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC | Unlisted/Miscellaneous | |
| E0770 | FES TRANSQ STIM NERV AND MUSC GRP CMLP SYS NOS | Unlisted/Miscellaneous | |
| E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS | Unlisted/Miscellaneous | |
| G2082 | OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA | Unlisted/Miscellaneous | |
| G2083 | OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA | Unlisted/Miscellaneous | |
| J7699 | NOC DRUGS INHALATION SOLUTION ADMINED THRU DME | Unlisted/Miscellaneous | |
| J7799 | NOC RX OTH THAN INHALATION RX ADMINED THRU DME | Unlisted/Miscellaneous | |
| J8597 | ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| K0898 | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| K0899 | PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT | Unlisted/Miscellaneous | |
| Q0508 | MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD | Unlisted/Miscellaneous | |
| Q4082 | DRUG OR BIOLOGICAL NOC PART B DRUG CAP | Unlisted/Miscellaneous | |
| Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| S0590 | INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP | Unlisted/Miscellaneous | |
| S9110 | TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH | Unlisted/Miscellaneous | |
| S9432 | MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM | Unlisted/Miscellaneous | |

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| T1999 | MISC TX ITEMS AND SPL RETAIL PURCHASE NOC | Unlisted/Miscellaneous | |
| T2025 | WAIVER SERVICES; NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| T2047 | HABILITATION, PREVOCCATIONAL, WAIVER; PER 15 MINUTES | Unlisted/Miscellaneous | |
| T5999 | SUPPLY NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| V2524 | CONTACT LENS HPI SPH PC ADDITIVE PER LENS | Unlisted/Miscellaneous | |
| V2799 | VISION ITEM OR SERVICE MISCELLANEOUS | Unlisted/Miscellaneous | |
| V5298 | HEARING AID NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| V5299 | HEARING SERVICE MISCELLANEOUS | Unlisted/Miscellaneous | |
| G0480 | DRUG TEST DEF 1-7 DRUG CLASSES | Urine Drug Testing | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0481 | DRUG TEST DEF 8-14 DRUG CLASSES | Urine Drug Testing | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0482 | DRUG TEST DEF 15-21 DRUG CLASSES | Urine Drug Testing | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0483 | DRUG TEST DEF 22 OR MORE DRUG CLASSES | Urine Drug Testing | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0659 | DRUG TEST DEF SIMPLE ALL CL | Urine Drug Testing | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |

Medicare Prior Auth (PA) Code Matrix

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

This Matrix is for Elective services only.

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

| Code | Description | Service Category | Code notes |
|-------|---|---|---|
| 80307 | DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 24 units per calendar year. |
| 90867 | THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90869 | REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 90870 | ELECTROCONVULSIVE THERAPY (ECT) | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 97154 | GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 97155 | ADAPT BHV TX PRCL MODIFCAJ PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 97157 | MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 97158 | GRP ADAPT BHV PRCL MODIFCAN PHYS QHP EA 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| 0373T | ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME | Behavioral/Mental Health, Alcohol-Chemical Dependency | PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158). |
| G0480 | DRUG TEST DEF 1-7 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0481 | DRUG TEST DEF 8-14 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0482 | DRUG TEST DEF 15-21 DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0483 | DRUG TEST DEF 22 OR MORE DRUG CLASSES | Behavioral/Mental Health, Alcohol-Chemical Dependency | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| G0659 | DRUG TEST DEF SIMPLE ALL CL | Behavioral/Mental Health, Alcohol-Chemical Dependency | DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659 |
| H0046 | MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED | Behavioral/Mental Health, Alcohol-Chemical Dependency | |
| 15780 | DERMABRASION TOTAL FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15781 | DERMABRASION SEGMENTAL FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15782 | DERMABRASION REGIONAL OTHER THAN FACE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15783 | DERMABRASION SUPERFICIAL ANY SITE | Cosmetic, Plastic & Reconstructive Procedures | |
| 15793 | CHEMICAL PEEL NONFACIAL DERMAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 15820 | BLEPHAROPLASTY LOWER EYELID | Cosmetic, Plastic & Reconstructive Procedures | |
| 15821 | BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | Cosmetic, Plastic & Reconstructive Procedures | |
| 15822 | BLEPHAROPLASTY UPPER EYELID | Cosmetic, Plastic & Reconstructive Procedures | |
| 15823 | BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN | Cosmetic, Plastic & Reconstructive Procedures | |
| 15832 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH | Cosmetic, Plastic & Reconstructive Procedures | |
| 15833 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG | Cosmetic, Plastic & Reconstructive Procedures | |
| 15834 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP | Cosmetic, Plastic & Reconstructive Procedures | |

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| 15835 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK | Cosmetic, Plastic & Reconstructive Procedures | |
| 15836 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM | Cosmetic, Plastic & Reconstructive Procedures | |
| 15837 | EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND | Cosmetic, Plastic & Reconstructive Procedures | |
| 15838 | EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD | Cosmetic, Plastic & Reconstructive Procedures | |
| 15839 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA | Cosmetic, Plastic & Reconstructive Procedures | |
| 15847 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN | Cosmetic, Plastic & Reconstructive Procedures | |
| 19300 | MASTECTOMY GYNECOMASTIA | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19303 | MASTECTOMY SIMPLE COMPLETE | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19316 | MASTOPEXY | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19318 | REDUCTION MAMMAPLASTY | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19325 | MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19328 | REMOVAL INTACT MAMMARY IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19330 | REMOVAL MAMMARY IMPLANT MATERIAL | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19340 | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19342 | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19350 | NIPPLE AREOLA RECONSTRUCTION | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19355 | CORRECTION INVERTED NIPPLES | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 19396 | PREPARATION MOULAGE CUSTOM BREAST IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | No PA required when associated with breast cancer diagnosis. |
| 30400 | RHINP PRIM LAT AND ALAR CRTLGs AND ELVTN NASAL TI | Cosmetic, Plastic & Reconstructive Procedures | |
| 30410 | RHINP PRIM COMPLETE XTRNL PARTS | Cosmetic, Plastic & Reconstructive Procedures | |
| 30420 | RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR | Cosmetic, Plastic & Reconstructive Procedures | |
| 30430 | RHINOPLASTY SECONDARY MINOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30435 | RHINOPLASTY SECONDARY INTERMEDIATE REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30450 | RHINOPLASTY SECONDARY MAJOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | |
| 30460 | RHINP DFRM W COLUM LNGTH TIP ONLY | Cosmetic, Plastic & Reconstructive Procedures | |
| 30462 | RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEO T | Cosmetic, Plastic & Reconstructive Procedures | |
| 30468 | RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT | Cosmetic, Plastic & Reconstructive Procedures | |
| 67900 | REPAIR BROW PTOSIS | Cosmetic, Plastic & Reconstructive Procedures | |
| 67901 | RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67902 | RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING | Cosmetic, Plastic & Reconstructive Procedures | |
| 67903 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67904 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL | Cosmetic, Plastic & Reconstructive Procedures | |
| 67906 | RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING | Cosmetic, Plastic & Reconstructive Procedures | |
| 67908 | RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ | Cosmetic, Plastic & Reconstructive Procedures | |
| 67909 | REDUCTION OVERCORRECTION PTOSIS | Cosmetic, Plastic & Reconstructive Procedures | |

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| 67950 | CANTHOPLASTY | Cosmetic, Plastic & Reconstructive Procedures | |
| A4238 | SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A4239 | SPLY ALW NONADJUNG NONIMPL CGM 1 MO SPLY Equal to 1 UOS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A9274 | EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA | Durable Medical Equipment (DME) | |
| A9276 | SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPLY | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A9277 | TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| A9278 | RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| B4105 | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA | Durable Medical Equipment (DME) | |
| C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH | Durable Medical Equipment (DME) | |
| E0194 | AIR FLUIDIZED BED | Durable Medical Equipment (DME) | |
| E0260 | HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATRSSH | Durable Medical Equipment (DME) | |
| E0261 | HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATRSSH | Durable Medical Equipment (DME) | |
| E0265 | HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MATRSSH | Durable Medical Equipment (DME) | |
| E0266 | HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MATRSSH | Durable Medical Equipment (DME) | |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | Durable Medical Equipment (DME) | |
| E0296 | HOSP BED TOTAL ELEC W O SIDE RAILS W MATRSSH | Durable Medical Equipment (DME) | |
| E0297 | HOSP BED TOTAL ELEC W O SIDE RAILS W O MATRSSH | Durable Medical Equipment (DME) | |
| E0300 | PED CRIB HOS GRADE FULLY ENC W WO TOP ENC | Durable Medical Equipment (DME) | |
| E0304 | HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATRSSH | Durable Medical Equipment (DME) | |
| E0316 | SFTY ENCLCS FRME/CANOPY USE W/HOSP BED ANY TYPE | Durable Medical Equipment (DME) | |
| E0329 | HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS | Durable Medical Equipment (DME) | |
| E0371 | NONPWR ADV PRSS RDUC OVRLAY MATRSSH STD LEN AND WDTM | Durable Medical Equipment (DME) | |
| E0372 | PWR AIR OVRLAY MATRSSH STD MATRSSH LENGTH AND WIDTH | Durable Medical Equipment (DME) | |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | Durable Medical Equipment (DME) | |
| E0465 | HOME VENTILATOR ANY TYPE USED W INVASIVE INTF | Durable Medical Equipment (DME) | |
| E0466 | HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF | Durable Medical Equipment (DME) | |
| E0467 | HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC | Durable Medical Equipment (DME) | |
| E0468 | HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM | Durable Medical Equipment (DME) | |
| E0470 | RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU | Durable Medical Equipment (DME) | |
| E0471 | RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP | Durable Medical Equipment (DME) | |
| E0472 | RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP | Durable Medical Equipment (DME) | |
| E0483 | HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA | Durable Medical Equipment (DME) | |
| E0486 | ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM | Durable Medical Equipment (DME) | |
| E0492 | PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M | Durable Medical Equipment (DME) | |
| E0493 | ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE | Durable Medical Equipment (DME) | |

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| E0637 | COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE | Durable Medical Equipment (DME) | |
| E0638 | STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS | Durable Medical Equipment (DME) | |
| E0640 | PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS | Durable Medical Equipment (DME) | |
| E0641 | FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES | Durable Medical Equipment (DME) | |
| E0642 | STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ | Durable Medical Equipment (DME) | |
| E0652 | PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS | Durable Medical Equipment (DME) | |
| E0656 | SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK | Durable Medical Equipment (DME) | |
| E0667 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG | Durable Medical Equipment (DME) | |
| E0668 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM | Durable Medical Equipment (DME) | |
| E0671 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG | Durable Medical Equipment (DME) | |
| E0675 | PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL | Durable Medical Equipment (DME) | |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE NOS | Durable Medical Equipment (DME) | |
| E0677 | NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK | Durable Medical Equipment (DME) | |
| E0691 | UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS | Durable Medical Equipment (DME) | |
| E0694 | UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR | Durable Medical Equipment (DME) | |
| E0747 | OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC | Durable Medical Equipment (DME) | |
| E0748 | OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC | Durable Medical Equipment (DME) | |
| E0749 | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL | Durable Medical Equipment (DME) | |
| E0760 | OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV | Durable Medical Equipment (DME) | |
| E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ | Durable Medical Equipment (DME) | |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE | Durable Medical Equipment (DME) | |
| E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE | Durable Medical Equipment (DME) | |
| E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE | Durable Medical Equipment (DME) | |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | Durable Medical Equipment (DME) | |
| E0787 | EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ | Durable Medical Equipment (DME) | |
| E0983 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL | Durable Medical Equipment (DME) | |
| E0984 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL | Durable Medical Equipment (DME) | |
| E0986 | MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS | Durable Medical Equipment (DME) | |
| E0988 | MANUAL WC ACCESSORY LEVR-ACTIVTD WHL DRIVE PAIR | Durable Medical Equipment (DME) | |
| E1002 | WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY | Durable Medical Equipment (DME) | |
| E1003 | WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC | Durable Medical Equipment (DME) | |
| E1004 | WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC | Durable Medical Equipment (DME) | |
| E1005 | WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC | Durable Medical Equipment (DME) | |
| E1006 | WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC | Durable Medical Equipment (DME) | |
| E1007 | WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC | Durable Medical Equipment (DME) | |

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| E1008 | WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUCE | Durable Medical Equipment (DME) | |
| E1010 | WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR | Durable Medical Equipment (DME) | |
| E1012 | WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA | Durable Medical Equipment (DME) | |
| E1030 | WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED | Durable Medical Equipment (DME) | |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE | Durable Medical Equipment (DME) | |
| E1229 | WHEELCHAIR PEDIATRIC SIZE NOS | Durable Medical Equipment (DME) | |
| E1230 | PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER | Durable Medical Equipment (DME) | |
| E1232 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS | Durable Medical Equipment (DME) | |
| E1233 | WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) | |
| E1234 | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT | Durable Medical Equipment (DME) | |
| E1235 | WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1236 | WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1237 | WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1238 | WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM | Durable Medical Equipment (DME) | |
| E1310 | WHIRLPOOL NONPORTABLE | Durable Medical Equipment (DME) | |
| E1905 | VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE | Durable Medical Equipment (DME) | |
| E2102 | ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| E2103 | NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER | Durable Medical Equipment (DME) | No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). |
| E2295 | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME | Durable Medical Equipment (DME) | |
| E2298 | COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP | Durable Medical Equipment (DME) | |
| E2301 | WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE | Durable Medical Equipment (DME) | |
| E2310 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND ONE PWR | Durable Medical Equipment (DME) | |
| E2311 | PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND TWO MORE | Durable Medical Equipment (DME) | |
| E2312 | POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE | Durable Medical Equipment (DME) | |
| E2321 | PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL | Durable Medical Equipment (DME) | |
| E2322 | PWR WC ACSS HND CNTRL MX MECH SWITCH NO PRPRTNL | Durable Medical Equipment (DME) | |
| E2325 | PWR WC ACSS SIP AND PUFF INTERFCE NONPRPRTNL | Durable Medical Equipment (DME) | |
| E2327 | PWR WC ACSS HEAD CNTRL INTERFCE MECH PRPRTNL | Durable Medical Equipment (DME) | |
| E2328 | PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL | Durable Medical Equipment (DME) | |
| E2329 | PWR WC ACSS HEAD CNTRL CNCT SWITCH MECH NOPRRTNL | Durable Medical Equipment (DME) | |
| E2330 | PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL | Durable Medical Equipment (DME) | |
| E2340 | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN | Durable Medical Equipment (DME) | |
| E2341 | PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN | Durable Medical Equipment (DME) | |
| E2342 | PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN | Durable Medical Equipment (DME) | |
| E2343 | PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN | Durable Medical Equipment (DME) | |

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| E2351 | PWR WC ACSS ELEC INTERFE OPERATE SPCH GEN DEVC | Durable Medical Equipment (DME) | |
| E2369 | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY | Durable Medical Equipment (DME) | |
| E2370 | PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY | Durable Medical Equipment (DME) | |
| E2373 | PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK | Durable Medical Equipment (DME) | |
| E2375 | PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) | |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY | Durable Medical Equipment (DME) | |
| E2377 | PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE | Durable Medical Equipment (DME) | |
| E2398 | WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK | Durable Medical Equipment (DME) | |
| E2402 | NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE | Durable Medical Equipment (DME) | |
| E2500 | SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME | Durable Medical Equipment (DME) | |
| E2502 | SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC | Durable Medical Equipment (DME) | |
| E2504 | SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC | Durable Medical Equipment (DME) | |
| E2506 | SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME | Durable Medical Equipment (DME) | |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT | Durable Medical Equipment (DME) | |
| E2510 | SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS | Durable Medical Equipment (DME) | |
| E2511 | SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST | Durable Medical Equipment (DME) | |
| E2512 | ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM | Durable Medical Equipment (DME) | |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE NOC | Durable Medical Equipment (DME) | |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE | Durable Medical Equipment (DME) | |
| E2617 | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE | Durable Medical Equipment (DME) | |
| E2626 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE | Durable Medical Equipment (DME) | |
| E2628 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING | Durable Medical Equipment (DME) | |
| E2629 | WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP | Durable Medical Equipment (DME) | |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0008 | CUSTOM MANUAL WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE | Durable Medical Equipment (DME) | |
| K0010 | STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0011 | STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL | Durable Medical Equipment (DME) | |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) | |
| K0013 | CUSTOM MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0014 | OTHER MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) | |
| K0108 | OTHER ACCESSORIES | Durable Medical Equipment (DME) | |
| K0606 | AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE | Durable Medical Equipment (DME) | |
| K0800 | PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) | |
| K0801 | PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) | |

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| K0802 | PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0806 | PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS | Durable Medical Equipment (DME) | |
| K0807 | PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS | Durable Medical Equipment (DME) | |
| K0808 | PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0813 | PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0814 | PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0815 | PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0816 | PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0820 | PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0821 | PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS | Durable Medical Equipment (DME) | |
| K0822 | PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0823 | PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0824 | PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0825 | PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0826 | PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0827 | PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0828 | PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT | Durable Medical Equipment (DME) | |
| K0829 | PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT | Durable Medical Equipment (DME) | |
| K0830 | PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0831 | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB | Durable Medical Equipment (DME) | |
| K0835 | PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0836 | PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS | Durable Medical Equipment (DME) | |
| K0837 | PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0838 | PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0839 | PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS | Durable Medical Equipment (DME) | |
| K0840 | PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE | Durable Medical Equipment (DME) | |
| K0841 | PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0842 | PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS | Durable Medical Equipment (DME) | |
| K0843 | PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0848 | PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0849 | PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0850 | PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0851 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0852 | PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0853 | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS | Durable Medical Equipment (DME) | |

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| K0854 | PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT | Durable Medical Equipment (DME) | |
| K0855 | PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT | Durable Medical Equipment (DME) | |
| K0856 | PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0857 | PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0858 | PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0859 | PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0860 | PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0861 | PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0862 | PWR WC GRP 3 HD MX PWR SLNG SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0863 | PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0864 | PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT | Durable Medical Equipment (DME) | |
| K0868 | PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0869 | PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0870 | PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0871 | PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0877 | PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0878 | PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0879 | PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0880 | PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB | Durable Medical Equipment (DME) | |
| K0884 | PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB | Durable Medical Equipment (DME) | |
| K0885 | PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS | Durable Medical Equipment (DME) | |
| K0886 | PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS | Durable Medical Equipment (DME) | |
| K0890 | PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) | |
| K0891 | PWR WC GRP 5 PED MX PWR SLING SEAT PT TO AND EQ 125 LB | Durable Medical Equipment (DME) | |
| K0900 | CUSTOMIZED DME OTHER THAN WHEELCHAIR | Durable Medical Equipment (DME) | |
| K1027 | ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB | Durable Medical Equipment (DME) | |
| L8678 | ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO | Durable Medical Equipment (DME) | |
| L8701 | PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB | Durable Medical Equipment (DME) | |
| L8702 | PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS | Durable Medical Equipment (DME) | |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE | Experimental/Investigational | |
| 27415 | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN | Experimental/Investigational | |
| 31242 | NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV | Experimental/Investigational | |
| 31243 | NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV | Experimental/Investigational | |
| 43290 | ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON | Experimental/Investigational | |
| 82016 | ACYLCARNITINES QUALITATIVE EACH SPECIMEN | Experimental/Investigational | |

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| 82017 | ACYLCARNITINES QUANTIATIVE EACH SPECIMEN | Experimental/Investigational | |
| 93702 | BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT | Experimental/Investigational | |
| 95836 | ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS | Experimental/Investigational | |
| 95983 | ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN | Experimental/Investigational | |
| 0054T | CPTR-ASSTD MUSCSKLT L SRGCL NAVIGN ORTHPDC PRCDRE W/ IMG GUIDNCE FLUOR IMGS | Experimental/Investigational | |
| 0055T | CPTR-ASSTD MUSCSKLT L NAVIGN ORTHO CT MRI | Experimental/Investigational | |
| 0213T | NJX DX THER PARAVER FCT JT W US CER THOR 1 LVL | Experimental/Investigational | |
| 0214T | NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL | Experimental/Investigational | |
| 0215T | NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL | Experimental/Investigational | |
| 0216T | NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL | Experimental/Investigational | |
| 0217T | NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2 | Experimental/Investigational | |
| 0218T | NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL | Experimental/Investigational | |
| 0274T | PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC | Experimental/Investigational | |
| 0448T | RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE | Experimental/Investigational | |
| 0483T | TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH | Experimental/Investigational | |
| 0484T | TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE | Experimental/Investigational | |
| 0488T | DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS | Experimental/Investigational | |
| 0509T | PATTERN ELECTRORETINOGRAPHY W I AND R | Experimental/Investigational | |
| 0569T | TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS | Experimental/Investigational | |
| 0570T | TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS | Experimental/Investigational | |
| 0674T | LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ | Experimental/Investigational | |
| 0675T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD | Experimental/Investigational | |
| 0676T | LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD | Experimental/Investigational | |
| 0677T | LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD | Experimental/Investigational | |
| 0678T | LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD | Experimental/Investigational | |
| 0679T | LAPAROSCOPIC REMOVAL LEAD PERM ISDSS | Experimental/Investigational | |
| 0680T | INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0681T | RELOCATION PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0682T | REMOVAL PULSE GENERATOR ONLY ISDSS | Experimental/Investigational | |
| 0683T | PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0684T | PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0685T | INTERROGATION DEVICE EVALUATION IN PERSON ISDSS | Experimental/Investigational | |
| 0795T | TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS | Experimental/Investigational | |
| 0796T | TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D | Experimental/Investigational | |
| 0797T | TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT | Experimental/Investigational | |

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| 0805T | TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D | Experimental/Investigational | |
| 0806T | TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR | Experimental/Investigational | |
| C9784 | ENDO SLEEVE GASTRO W/TUBE | Experimental/Investigational | |
| C9785 | ENDO OUTLET RESTRICT W/TUBE | Experimental/Investigational | |
| K1007 | BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS | Experimental/Investigational | |
| L8608 | MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS | Experimental/Investigational | |
| 81120 | IDH1 COMMON VARIANTS | Genetic Counseling & Testing | |
| 81121 | IDH2 COMMON VARIANTS | Genetic Counseling & Testing | |
| 81161 | DMD DUPLICATION DELETION ANALYSIS | Genetic Counseling & Testing | |
| 81162 | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS | Genetic Counseling & Testing | |
| 81163 | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81164 | BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81165 | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81166 | BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81167 | BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81173 | AR GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81175 | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81194 | NTRK TRANSLOCATION ANALYSIS | Genetic Counseling & Testing | |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81212 | BRCA1 BRCA 2 GEN ALYS 185DEL 5385INSC 6174DELT | Genetic Counseling & Testing | |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS | Genetic Counseling & Testing | |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR | Genetic Counseling & Testing | |
| 81230 | CYP3A4 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81232 | DYPD GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | |
| 81236 | EZH2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81277 | CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS | Genetic Counseling & Testing | |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81307 | PALB2 GENE ANALYSIS (FULL GENE SEQ) | Genetic Counseling & Testing | |

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| 81309 | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81314 | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS | Genetic Counseling & Testing | |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE | Genetic Counseling & Testing | |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81351 | TP53 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | Genetic Counseling & Testing | |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | Genetic Counseling & Testing | |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | Genetic Counseling & Testing | |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | Genetic Counseling & Testing | |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 | Genetic Counseling & Testing | |
| 81410 | AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS | Genetic Counseling & Testing | |
| 81411 | AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS | Genetic Counseling & Testing | |
| 81412 | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN | Genetic Counseling & Testing | |
| 81413 | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS | Genetic Counseling & Testing | |
| 81414 | CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES | Genetic Counseling & Testing | |
| 81415 | EXOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME | Genetic Counseling & Testing | |
| 81418 | DRG MTBLM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, | Genetic Counseling & Testing | |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL | Genetic Counseling & Testing | |
| 81422 | FETAL CHROMOSOMAL MICRODELJT GENOMIC SEQ ANALYS | Genetic Counseling & Testing | |
| 81425 | GENOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME | Genetic Counseling & Testing | |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ | Genetic Counseling & Testing | |
| 81432 | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing | |
| 81434 | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN | Genetic Counseling & Testing | |
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN | Genetic Counseling & Testing | |
| 81437 | HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN | Genetic Counseling & Testing | |
| 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN | Genetic Counseling & Testing | |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ | Genetic Counseling & Testing | |
| 81441 | BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES | Genetic Counseling & Testing | |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS | Genetic Counseling & Testing | |
| 81445 | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE | Genetic Counseling & Testing | |
| 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL | Genetic Counseling & Testing | |
| 81449 | TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES | Genetic Counseling & Testing | |
| 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE | Genetic Counseling & Testing | |

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| 81451 | TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS | Genetic Counseling & Testing | |
| 81455 | GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN | Genetic Counseling & Testing | |
| 81456 | TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS | Genetic Counseling & Testing | |
| 81460 | WHOLE MITOCHONDRIAL GENOME | Genetic Counseling & Testing | |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL | Genetic Counseling & Testing | |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS | Genetic Counseling & Testing | |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS | Genetic Counseling & Testing | |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE | Genetic Counseling & Testing | |
| 81500 | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS | Genetic Counseling & Testing | |
| 81503 | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS | Genetic Counseling & Testing | |
| 81518 | ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES | Genetic Counseling & Testing | |
| 81519 | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES | Genetic Counseling & Testing | |
| 81520 | ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES | Genetic Counseling & Testing | |
| 81521 | ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES | Genetic Counseling & Testing | |
| 81522 | ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES | Genetic Counseling & Testing | |
| 81523 | ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31 | Genetic Counseling & Testing | |
| 81525 | ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES | Genetic Counseling & Testing | |
| 81529 | ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG | Genetic Counseling & Testing | |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES | Genetic Counseling & Testing | |
| 81541 | ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES | Genetic Counseling & Testing | |
| 81542 | ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES | Genetic Counseling & Testing | |
| 81546 | ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG | Genetic Counseling & Testing | |
| 81551 | ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES | Genetic Counseling & Testing | |
| 81552 | ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES | Genetic Counseling & Testing | |
| 81554 | PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG | Genetic Counseling & Testing | |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES | Genetic Counseling & Testing | |
| 81599 | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS | Genetic Counseling & Testing | |
| 0005U | ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR | Genetic Counseling & Testing | |
| 0006M | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER | Genetic Counseling & Testing | |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX | Genetic Counseling & Testing | |
| 0022U | TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES | Genetic Counseling & Testing | |
| 0037U | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES | Genetic Counseling & Testing | |
| 0071U | CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | |
| 0152U | NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG | Genetic Counseling & Testing | |
| 0172U | ONC SLD TUM ALYS BRCA1 BRCA2 | Genetic Counseling & Testing | |

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| 0175U | PSYC GEN ALYS PANEL 15 GENES | Genetic Counseling & Testing | |
| 0215U | RARE DS XOM DNA ALYS EA COMP | Genetic Counseling & Testing | |
| 0216U | NEURO INH ATAXIA DNA 12 COM | Genetic Counseling & Testing | |
| 0217U | NEURO INH ATAXIA DNA 51 GENE | Genetic Counseling & Testing | |
| 0239U | TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS | Genetic Counseling & Testing | |
| 0345U | PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES | Genetic Counseling & Testing | |
| 0411U | PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES | Genetic Counseling & Testing | |
| 0419U | NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN | Genetic Counseling & Testing | |
| 90284 | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA | Healthcare Administered Drugs | |
| 90371 | HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM | Healthcare Administered Drugs | |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E | Healthcare Administered Drugs | |
| A9596 | GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE | Healthcare Administered Drugs | |
| A9601 | FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE | Healthcare Administered Drugs | |
| A9604 | SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI | Healthcare Administered Drugs | |
| A9607 | LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI | Healthcare Administered Drugs | |
| B4187 | OMEGAVEN, 10 G LIPIDS | Healthcare Administered Drugs | |
| B4199 | PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR | Healthcare Administered Drugs | |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG | Healthcare Administered Drugs | |
| C9145 | INJ, APOVIE, 1 MG | Healthcare Administered Drugs | |
| C9257 | INJECTION BEVACIZUMAB 0.25 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| C9293 | INJECTION GLUCARPIDASE 10 UNITS | Healthcare Administered Drugs | |
| C9307 | INJ, CARBOPLATIN (AVYXA) | Healthcare Administered Drugs | |
| C9308 | INJ LINVOSELTAMAB-GCPT 1 MG | Healthcare Administered Drugs | |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS | Healthcare Administered Drugs | |
| C9488 | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | |
| J0013 | ESKETAMINE, NASAL SPRAY, 1 MG | Healthcare Administered Drugs | |
| J0121 | INJECTION OMADACYCLINE 1 MG | Healthcare Administered Drugs | |
| J0122 | INJECTION, ERAVACYCLINE, 1 MG | Healthcare Administered Drugs | |
| J0129 | INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS | Healthcare Administered Drugs | |
| J0139 | INJ, ADALIMUMAB, 1 MG | Healthcare Administered Drugs | |
| J0174 | INJ, LECANEMAB-IRMB, 1 MG | Healthcare Administered Drugs | |
| J0175 | INJ, DONANEMAB-AZBT, 2 MG | Healthcare Administered Drugs | |
| J0177 | INJECTION, AFLIBERCEPT HD, 1 MG | Healthcare Administered Drugs | |
| J0178 | INJECTION AFLIBERCEPT 1 MG | Healthcare Administered Drugs | |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1MG | Healthcare Administered Drugs | |

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| J0180 | INJECTION AGALSIDASE BETA 1 MG | Healthcare Administered Drugs | |
| J0185 | INJ., APREPITANT, 1MG | Healthcare Administered Drugs | |
| J0202 | INJECTION ALEMTUZUMAB 1 MG | Healthcare Administered Drugs | |
| J0208 | INJECTION, SODIUM THIOSULFATE, 100 MG | Healthcare Administered Drugs | |
| J0209 | INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG | Healthcare Administered Drugs | |
| J0217 | INJ, VELMANASE ALFA-TYCV, 1 MG | Healthcare Administered Drugs | |
| J0218 | INJECTION, OLIPUDASE ALFA-RPCP, 1 MG | Healthcare Administered Drugs | |
| J0219 | INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG | Healthcare Administered Drugs | |
| J0221 | INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG | Healthcare Administered Drugs | |
| J0222 | INJECTION PATISIRAN 0.1 MG | Healthcare Administered Drugs | |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Healthcare Administered Drugs | |
| J0224 | INJ. LUMASIRAN, 0.5 MG | Healthcare Administered Drugs | |
| J0225 | INJ, VUTRISIRAN, 1 MG | Healthcare Administered Drugs | |
| J0248 | INJ, REMDESIVIR, 1 MG | Healthcare Administered Drugs | *PA not required for OH |
| J0256 | INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG | Healthcare Administered Drugs | |
| J0257 | INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG | Healthcare Administered Drugs | |
| J0291 | INJECTION PLAZOMICIN 5 MG | Healthcare Administered Drugs | |
| J0349 | INJECTION, REZAFUNGIN, 1 MG | Healthcare Administered Drugs | |
| J0364 | INJECTION APMORPHINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | |
| J0458 | INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG) | Healthcare Administered Drugs | |
| J0480 | INJECTION BASILIXIMAB 20 MG | Healthcare Administered Drugs | |
| J0485 | INJECTION BELATACEPT 1 MG | Healthcare Administered Drugs | |
| J0490 | INJECTION BELIMUMAB 10 MG | Healthcare Administered Drugs | |
| J0491 | INJECTION ANIFROLUMAB-FNIA 1 MG | Healthcare Administered Drugs | |
| J0517 | INJECTION BENRALIZUMAB 1 MG | Healthcare Administered Drugs | |
| J0565 | INJECTION BEZLOTOXUMAB 10 MG | Healthcare Administered Drugs | |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG | Healthcare Administered Drugs | |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG | Healthcare Administered Drugs | |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT | Healthcare Administered Drugs | |
| J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNITS | Healthcare Administered Drugs | |
| J0587 | INJECTION RIMABOTULINUMTOXINB 100 UNITS | Healthcare Administered Drugs | |
| J0588 | INJECTION INCOBOTULINUMTOXIN A 1 UNIT | Healthcare Administered Drugs | |
| J0589 | INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT | Healthcare Administered Drugs | |
| J0593 | INJECTION, LANADELUMAB-FLYO 1 MG | Healthcare Administered Drugs | |
| J0596 | INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U | Healthcare Administered Drugs | |

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| J0597 | INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS | Healthcare Administered Drugs | |
| J0598 | INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS | Healthcare Administered Drugs | |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS | Healthcare Administered Drugs | |
| J0604 | CINACALCET ORAL 1 MG | Healthcare Administered Drugs | |
| J0606 | INJECTION ETELCALCETIDE 0.1 MG | Healthcare Administered Drugs | |
| J0614 | INJ, TREOSULFAN, 50 MG | Healthcare Administered Drugs | |
| J0630 | CALCITONIN SALMON INJECTION | Healthcare Administered Drugs | |
| J0638 | INJECTION CANAKINUMAB 1 MG | Healthcare Administered Drugs | |
| J0641 | INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG | Healthcare Administered Drugs | |
| J0642 | INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG | Healthcare Administered Drugs | |
| J0681 | INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG | Healthcare Administered Drugs | |
| J0695 | INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | Healthcare Administered Drugs | |
| J0699 | INJECTION, CEFIDEROCOL, 10 MG | Healthcare Administered Drugs | |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG | Healthcare Administered Drugs | |
| J0714 | INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G | Healthcare Administered Drugs | |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG | Healthcare Administered Drugs | |
| J0725 | INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS | Healthcare Administered Drugs | |
| J0739 | INJECTION, CABOTEGRAVIR, 1 MG | Healthcare Administered Drugs | Prior authorization not required for NY |
| J0741 | INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG | Healthcare Administered Drugs | Prior authorization not required for NY |
| J0775 | INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG | Healthcare Administered Drugs | |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | Healthcare Administered Drugs | |
| J0801 | INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS | Healthcare Administered Drugs | |
| J0802 | INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS | Healthcare Administered Drugs | |
| J0850 | INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL | Healthcare Administered Drugs | |
| J0870 | INJ, IMETELSTAT, 1 MG | Healthcare Administered Drugs | |
| J0872 | INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICAL | Healthcare Administered Drugs | |
| J0873 | INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG | Healthcare Administered Drugs | |
| J0874 | INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG | Healthcare Administered Drugs | |
| J0875 | INJECTION DALBAVANCIN 5MG | Healthcare Administered Drugs | |
| J0877 | INJ, DAPTOMYCIN (HOSPIRA) | Healthcare Administered Drugs | |
| J0878 | INJECTION DAPTOMYCIN 1 MG | Healthcare Administered Drugs | |
| J0879 | INJECTION DIFELIKEFALIN 0.1 MICROGRAM | Healthcare Administered Drugs | |
| J0881 | INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE | Healthcare Administered Drugs | |
| J0885 | INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS | Healthcare Administered Drugs | |
| J0888 | INJECTION EPOETIN BETA 1 MICROGRAM | Healthcare Administered Drugs | |

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| J0893 | INJ, DECITABINE (SUN PHARMA) | Healthcare Administered Drugs | |
| J0896 | INJECTION, LUPATERCEPT-AAMT, 0.25 MG | Healthcare Administered Drugs | |
| J0897 | INJECTION DENOSUMAB 1 MG | Healthcare Administered Drugs | |
| J0901 | VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS) | Healthcare Administered Drugs | |
| J0911 | INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UN | Healthcare Administered Drugs | |
| J1000 | INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1050 | INJECTION MEDROXYPROGESTERONE ACETATE 1 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1071 | INJECTION TESTOSTERONE CYPIONATE 1 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1072 | INJ, TESTOSTERONE CYPIONATE (AZMIRO), 1MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1073 | TESTOSTERONE PELLETT, IMPLANT, 75 MG | Healthcare Administered Drugs | |
| J1095 | INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG | Healthcare Administered Drugs | |
| J1096 | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG | Healthcare Administered Drugs | |
| J1105 | DEXMEDETOMIDINE, ORAL, 1 MCG | Healthcare Administered Drugs | |
| J1202 | MIGLUSTAT, ORAL, 65 MG | Healthcare Administered Drugs | |
| J1203 | INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG | Healthcare Administered Drugs | |
| J1290 | INJECTION ECALLANTIDE 1 MG | Healthcare Administered Drugs | |
| J1299 | INJ, ECUUZUMAB, 2 MG | Healthcare Administered Drugs | |
| J1301 | INJECTION EDARAVONE 1 MG | Healthcare Administered Drugs | |
| J1302 | INJ SUTIMLIMAB-JOME 10 MG | Healthcare Administered Drugs | |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG | Healthcare Administered Drugs | |
| J1304 | INJ, TOFERSEN, 1 MG | Healthcare Administered Drugs | |
| J1305 | INJECTION, EVINACUMAB-DGNB, 5 MG | Healthcare Administered Drugs | |
| J1306 | INJECTION, INCLISIRAN, MG | Healthcare Administered Drugs | |
| J1307 | INJ, CROVALIMAB-AKZ, 10 MG | Healthcare Administered Drugs | |
| J1322 | INJECTION ELOSULFASE ALFA 1 MG | Healthcare Administered Drugs | |
| J1323 | INJECTION, ELRANATAMAB-BCMM, 1 MG | Healthcare Administered Drugs | |
| J1325 | INJECTION EPOPROSTENOL 0.5 MG | Healthcare Administered Drugs | |
| J1326 | INJ ZOLBETUXIMAB, 1 MG | Healthcare Administered Drugs | |
| J1380 | INJECTION ESTRADIOL VALERATE UP TO 10 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1410 | INJECTION ESTROGEN CONJUGATED PER 25 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1426 | INJECTION, CASIMERSEN, 10 MG | Healthcare Administered Drugs | |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | Healthcare Administered Drugs | |
| J1428 | INJECTION ETEPLIRSEN 10 MG | Healthcare Administered Drugs | |
| J1429 | INJECTION, GOLODIRSEN, 10 MG | Healthcare Administered Drugs | |
| J1434 | INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG | Healthcare Administered Drugs | |

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| J1435 | INJECTION ESTRONE PER 1 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10MG | Healthcare Administered Drugs | |
| J1438 | INJECTION ETANERCEPT 25 MG | Healthcare Administered Drugs | |
| J1439 | INJECTION FERRIC CARBOXYMALTOSE 1 MG | Healthcare Administered Drugs | |
| J1440 | FECAL MICROBIOTA, LIVE - JSLM, 1 ML | Healthcare Administered Drugs | |
| J1442 | INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC | Healthcare Administered Drugs | |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROGRAM | Healthcare Administered Drugs | |
| J1448 | INJECTION, TRILACICLIB, 1 MG | Healthcare Administered Drugs | |
| J1449 | INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG | Healthcare Administered Drugs | |
| J1454 | INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | Healthcare Administered Drugs | |
| J1456 | INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG | Healthcare Administered Drugs | |
| J1458 | INJECTION GALSULFASE 1 MG | Healthcare Administered Drugs | |
| J1459 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN) | Healthcare Administered Drugs | |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG | Healthcare Administered Drugs | |
| J1552 | INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG | Healthcare Administered Drugs | |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG | Healthcare Administered Drugs | |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG | Healthcare Administered Drugs | |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG | Healthcare Administered Drugs | |
| J1557 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX) | Healthcare Administered Drugs | |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG | Healthcare Administered Drugs | |
| J1559 | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG | Healthcare Administered Drugs | |
| J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1566 | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG | Healthcare Administered Drugs | |
| J1568 | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1569 | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | |
| J1572 | ING IMMUNE GLOBULIN (IG), FOR IM USE | Healthcare Administered Drugs | |
| J1573 | INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML | Healthcare Administered Drugs | |
| J1575 | INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG | Healthcare Administered Drugs | |
| J1576 | INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYO | Healthcare Administered Drugs | |
| J1595 | INJECTION GLATIRAMER ACETATE 20 MG | Healthcare Administered Drugs | |
| J1599 | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG | Healthcare Administered Drugs | |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE | Healthcare Administered Drugs | |
| J1627 | INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG | Healthcare Administered Drugs | |
| J1628 | INJECTION GUSELKUMAB 1 MG | Healthcare Administered Drugs | |
| J1632 | INJECTION, BREXANOLONE, 1 MG | Healthcare Administered Drugs | |

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| J1640 | INJECTION HEMIN 1 MG | Healthcare Administered Drugs | |
| J1645 | INJECTION DALTEPARIN SODIUM PER 2500 IU | Healthcare Administered Drugs | |
| J1729 | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG | Healthcare Administered Drugs | |
| J1743 | INJECTION IDURSULFASE 1 MG | Healthcare Administered Drugs | |
| J1744 | INJECTION ICATIBANT 1 MG | Healthcare Administered Drugs | |
| J1745 | INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG | Healthcare Administered Drugs | Prior authorization not required for NY |
| J1747 | INJECTION, SPESOLIMAB-SBZO, 1 M | Healthcare Administered Drugs | |
| J1748 | INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG | Healthcare Administered Drugs | |
| J1786 | INJECTION IMIGLUCERASE 10 UNITS | Healthcare Administered Drugs | |
| J1809 | INJ, FOSDENOPTERIN, 0.1 MG | Healthcare Administered Drugs | |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | Healthcare Administered Drugs | |
| J1826 | INJECTION INTERFERON BETA-1A 30 MCG | Healthcare Administered Drugs | |
| J1830 | INJECTION INTERFERON BETA-1B 0.25 MG | Healthcare Administered Drugs | |
| J1833 | INJECTION ISAVUCONAZONIUM 1 MG | Healthcare Administered Drugs | |
| J1837 | INJ, POSACONAZOLE, 1 MG | Healthcare Administered Drugs | |
| J1930 | INJECTION LANREOTIDE 1 MG | Healthcare Administered Drugs | |
| J1931 | INJECTION LARONIDASE 0.1 MG | Healthcare Administered Drugs | |
| J1932 | INJ LANREOTIDE CIPLA 1 MG | Healthcare Administered Drugs | |
| J1941 | INJECTION, FUROSEMIDE (FUROSCIX), 20 MG | Healthcare Administered Drugs | |
| J1950 | INJECTION LEUPROLIDE ACETATE PER 3.75 MG | Healthcare Administered Drugs | |
| J1951 | INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG | Healthcare Administered Drugs | |
| J1952 | LEUPROLIDE INJECTABLE, CAMCEVI, 1MG | Healthcare Administered Drugs | |
| J1954 | INJ LUTRATE DEPOT 7.5 MG (CIPLA) | Healthcare Administered Drugs | |
| J1961 | INJECTION, LENACAPAVIR, 1 MG | Healthcare Administered Drugs | Prior authorization not required for NY |
| J2170 | INJECTION MECASERMIN 1 MG | Healthcare Administered Drugs | |
| J2182 | INJECTION MEPOLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2186 | INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG | Healthcare Administered Drugs | |
| J2267 | INJ, MIRIKIZUMAB-MRKZ, 1 MG | Healthcare Administered Drugs | |
| J2277 | INJECTION, MOTIXAFORTIDE, 0.25 MG | Healthcare Administered Drugs | |
| J2323 | INJECTION NATALIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2326 | INJECTION NUSINERSEN 0.1 MG | Healthcare Administered Drugs | |
| J2327 | INJ RISANKIZUMAB-RZAA 1 MG | Healthcare Administered Drugs | |
| J2329 | INJECTION, UBLITUXIMAB-XIIV, 1MG | Healthcare Administered Drugs | |
| J2350 | INJECTION OCRELIZUMAB 1 MG | Healthcare Administered Drugs | |

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| J2351 | INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ | Healthcare Administered Drugs | |
| J2353 | INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG | Healthcare Administered Drugs | |
| J2356 | INJECTION, TEZEPELUMB-EKKO, 1 MG | Healthcare Administered Drugs | |
| J2357 | INJECTION OMALIZUMAB 5 MG | Healthcare Administered Drugs | |
| J2406 | INJECTION, ORITAVANCIN (KIMYRSA), 10 MG | Healthcare Administered Drugs | |
| J2407 | INJECTION, ORITAVANCIN (ORBACTIV), 10 MG | Healthcare Administered Drugs | |
| J2425 | INJECTION PALIFERMIN 50 MICROGRAMS | Healthcare Administered Drugs | |
| J2468 | INJ, PALONOSETRON HCL (POSFREA), 25 MCG | Healthcare Administered Drugs | |
| J2502 | INJECTION PASIREOTIDE LONG ACTING 1 MG | Healthcare Administered Drugs | |
| J2506 | INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| J2507 | INJECTION PEGLOTICASE 1 MG | Healthcare Administered Drugs | |
| J2508 | INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG | Healthcare Administered Drugs | |
| J2562 | INJECTION PLERIXAFOR 1 MG | Healthcare Administered Drugs | |
| J2724 | INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU | Healthcare Administered Drugs | |
| J2777 | INJ FARICIMAB-SVOA 0.1 MG | Healthcare Administered Drugs | |
| J2778 | INJECTION RANIBIZUMAB 0.1 MG | Healthcare Administered Drugs | |
| J2779 | INJECTION, RANIBIZUMAB, VIA INTRAVITREACK IMPLANT (SUSVIMO), 0.1 MG | Healthcare Administered Drugs | |
| J2781 | INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG | Healthcare Administered Drugs | |
| J2782 | INJECTION, AVACINCAPTED PEGOL, 0.1 MG | Healthcare Administered Drugs | |
| J2783 | INJECTION RASBURICASE 0.5 MG | Healthcare Administered Drugs | |
| J2786 | INJECTION RESLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J2787 | RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML | Healthcare Administered Drugs | |
| J2793 | INJECTION RILONACEPT 1 MG | Healthcare Administered Drugs | |
| J2802 | INJ, ROMIPLOSTIM, 1 MICROGRAM | Healthcare Administered Drugs | |
| J2820 | INJECTION SARGRAMOSTIM 50 MCG | Healthcare Administered Drugs | |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG | Healthcare Administered Drugs | |
| J2860 | INJECTION SILTUXIMAB 10 MG | Healthcare Administered Drugs | |
| J2941 | INJECTION SOMATROPIN 1 MG | Healthcare Administered Drugs | |
| J2998 | INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG | Healthcare Administered Drugs | |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG | Healthcare Administered Drugs | |
| J3032 | INJECTION, EPTINEZUMAG-JJMR, 1MG | Healthcare Administered Drugs | |
| J3055 | INJECTION, TALQUETAMAB-TGVS, 0.25 MG | Healthcare Administered Drugs | |
| J3060 | INJECTION TALIGLUCERASE ALFA 10 UNITS | Healthcare Administered Drugs | |
| J3090 | INJECTION TEDIZOLID PHOSPHATE 1 MG | Healthcare Administered Drugs | |
| J3095 | INJECTION TELAVANCIN 10 MG | Healthcare Administered Drugs | |

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| J3110 | INJECTION TERIPARATIDE 10 MCG | Healthcare Administered Drugs | |
| J3111 | INJECTION, ROMOSOZUMAB-AQQG, 1 MG | Healthcare Administered Drugs | |
| J3121 | INJECTION TESTOSTERONE ENANTHATE 1 MG | Healthcare Administered Drugs | PA required for Idaho Medicare members under 18 years of age only. |
| J3145 | INJECTION TESTOSTERONE UNDECANOATE 1 MG | Healthcare Administered Drugs | |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10MG | Healthcare Administered Drugs | |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3247 | INJ, SECUKINUMAB, INTRAVENOUS, 1 MG | Healthcare Administered Drugs | |
| J3262 | INJECTION TOCILIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3263 | INJ, TORIPALIMAB-TPZI, 1 MG | Healthcare Administered Drugs | |
| J3285 | INJECTION TREPROSTINIL 1 MG | Healthcare Administered Drugs | |
| J3299 | INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG | Healthcare Administered Drugs | |
| J3304 | INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG | Healthcare Administered Drugs | |
| J3315 | INJECTION TRIPTORELIN PAMOATE 3.75 MG | Healthcare Administered Drugs | |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG | Healthcare Administered Drugs | |
| J3357 | USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG | Healthcare Administered Drugs | |
| J3358 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | Healthcare Administered Drugs | |
| J3380 | INJECTION VEDOLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J3385 | INJECTION VELAGLUCERASE ALFA 100 UNITS | Healthcare Administered Drugs | |
| J3396 | INJECTION VERTEPORFIN 0.1 MG | Healthcare Administered Drugs | |
| J3397 | INJECTION VESTRONIDASE ALFA-VJBK 1 MG | Healthcare Administered Drugs | |
| J3490 | UNCLASSIFIED DRUGS | Healthcare Administered Drugs | |
| J3590 | UNCLASSIFIED BIOLOGICS | Healthcare Administered Drugs | |
| J3591 | UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS | Healthcare Administered Drugs | |
| J7168 | PRT COMPLEX CONC KCENTRA PER IU FIX ACT | Healthcare Administered Drugs | |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG | Healthcare Administered Drugs | |
| J7171 | INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU | Healthcare Administered Drugs | |
| J7172 | INJ MARSTACIMAB, 0.5 MG | Healthcare Administered Drugs | |
| J7173 | INJ, CONCIZUMAB-MTCI, 0.5 MG | Healthcare Administered Drugs | |
| J7174 | INJ, FITUSIRAN, 0.04 MG | Healthcare Administered Drugs | |
| J7175 | INJECTION FACTOR X 1 I.U. | Healthcare Administered Drugs | |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG | Healthcare Administered Drugs | |
| J7178 | INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG | Healthcare Administered Drugs | |
| J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO | Healthcare Administered Drugs | |
| J7180 | INJECTION FACTOR XIII 1 I.U. | Healthcare Administered Drugs | |
| J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU | Healthcare Administered Drugs | |

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| J7182 | INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT) | Healthcare Administered Drugs | |
| J7183 | INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO | Healthcare Administered Drugs | |
| J7185 | INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA) | Healthcare Administered Drugs | |
| J7186 | INJ AHF VWF CMPLX PER FACTOR VIII IU | Healthcare Administered Drugs | |
| J7187 | INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU | Healthcare Administered Drugs | |
| J7188 | INJECTION FACTOR VIII PER I.U. | Healthcare Administered Drugs | |
| J7189 | FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG | Healthcare Administered Drugs | |
| J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU | Healthcare Administered Drugs | |
| J7191 | FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU | Healthcare Administered Drugs | |
| J7192 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | |
| J7193 | FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU | Healthcare Administered Drugs | |
| J7194 | FACTOR IX COMPLEX PER IU | Healthcare Administered Drugs | |
| J7195 | INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | |
| J7196 | INJECTION ANTITHROMBIN RECOMBINANT 50 I.U. | Healthcare Administered Drugs | |
| J7197 | ANTITHROMBIN III PER IU | Healthcare Administered Drugs | |
| J7198 | ANTI-INHIBITOR PER IU | Healthcare Administered Drugs | |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOC | Healthcare Administered Drugs | |
| J7200 | INJECTION FACTOR IX RIXUBIS PER IU | Healthcare Administered Drugs | |
| J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U. | Healthcare Administered Drugs | |
| J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U. | Healthcare Administered Drugs | |
| J7203 | INJECTION FACTOR IX GLYCOPEGYLATED 1 IU | Healthcare Administered Drugs | |
| J7204 | INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU | Healthcare Administered Drugs | |
| J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU | Healthcare Administered Drugs | |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U. | Healthcare Administered Drugs | |
| J7208 | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU | Healthcare Administered Drugs | |
| J7209 | INJECTION FACTOR VIII 1 I.U. | Healthcare Administered Drugs | |
| J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U. | Healthcare Administered Drugs | |
| J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U. | Healthcare Administered Drugs | |
| J7212 | FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG | Healthcare Administered Drugs | |
| J7213 | INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U. | Healthcare Administered Drugs | |
| J7214 | INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII I.U." | Healthcare Administered Drugs | |
| J7308 | AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE | Healthcare Administered Drugs | |
| J7311 | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT | Healthcare Administered Drugs | |
| J7312 | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG | Healthcare Administered Drugs | |
| J7313 | INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG | Healthcare Administered Drugs | |

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| J7314 | INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG | Healthcare Administered Drugs | |
| J7318 | HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG | Healthcare Administered Drugs | |
| J7320 | HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG | Healthcare Administered Drugs | |
| J7321 | HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7322 | HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG | Healthcare Administered Drugs | |
| J7323 | HYALURONAN DERIVATIVE EUFLEXA IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7324 | HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7325 | HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG | Healthcare Administered Drugs | |
| J7326 | HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS | Healthcare Administered Drugs | |
| J7327 | HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE | Healthcare Administered Drugs | |
| J7328 | HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG | Healthcare Administered Drugs | |
| J7329 | HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG | Healthcare Administered Drugs | |
| J7331 | HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG | Healthcare Administered Drugs | |
| J7332 | HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG | Healthcare Administered Drugs | |
| J7336 | CAPSAICIN 8% PATCH, PER SQ CENTIMETER | Healthcare Administered Drugs | |
| J7351 | INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG | Healthcare Administered Drugs | |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG | Healthcare Administered Drugs | |
| J7353 | ANACAULASE-BCDB, 8.8% GEL, 1 GRAM | Healthcare Administered Drugs | |
| J7354 | CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG) | Healthcare Administered Drugs | |
| J7355 | INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM | Healthcare Administered Drugs | |
| J7356 | INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG | Healthcare Administered Drugs | |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG | Healthcare Administered Drugs | |
| J7504 | LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG | Healthcare Administered Drugs | |
| J7511 | LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG | Healthcare Administered Drugs | |
| J7601 | ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRC | Healthcare Administered Drugs | |
| J7639 | DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG | Healthcare Administered Drugs | |
| J7677 | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG | Healthcare Administered Drugs | |
| J7682 | TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG | Healthcare Administered Drugs | |
| J7686 | TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG | Healthcare Administered Drugs | |
| J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA. |
| J8499 | PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS | Healthcare Administered Drugs | |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL | Healthcare Administered Drugs | |
| J8670 | ROLAPITANT ORAL 1 MG | Healthcare Administered Drugs | |
| J8999 | PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS | Healthcare Administered Drugs | |
| J9011 | INJ, DATOPOTAMAB DERUXTECANDLNK, 1 MG | Healthcare Administered Drugs | |

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| J9015 | INJECTION ALDESLEUKIN PER SINGLE USE VIAL | Healthcare Administered Drugs | |
| J9021 | INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG | Healthcare Administered Drugs | |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG | Healthcare Administered Drugs | |
| J9023 | INJECTION AVELUMAB 10 MG | Healthcare Administered Drugs | |
| J9024 | INJ, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS | Healthcare Administered Drugs | |
| J9026 | INJ, TARLATAMAB-DLLE, 1 MG | Healthcare Administered Drugs | |
| J9028 | INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL US | Healthcare Administered Drugs | |
| J9032 | INJECTION BELINOSTAT 10 MG | Healthcare Administered Drugs | |
| J9033 | INJECTION BENDAMUSTINE HCL TREANDA 1 MG | Healthcare Administered Drugs | |
| J9034 | INJECTION BENDAMUSTINE HCL BENDEKA 1 MG | Healthcare Administered Drugs | |
| J9035 | INJECTION BEVACIZUMAB 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | |
| J9038 | INJ, AXATILIMAB-CSFR, 0.1 MG | Healthcare Administered Drugs | |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM | Healthcare Administered Drugs | |
| J9041 | INJECTION BORTEZOMIB 0.1 MG | Healthcare Administered Drugs | |
| J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG | Healthcare Administered Drugs | |
| J9043 | INJECTION CABAZITAXEL 1 MG | Healthcare Administered Drugs | |
| J9046 | INJ, BORTEZOMIB, DR. REDDY'S | Healthcare Administered Drugs | |
| J9047 | INJECTION CARFILZOMIB 1 MG | Healthcare Administered Drugs | |
| J9048 | INJ, BORTEZOMIB FRESENIUSKAB | Healthcare Administered Drugs | |
| J9049 | INJ, BORTEZOMIB, HOSPIRA | Healthcare Administered Drugs | |
| J9051 | INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG | Healthcare Administered Drugs | |
| J9054 | INJ, BORTEZOMIB (BORUZU), 0.1 MG | Healthcare Administered Drugs | |
| J9055 | INJECTION CETUXIMAB 10 MG | Healthcare Administered Drugs | |
| J9056 | INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG | Healthcare Administered Drugs | |
| J9057 | INJECTION COPANLISIB 1 MG | Healthcare Administered Drugs | |
| J9061 | INJECTION, AMIVANTAMAB-VMJW, 2MG | Healthcare Administered Drugs | |
| J9063 | INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG | Healthcare Administered Drugs | |
| J9064 | INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG | Healthcare Administered Drugs | |
| J9118 | INJ. CALASPARGASE PEGOL-MKNL | Healthcare Administered Drugs | |
| J9119 | INJECTION CEMPLIMAB-RWLC 1 MG | Healthcare Administered Drugs | |
| J9144 | INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ | Healthcare Administered Drugs | |
| J9145 | INJECTION DARATUMUMAB 10 MG | Healthcare Administered Drugs | |
| J9153 | INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA | Healthcare Administered Drugs | |
| J9155 | INJECTION DEGARELIX 1 MG | Healthcare Administered Drugs | |

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| J9161 | INJ, DENILEUKIN DIFTITOX-CXDL, 1 MCG | Healthcare Administered Drugs | |
| J9173 | INJECTION DURVALUMAB 10 MG | Healthcare Administered Drugs | |
| J9174 | INJ, DOCETAXEL (BEIZRAY), 1 MG | Healthcare Administered Drugs | |
| J9176 | INJECTION ELOTUZUMAB 1 MG | Healthcare Administered Drugs | |
| J9177 | INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG | Healthcare Administered Drugs | |
| J9179 | INJECTION ERIBULIN MESYLATE 0.1 MG | Healthcare Administered Drugs | |
| J9184 | INJ, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG | Healthcare Administered Drugs | |
| J9198 | INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG | Healthcare Administered Drugs | |
| J9203 | INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG | Healthcare Administered Drugs | |
| J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG | Healthcare Administered Drugs | |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG | Healthcare Administered Drugs | |
| J9207 | INJECTION IXABEPILONE 1 MG | Healthcare Administered Drugs | |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG | Healthcare Administered Drugs | |
| J9214 | INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U | Healthcare Administered Drugs | |
| J9215 | INJECTION INTERFERON ALFA-N3 250,000 IU | Healthcare Administered Drugs | |
| J9216 | INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS | Healthcare Administered Drugs | |
| J9217 | LEUPROLIDE ACETATE 7.5 MG | Healthcare Administered Drugs | |
| J9218 | LEUPROLIDE ACETATE PER 1 MG | Healthcare Administered Drugs | One J code unit allowed per calendar year. All units in excess of one unit/year requires PA. |
| J9223 | INJECTION, LURBINECTEDIN, 0.1 MG | Healthcare Administered Drugs | |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG | Healthcare Administered Drugs | |
| J9226 | HISTRELIN IMPLANT SUPPRELIN LA 50 MG | Healthcare Administered Drugs | |
| J9227 | INJECTION, ISATUXIMAB-IRFC, 10 MG | Healthcare Administered Drugs | |
| J9228 | INJECTION IPILIMUMAB 1 MG | Healthcare Administered Drugs | |
| J9229 | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG | Healthcare Administered Drugs | |
| J9246 | INJECTION MELPHALAN EVOMELA 1 MG | Healthcare Administered Drugs | |
| J9248 | INJECTION, MELPHALAN (HEPZATO), 1 MG | Healthcare Administered Drugs | |
| J9256 | INJ, NIPOCALIMAB-AAHU, 3 MG | Healthcare Administered Drugs | |
| J9262 | INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG | Healthcare Administered Drugs | |
| J9264 | INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG | Healthcare Administered Drugs | |
| J9266 | INJECTION PEGASPARGASE PER SINGLE DOSE VIAL | Healthcare Administered Drugs | |
| J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG | Healthcare Administered Drugs | |
| J9271 | INJECTION PEMBROLIZUMAB 1 MG | Healthcare Administered Drugs | |
| J9272 | INJECTION, DOSTARLIMAB-GXLY,10MG | Healthcare Administered Drugs | |
| J9273 | INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG | Healthcare Administered Drugs | |
| J9274 | INJ TEBENTAFUSP-TEBN 1 MCG | Healthcare Administered Drugs | |

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| J9275 | INJ, COSIBELIMAB-IPDL, 2 MG | Healthcare Administered Drugs | |
| J9276 | INJ ZANIDATAMAB, 2 MG | Healthcare Administered Drugs | |
| J9281 | MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG | Healthcare Administered Drugs | |
| J9282 | MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG | Healthcare Administered Drugs | |
| J9285 | INJECTION OLARATUMAB 10 MG | Healthcare Administered Drugs | |
| J9286 | INJ, GLOFITAMAB-GXBM, 2.5 MG | Healthcare Administered Drugs | |
| J9289 | INJ, NIVOLUMAB, 2 MG AND HYALURONIDASENVHY | Healthcare Administered Drugs | |
| J9292 | INJ, PEMTREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J | Healthcare Administered Drugs | |
| J9294 | INJECTION, PEMTREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | Healthcare Administered Drugs | |
| J9295 | INJECTION NECITUMUMAB 1 MG | Healthcare Administered Drugs | |
| J9296 | INJECTION, PEMTREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | Healthcare Administered Drugs | |
| J9297 | INJECTION, PEMTREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG | Healthcare Administered Drugs | |
| J9298 | INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG | Healthcare Administered Drugs | |
| J9299 | INJECTION NIVOLUMAB 1 MG | Healthcare Administered Drugs | |
| J9301 | INJECTION OBINUTUZUMAB 10 MG | Healthcare Administered Drugs | |
| J9302 | INJECTION OFATUMUMAB 10 MG | Healthcare Administered Drugs | |
| J9303 | INJECTION PANITUMUMAB 10 MG | Healthcare Administered Drugs | |
| J9304 | INJECTION PEMTREXED (PEMFEXY) 10 MG | Healthcare Administered Drugs | |
| J9305 | INJECTION PEMTREXED 10 MG | Healthcare Administered Drugs | |
| J9306 | INJECTION PERTUZUMAB 1 MG | Healthcare Administered Drugs | |
| J9307 | INJECTION PRALATREXATE 1 MG | Healthcare Administered Drugs | |
| J9308 | INJECTION RAMUCIRUMAB 5 MG | Healthcare Administered Drugs | |
| J9309 | INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG | Healthcare Administered Drugs | |
| J9311 | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE | Healthcare Administered Drugs | |
| J9312 | INJECTION RITUXIMAB 10 MG | Healthcare Administered Drugs | |
| J9313 | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG | Healthcare Administered Drugs | |
| J9314 | INJ PEMTREXED (TEVA) 10MG | Healthcare Administered Drugs | |
| J9316 | INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG | Healthcare Administered Drugs | |
| J9317 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG | Healthcare Administered Drugs | |
| J9318 | INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG | Healthcare Administered Drugs | |
| J9319 | INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG | Healthcare Administered Drugs | |
| J9321 | INJECTION EPCORITAMAB-BYSP 0.16 MG | Healthcare Administered Drugs | |
| J9322 | INJECTION, PEMTREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIV | Healthcare Administered Drugs | |
| J9323 | INJECTION, PEMTREXED DITROMETHAMINE, 10 MG | Healthcare Administered Drugs | |
| J9324 | INJ, PEMTREXED (PEMRYDI RTU), 10 MG | Healthcare Administered Drugs | |

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| J9325 | INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U | Healthcare Administered Drugs | |
| J9326 | INJ, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG | Healthcare Administered Drugs | |
| J9329 | INJ, TISLELIZUMAB-JSGR, 1 MG | Healthcare Administered Drugs | |
| J9331 | INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG | Healthcare Administered Drugs | |
| J9332 | INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG | Healthcare Administered Drugs | |
| J9333 | INJ, ROZANOLIXIZUMAB-NOLI, 1 MG | Healthcare Administered Drugs | |
| J9334 | INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC | Healthcare Administered Drugs | |
| J9341 | INJ, THIOTEPA (TEPYLUTE), 1 MG | Healthcare Administered Drugs | |
| J9342 | INJ, THIOTEPA, NOT OTHRWS SPCFD, 1 MG | Healthcare Administered Drugs | |
| J9345 | INJECTION, RETIFANLIMAB-DLWR, 1 MG | Healthcare Administered Drugs | |
| J9347 | INJECTION, TREMELIMUMAB-ACTL, 1 MG | Healthcare Administered Drugs | |
| J9348 | INJECTION NAXITAMAB-GQGK 1 MG | Healthcare Administered Drugs | |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG | Healthcare Administered Drugs | |
| J9350 | INJECTION, MOSUNETUZUMAB-AXGB, 1 MG | Healthcare Administered Drugs | |
| J9352 | INJECTION TRABECTEDIN 0.1 MG | Healthcare Administered Drugs | |
| J9353 | INJECTION MARGETUXIMAB-CMKB 5 MG | Healthcare Administered Drugs | |
| J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG | Healthcare Administered Drugs | |
| J9355 | INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| J9356 | INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK | Healthcare Administered Drugs | |
| J9358 | INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG | Healthcare Administered Drugs | |
| J9359 | INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG | Healthcare Administered Drugs | |
| J9361 | INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG | Healthcare Administered Drugs | |
| J9376 | INJECTION, POZELIMAB-BBFG, 1 MG | Healthcare Administered Drugs | |
| J9380 | INJECTION, TECLISTAMAB-CQYV, 0.5 MG | Healthcare Administered Drugs | |
| J9381 | INJECTION, TEPLIZUMAB-MZWV, 5 MCG | Healthcare Administered Drugs | |
| J9382 | INJ, ZENOCUTUZUMAB-ZBCO, 1 MG | Healthcare Administered Drugs | |
| J9393 | INJ, FULVESTRANT (TEVA) | Healthcare Administered Drugs | |
| J9394 | INJ, FULVESTRANT (FRESENIUS) | Healthcare Administered Drugs | |
| J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG | Healthcare Administered Drugs | |
| J9600 | INJECTION PORFIMER SODIUM 75 MG | Healthcare Administered Drugs | |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG | Healthcare Administered Drugs | |
| Q0138 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD | Healthcare Administered Drugs | |
| Q0139 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD | Healthcare Administered Drugs | |
| Q0224 | INJ, PEMIVIBART, 4500 MG | Healthcare Administered Drugs | |
| Q0235 | INJ, MNCLNL NTB DY PRDCTS W INDCTN FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19, FOR HSPTLZD ADLTS AND/OR PDTRC PTS RCVNG | Healthcare Administered Drugs | |

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| Q2050 | INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG | Healthcare Administered Drugs | |
| Q3027 | INJECTION INTERFERON BETA-1A 1 MCG IM USE | Healthcare Administered Drugs | |
| Q3028 | INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE | Healthcare Administered Drugs | |
| Q4074 | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG | Healthcare Administered Drugs | |
| Q5098 | INJ, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5099 | INJ, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5100 | INJ, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5103 | INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5104 | INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5106 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U | Healthcare Administered Drugs | |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| Q5108 | INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG | Healthcare Administered Drugs | |
| Q5111 | INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG | Healthcare Administered Drugs | |
| Q5112 | INJECTION TRASTUZUMAB-DTIB BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5116 | INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG | Healthcare Administered Drugs | |
| Q5117 | INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG | Healthcare Administered Drugs | |
| Q5118 | INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG | Healthcare Administered Drugs | |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG | Healthcare Administered Drugs | |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | Healthcare Administered Drugs | |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG | Healthcare Administered Drugs | |
| Q5123 | INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG | Healthcare Administered Drugs | |
| Q5124 | INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG | Healthcare Administered Drugs | |
| Q5125 | INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG | Healthcare Administered Drugs | |
| Q5126 | BEVACIZUMAB-MALY, BIOSIMILAR | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| Q5127 | INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| Q5128 | INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG | Healthcare Administered Drugs | |
| Q5129 | INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| Q5130 | INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG | Healthcare Administered Drugs | |
| Q5133 | INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5134 | INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5135 | INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |

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| Q5136 | INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5137 | INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS | Healthcare Administered Drugs | |
| Q5138 | INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 | Healthcare Administered Drugs | |
| Q5140 | INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5141 | INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5142 | INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5143 | INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5144 | INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5145 | INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5146 | INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG | Healthcare Administered Drugs | |
| Q5147 | INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5148 | INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM | Healthcare Administered Drugs | |
| Q5149 | INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5150 | INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5151 | INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG | Healthcare Administered Drugs | |
| Q5152 | INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG | Healthcare Administered Drugs | |
| Q5153 | INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5154 | INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG | Healthcare Administered Drugs | |
| Q5155 | INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5156 | INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5157 | INJ, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5158 | INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5159 | INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| Q5160 | INJ, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG | Healthcare Administered Drugs | Bevacizumab when billed for intraocular injection does not require PA |
| Q9996 | INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG | Healthcare Administered Drugs | |
| Q9997 | INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG | Healthcare Administered Drugs | |
| Q9998 | INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG | Healthcare Administered Drugs | |
| Q9999 | INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG | Healthcare Administered Drugs | |
| S0013 | ESKETAMINE, NASAL SPRAY, 1 MG | Healthcare Administered Drugs | |
| G0151 | SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0152 | SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0153 | SRVCS SPCH&LNGGE PTHLST HH OR HSPCE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0155 | SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0156 | SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0157 | SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |

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| G0158 | SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0159 | SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0160 | SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0162 | SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0299 | DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0300 | DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0493 | SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0494 | SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0495 | SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| G0496 | SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN | Home Health Care Services | No PA required for the first THREE 30-day episodes within a calendar year |
| S5165 | HOME MODIFICATIONS; PER SERVICE | Home Health Care Services | |
| 15271 | APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25 | Hyperbaric/Wound Therapy | |
| 15272 | APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC | Hyperbaric/Wound Therapy | |
| 15273 | APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM | Hyperbaric/Wound Therapy | |
| 15274 | APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S | Hyperbaric/Wound Therapy | |
| 15275 | SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM | Hyperbaric/Wound Therapy | |
| 15276 | SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM | Hyperbaric/Wound Therapy | |
| 15277 | SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ | Hyperbaric/Wound Therapy | |
| 15278 | SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ | Hyperbaric/Wound Therapy | |
| 99183 | PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION | Hyperbaric/Wound Therapy | No PA required for the first THREE 30-day episodes within a calendar year |
| A2001 | INNOVAMATRIX AC PER SQ CM | Hyperbaric/Wound Therapy | |
| A2002 | MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2004 | XCELLSTEM, 1 MG | Hyperbaric/Wound Therapy | |
| A2005 | MICROLYTE MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2006 | NOVOSORB SYNPATH PER SQ CM | Hyperbaric/Wound Therapy | |
| A2007 | RESTRATA, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2008 | THERAGENESIS, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2009 | SYMPHONY, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2010 | APIS, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| A2011 | SUPRA SDRM, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2012 | SUPRATHEL, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2013 | INNOVAMATRIX FS, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2014 | OMEZA COLLAG PER 100 MG | Hyperbaric/Wound Therapy | |
| A2015 | PHOENIX WND MTRX, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2016 | PERMEADERM B, PER SQ CM | Hyperbaric/Wound Therapy | |

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| A2017 | PERMEADERM GLOVE, EACH | Hyperbaric/Wound Therapy | |
| A2018 | PERMEADERM C, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2019 | KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM | Hyperbaric/Wound Therapy | |
| A2020 | ACS ADVANCED WOUND SYSTEM | Hyperbaric/Wound Therapy | |
| A2021 | NEOMATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| A2022 | INNOVABRN/INNOVAMATX XL SQCM | Hyperbaric/Wound Therapy | |
| A2023 | INNOVAMATRIX PD, 1 MG | Hyperbaric/Wound Therapy | |
| A2024 | RESOLVE OR XENOPATCH SQ CM | Hyperbaric/Wound Therapy | |
| A2025 | MIRO3D PER CUBIC CM | Hyperbaric/Wound Therapy | |
| A2026 | RESTRATA MINIMATRIX, 5 MG | Hyperbaric/Wound Therapy | |
| A2027 | MATRIDERM PER SQ CM | Hyperbaric/Wound Therapy | |
| A2028 | MICROMATRIX FLEX PER MG | Hyperbaric/Wound Therapy | |
| A2029 | MIROTRACT MATRIX SHEET | Hyperbaric/Wound Therapy | |
| A2030 | MIRO3D FIBERS, PER MG | Hyperbaric/Wound Therapy | |
| A2031 | MIRODRY, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2032 | MYRIAD MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2033 | MYRIAD MORCELLS, 4 MG | Hyperbaric/Wound Therapy | |
| A2034 | FOUND DRS SOLO, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2035 | CORPL P THERAC P ALLAC P MG | Hyperbaric/Wound Therapy | |
| A2036 | COHEALYX COL DML MX PR SQ CM | Hyperbaric/Wound Therapy | |
| A2037 | G4DERM PLUS, PER ML | Hyperbaric/Wound Therapy | |
| A2038 | MARIGEN PACTO, PER SQ CM | Hyperbaric/Wound Therapy | |
| A2039 | INNOVAMATRIX FD, PER SQ CM | Hyperbaric/Wound Therapy | |
| A4100 | SKIN SUB FDA CLRD AS DEV NOS | Hyperbaric/Wound Therapy | |
| C9250 | ARTISS FIBRIN SEALANT | Hyperbaric/Wound Therapy | |
| G0277 | HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT | Hyperbaric/Wound Therapy | |
| Q4100 | SKIN SUBSTITUTE, NOS | Hyperbaric/Wound Therapy | |
| Q4101 | APLIGRAF PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4102 | OASIS WOUND MATRIX | Hyperbaric/Wound Therapy | |
| Q4103 | OASIS BURN MATRIX | Hyperbaric/Wound Therapy | |
| Q4104 | INTEGRA BMWWD | Hyperbaric/Wound Therapy | |
| Q4105 | INTEGRA DRT OR OMNIGRAFT | Hyperbaric/Wound Therapy | |
| Q4107 | GRAFTJACKET | Hyperbaric/Wound Therapy | |
| Q4108 | INTEGRA MATRIX | Hyperbaric/Wound Therapy | |
| Q4110 | PRIMATRIX | Hyperbaric/Wound Therapy | |

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| Q4111 | GAMMAGRAFT | Hyperbaric/Wound Therapy | |
| Q4112 | CYMETRA INJECTABLE | Hyperbaric/Wound Therapy | |
| Q4113 | GRAFTJACKET XPRESS | Hyperbaric/Wound Therapy | |
| Q4114 | INTEGRA FLOWABLE WOUND MATRI | Hyperbaric/Wound Therapy | |
| Q4115 | ALLOSKIN | Hyperbaric/Wound Therapy | |
| Q4116 | ALLODERM PER SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4117 | HYALOMATRIX | Hyperbaric/Wound Therapy | |
| Q4118 | MATRISTEM MICROMATRIX | Hyperbaric/Wound Therapy | |
| Q4121 | THERASKIN PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4122 | DERMACELL, AWM, POROUS SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4123 | ALLOSKIN | Hyperbaric/Wound Therapy | |
| Q4124 | OASIS TRI-LAYER WOUND MATRIX | Hyperbaric/Wound Therapy | |
| Q4125 | ARTHROFLEX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4126 | MEMODERM DERMASPERAN TRANZGRFT INTEGUPLY PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4127 | TALYMED | Hyperbaric/Wound Therapy | |
| Q4128 | FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM | Hyperbaric/Wound Therapy | No PA required when associated with breast reconstruction related to breast cancer diagnosis. |
| Q4130 | STRATTICE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4132 | GRAFIX CORE, GRAFIXPL CORE | Hyperbaric/Wound Therapy | |
| Q4133 | GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4134 | HMATRIX | Hyperbaric/Wound Therapy | |
| Q4135 | MEDISKIN | Hyperbaric/Wound Therapy | |
| Q4136 | EZDERM | Hyperbaric/Wound Therapy | |
| Q4137 | AMNIOEXCEL BIODEXCEL 1SQ CM | Hyperbaric/Wound Therapy | |
| Q4138 | BIODFENCE DRYFLEX, 1CM | Hyperbaric/Wound Therapy | |
| Q4139 | AMNIO OR BIODMATRIX, INJ 1CC | Hyperbaric/Wound Therapy | |
| Q4140 | BIODFENCE 1CM | Hyperbaric/Wound Therapy | |
| Q4141 | ALLOSKIN AC, 1 CM | Hyperbaric/Wound Therapy | |
| Q4142 | XCM BIOLOGIC TISS MATRIX 1CM | Hyperbaric/Wound Therapy | |
| Q4143 | REPRIZA, 1CM | Hyperbaric/Wound Therapy | |
| Q4145 | EPIFIX, INJ, 1MG | Hyperbaric/Wound Therapy | |
| Q4146 | TENSIX, 1CM | Hyperbaric/Wound Therapy | |
| Q4147 | ARCHITECT ECM PX FX 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4148 | NEOX NEOX RT OR CLARIX CORD | Hyperbaric/Wound Therapy | |
| Q4149 | EXCELLAGEN, 0.1 CC | Hyperbaric/Wound Therapy | |
| Q4150 | ALLOWRAP DS OR DRY PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |

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| Q4151 | AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4152 | DERMAPURE 1 SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4153 | DERMAVEST, PLURIVEST SQ CM | Hyperbaric/Wound Therapy | |
| Q4154 | BIOVANCE 1 SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4155 | NEOXFLO OR CLARIFLO 1 MG | Hyperbaric/Wound Therapy | |
| Q4156 | NEOX 100 OR CLARIX 100 PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4157 | REVITALON PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4158 | KERECIS OMEGA3 PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4159 | AFFINITY PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4160 | NUSHIELD PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4161 | BIO-CONNEXT PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4163 | WOUNDEX BIOSKIN PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4164 | HELICOLL PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4165 | KERAMATRIX, KERASORB SQ CM | Hyperbaric/Wound Therapy | |
| Q4166 | CYTAL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4167 | TRUSKIN, PER SQ CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4168 | AMNIOBAND, 1 MG | Hyperbaric/Wound Therapy | |
| Q4169 | ARTACENT WOUND, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4170 | CYGNUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4171 | INTERFYL, 1 MG | Hyperbaric/Wound Therapy | |
| Q4173 | PALINGEN OR PALINGEN XPLUS | Hyperbaric/Wound Therapy | |
| Q4174 | PALINGEN OR PROMATRX | Hyperbaric/Wound Therapy | |
| Q4175 | MIRODERM | Hyperbaric/Wound Therapy | |
| Q4176 | NEOPATCH OR THERION, 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | Hyperbaric/Wound Therapy | |
| Q4178 | FLOWERAMNIOPATCH PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4179 | FLOWERDERM PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4180 | REVITA PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4181 | AMNIO WOUND PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4182 | TRANSCYTE PER SQUARE CM | Hyperbaric/Wound Therapy | |
| Q4183 | SURGIGRAFT, 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4184 | CELLESTA OR DUO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4185 | CELLESTA FLOWAB AMNION 0.5CC | Hyperbaric/Wound Therapy | |
| Q4186 | EPIFIX PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4187 | EPICORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4188 | AMNIOARMOR 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4189 | ARTACENT AC, 1 MG | Hyperbaric/Wound Therapy | |
| Q4190 | ARTACENT AC 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4191 | RESTORIGIN, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4192 | RESTORIGIN, 1 CC | Hyperbaric/Wound Therapy | |
| Q4193 | COLL-E-DERM 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4194 | NOVACHOR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4195 | PURAPLY 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4196 | PURAPLY AM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4197 | PURAPLY XT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4198 | GENESIS AMNIO MEMBRANE 1SQCM | Hyperbaric/Wound Therapy | |
| Q4199 | CYGNUS MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4200 | SKIN TE 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4201 | MATRION 1 SQ CM | Hyperbaric/Wound Therapy | |
| Q4202 | KEROXX (2.5G/CC), 1CC | Hyperbaric/Wound Therapy | |
| Q4203 | DERMA-GIDE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4204 | XWRAP PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4206 | FLUID FLOW OR FLUID GF 1 CC | Hyperbaric/Wound Therapy | |
| Q4208 | NOVAFIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4209 | SURGRAFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4211 | AMNION BIO OR AXOBIO SQ CM | Hyperbaric/Wound Therapy | |
| Q4212 | ALLOGEN, PER CC | Hyperbaric/Wound Therapy | |
| Q4213 | ASCENT, 0.5 MG | Hyperbaric/Wound Therapy | |
| Q4214 | CELLESTA CORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG | Hyperbaric/Wound Therapy | |
| Q4216 | ARTACENT CORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4217 | WOUNDFIX BIOWOUND PLUS XPLUS | Hyperbaric/Wound Therapy | |
| Q4218 | SURGICORD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4219 | SURGIGRAFT-DUAL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4220 | BELLACELL HD, SUREDERM SQ CM | Hyperbaric/Wound Therapy | |
| Q4221 | AMNIO WRAP2 PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4222 | PROGENAMATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4224 | HHF10-P PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4225 | AMNIO OR DERMA TL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4226 | MYOWN HARV PREP PROC SQ CM | Hyperbaric/Wound Therapy | |
| Q4227 | AMNIOCORE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4229 | COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4230 | COGENEX FLOW AMNION 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4232 | CORPLEX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4233 | SURFACTOR /NUDYN PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4234 | XCELLERATE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4235 | AMNIOREPAIR OR ALTIPLY SQ CM | Hyperbaric/Wound Therapy | |
| Q4236 | CAREPATCH, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4237 | CRYO-CORD, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4238 | DERM-MAXX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4239 | AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4240 | CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4241 | POLYCYTE, TOPICAL ONLY 0.5CC | Hyperbaric/Wound Therapy | |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | Hyperbaric/Wound Therapy | |
| Q4245 | AMNIOTEXT, PER CC | Hyperbaric/Wound Therapy | |
| Q4246 | CORETEXT OR PROTEXT, PER CC | Hyperbaric/Wound Therapy | |
| Q4247 | AMNIOTEXT PATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4248 | DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4249 | AMNIPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4250 | AMNIOAMP-MP, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4251 | VIM, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4252 | VENDAJE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4253 | ZENITH AMNIOTIC MEMBRANE PSC | Hyperbaric/Wound Therapy | |
| Q4254 | NOVAFIX DL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4255 | REGUARD, TOPICAL USE PER SQ | Hyperbaric/Wound Therapy | |
| Q4256 | MLG COMPLET, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4257 | RELESE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4258 | ENVERSE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4259 | CELERA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4260 | SIGNATURE APATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4261 | TAG, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4262 | DUAL LAYER IMPAX MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4263 | SURGRAFT TL, PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4264 | COCOON MEMBRANE, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4265 | NEOSTIM TL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4266 | NEOSTIM MEMBRANE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4267 | NEOSTIM DL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4268 | SURGRAFT FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4269 | SURGRAFT XT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4270 | COMPLETE SL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4271 | COMPLETE FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4272 | ESANO A, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4273 | ESANO AAA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4274 | ESANO AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4275 | ESANO ACA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4276 | ORION, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4278 | EPIEFFECT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4279 | VENDAJE AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4280 | XCELL AMNIO MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4281 | BARRERA SL OR BARRERA DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4282 | CYGNUS DUAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4283 | BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4284 | DERMABIND SL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4285 | NUDYN DL OR DL MESH PR SQ CM | Hyperbaric/Wound Therapy | |
| Q4286 | NUDYN SL OR SLW, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4287 | DERMABIND DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4288 | DERMABIND CH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4289 | REVOSHIELD+ AMNIO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4290 | MEMBRANE WRAP HYDR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4291 | LAMELLAS XT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4292 | LAMELLAS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4293 | ACCESSO DL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4294 | AMNIO QUAD-CORE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4295 | AMNIO TRI-CORE AMNIOTIC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4296 | REBOUND MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4297 | EMERGE MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4298 | AMNICORE PRO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4299 | AMNICORE PRO Plus PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4300 | ACESSO TL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4301 | ACTIVATE MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4302 | COMPLETE ACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4303 | COMPLETE AA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4304 | GRAFIX PLUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4305 | AMER AM AC TRI-LAY PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4306 | AMERIC AMNION AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4307 | AMERICAN AMNION, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4308 | SANOPELLIS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4309 | VIA MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4310 | PROCENTA, PER 100 MG | Hyperbaric/Wound Therapy | |
| Q4311 | ACESSO, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4312 | ACESSO AC, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4313 | DERMABIND FM, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4314 | REEVA, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4315 | REGENELINK AMNIOTIC MEM ALLO | Hyperbaric/Wound Therapy | |
| Q4316 | AMCHOPLAST PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4317 | VITOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4318 | E-GRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4319 | SANOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4320 | PELLOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4321 | RENOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4322 | CAREGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4323 | ALLOPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4324 | AMNIOTX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4325 | ACAPATCH, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4326 | WOUNDPLUS, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4327 | DUOAMNION, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4328 | MOST, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4329 | SINGLAY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4330 | TOTAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4331 | AXOLOTL GRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4332 | AXOLOTL DUALGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4333 | ARDEOGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4334 | AMNIOPLAST 1, PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4335 | AMNIOPLAST 2, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4336 | ARTECENT C, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4337 | ARTECENT TRIDENT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4338 | ARTACENT VELOS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4339 | ARTACENT VERICLEN, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4340 | SIMPLIGRAFT, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4341 | SIMPLIMAX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4342 | THERAMEND, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4343 | DERMACYTE AC MATRX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4344 | TRI MEMBRANE WRAP, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4345 | MATRIX HD ALLOGRFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4346 | SHELTER DM MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4347 | RAMPART DL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4348 | SENTRY SL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4349 | MANTLE DL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4350 | PALISADE DM MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4351 | ENCLOSE TL MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4352 | OVERLAY SL MATRIX, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4353 | XCEED TL MATRIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4354 | PALINGEN DUAL-LAYER SQ CM | Hyperbaric/Wound Therapy | |
| Q4355 | ABIO XPL ABIO XPL HY P SQ CM | Hyperbaric/Wound Therapy | |
| Q4356 | ABIO MEM ABIO HYD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4357 | XWRAP PLUS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4358 | XWRAP DUAL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4359 | CHORIPLY, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4360 | AMCHOPLAST FD PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4361 | EPIXPRESS, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4362 | CYGNUS DISK, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4363 | AM BUR MEM HYDRO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4364 | AM BUR XP MEM XPL HY P SQ CM | Hyperbaric/Wound Therapy | |
| Q4365 | AMNIO BUR DL MEM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4366 | DL AMNIO BUR X-MEM PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4367 | AMNIOCORE SL, PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4368 | AMCHOTHICK, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4369 | AMNIOPLAST 3, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |

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| Q4370 | AEROGUARD, PER SQUARE CENTIMETER" | Hyperbaric/Wound Therapy | |
| Q4371 | NEOGUARD, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4372 | AMCHOPLAST EXCEL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4373 | MEMBRANE WRAP-LITE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4375 | DUOGRAFT AC, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4376 | DUOGRAFT AA, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4377 | TRIGRAFT FT, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4378 | RENEW FT MATRIX, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4379 | AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4380 | ADVOGRAFT ONE, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4382 | ADVOGRAFT DUAL, PER SQUARE CENTIMETER | Hyperbaric/Wound Therapy | |
| Q4383 | AXOLOTL GRAFT ULT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4384 | AXOLOTL DUAL ULT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4385 | APOLLO FT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4386 | ACCESSO TRIFACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4387 | NEOTHELIUM FT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4388 | NEOTHELIUM 4L PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4389 | NEOTHELIUM 4L+ PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4390 | ASCENDION PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4391 | AMNIOPLAST DOUBLE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4392 | GRAFIX DUO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4393 | SURGRAFT AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4394 | SURGRAFT ACA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4395 | ACELAGRAFT PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4396 | NATALIN PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4397 | SUMMIT AAA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4400 | POLYGON3 MEMBRANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4401 | ABSOLV3 MEMBERANE PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4402 | XWRAP 2.0 PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4403 | XWRAP DUAL PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4404 | XWRAP HYDRO PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4405 | XWRAP FENESTRA PLUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4406 | XWRAP FENESTRA PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4407 | XWRAP TRIBUS PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4408 | XWRAP HYDRO PER SQ CM | Hyperbaric/Wound Therapy | |

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| Q4409 | AMINOMATRIX F3X PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4410 | AMCHOMATRIX DL PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4411 | AMINOMATRIX F4X PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4412 | CHRIOFIX PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4413 | CYGNUS SOLO PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4414 | SIMPLICHOR PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4415 | ALEXIGUARD SL-T PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4416 | ALEXIGUARD TL-T PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4417 | ALEXIGUARD DL-T PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4398 | SUMMIT AC PER SQ CM | Hyperbaric/Wound Therapy | |
| Q4399 | SUMMIT FX PER SQ CM | Hyperbaric/Wound Therapy | |
| 70450 | CT HEAD BRAIN W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70460 | CT HEAD BRAIN W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70470 | CT HEAD BRAIN W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70472 | CT CEREBRAL PERFUSION ANALYSIS W CONTRAST MATERIAL; IMAGE POSTPROCESSING PERFORMED WITH CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70473 | CT CEREBRAL PERFUSION ANALYSIS W CONTRAST MATERIAL; IMAGE POSTPROCESSING PERFORMED WITHOUT CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70496 | CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70498 | CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70540 | MRI ORBIT FACE AND NECK W O CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70542 | MRI ORBIT FACE AND NECK W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70543 | MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70544 | MRA HEAD W O CONTRST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70545 | MRA HEAD W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70546 | MRA HEAD W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70547 | MRA NECK W O CONTRST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70548 | MRA NECK W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70549 | MRA NECK W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70554 | MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMINISTRATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 70555 | MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71275 | CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71550 | MRI CHEST W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71551 | MRI CHEST W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71552 | MRI CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 71555 | MRA CHEST W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |

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| 74174 | CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74175 | CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74176 | CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74177 | CT ABDOMEN AND PELVIS W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74178 | CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74181 | MRI ABDOMEN W O CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74182 | MRI ABDOMEN W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74183 | MRI ABDOMEN W O AND W CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74185 | MRA ABDOMEN W WO CONTRAST MATERIAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74261 | CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 74263 | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75559 | CARDIAC MRI W O CONTRAST W STRESS IMAGING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75561 | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75563 | CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75573 | CT HRT CNTRST CARDIAC STRUCT&MORPH CONG HRT D | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75574 | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75577 | QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75580 | N-INVAS EST C FFR AUGMNT SW ALYS CTA I AND R PHY/QHP | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75625 | AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75630 | AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75635 | CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 75710 | ANGIOGRAPHY EXTREMITY UNILATERAL RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75716 | ANGIOGRAPHY EXTREMITY BILATERAL RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75726 | ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75736 | ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75820 | VENOGRAPHY EXTREMITY UNILATERAL RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75822 | VENOGRAPHY EXTREMITY BILATERAL RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75825 | VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |

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| 75827 | VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75860 | VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 75898 | ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 76376 | 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76377 | 3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76390 | MRI SPECTROSCOPY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76391 | MAGNETIC RESONANCE ELASTOGRAPHY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77046 | MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77047 | MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77048 | MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 77049 | MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78414 | CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78428 | CARDIAC SHUNT DETECTION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78429 | MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78430 | MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78431 | MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78432 | MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78433 | MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78451 | MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78459 | MYOCARDIAL IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78466 | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78468 | MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78469 | MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78481 | CARD BL POOL PLANAR 1 STDY WAL MOTN EJEC FRACT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78483 | CARD BL POOL PLNR MLT STDY WAL MOTN EJEC FRACT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78491 | MYOCDR IMAGE PET PERFUS SINGLE STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78492 | MYOCDR IMAGE PET PERFUS MULTPL STUDY REST/STRESS | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 78499 | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78608 | BRAIN IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78609 | BRAIN IMAGING PET PERFUSION EVALUATION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |

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| 78811 | PET IMAGING LIMITED AREA CHEST HEAD NECK | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78812 | PET IMAGING SKULL BASE TO MID-THIGH | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78813 | PET IMAGING WHOLE BODY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availity portal |
| 93241 | EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93242 | EXTERNAL ECG REC GT 48HR LT 7D RECORDING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93243 | EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93244 | EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93245 | EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93246 | EXTERNAL ECG REC GT 7D LT 15D RECORDING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93247 | EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93248 | EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93303 | COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93304 | F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93306 | ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93307 | ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93308 | ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93320 | DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93325 | DOP ECHOCARD COLOR FLOW VELOCITY MAPPING | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93350 | ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93351 | ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93451 | RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93452 | L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93453 | R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93454 | CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93455 | CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93456 | CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93457 | CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93458 | CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93459 | CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93460 | R & L HRT CATH WINJX HRT ART& L VENTR IMG | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93461 | R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |
| 93880 | DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal |

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| 93882 | DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93895 | CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93925 | DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93926 | DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93930 | DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93931 | DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93978 | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 93979 | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 0331T | MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0332T | MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0609T | MRS DISC PAIN ACQUISJ DATA | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0610T | MRS DISC PAIN TRANSMIS DATA | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0611T | MRS DISC PAIN ALG ALYS DATA | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0612T | MRS DISCOGENIC PAIN I&R | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0633T | CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0634T | CT BREAST W/3D RENDERING UNI WITH CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0635T | CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0636T | CT BREAST W/3D RENDERING BI WITHOUT CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0637T | CT BREAST W/3D RENDERING BI WITH CONTRAST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0638T | CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0710T | N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0711T | N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0712T | N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| 0713T | N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| C8910 | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| G0219 | PET IMAG WHOLE BODY; MELANOMA | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| G0252 | PET IMAG INIT DX BREST CA AND SURG PLAN | Imaging & Special Tests | For advanced imaging authorization requests - please submit a request via the Availability portal |
| G0278 | ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH | Imaging & Special Tests | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availability portal |
| 95721 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO | Neuropsychological and Psychological Tests | |
| 95722 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG | Neuropsychological and Psychological Tests | |
| 95723 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO | Neuropsychological and Psychological Tests | |
| 95724 | EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG | Neuropsychological and Psychological Tests | |
| 95725 | EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID | Neuropsychological and Psychological Tests | |
| 95726 | EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG | Neuropsychological and Psychological Tests | |

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| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING | Neuropsychological and Psychological Tests | No PA required for first 4 units. |
| 15830 | EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 17360 | CHEMICAL EXFOLIATION ACNE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21120 | GENIOPLASTY AUGMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21121 | GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21122 | GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21123 | GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21125 | AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21127 | AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21137 | REDUCTION FOREHEAD CONTOURING ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21138 | RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21139 | RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21145 | RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21146 | RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21147 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21151 | RCNSTJ MIDFACE LEFORT II W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21154 | RCNSTJ MIDFACE LEFORT III W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21155 | RCNSTJ MIDFACE LEFORT III W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21159 | RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21160 | RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21270 | MALAR AUGMENTATION PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 21602 | EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 21603 | EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 21620 | OSTECTOMY STERNUM PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 21627 | STERNAL DEBRIDEMENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 21630 | RADICAL RESECTION STERNUM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 21750 | CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 22100 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22101 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22102 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22110 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22112 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22114 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22206 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22207 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 22210 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22212 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22214 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22220 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22222 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22224 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22532 | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22548 | ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22554 | ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22556 | ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22595 | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22600 | ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22610 | ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22612 | ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22633 | ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22800 | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22802 | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22804 | ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22808 | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22810 | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22812 | ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22818 | KYPHECTOMY SINGLE OR TWO SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22819 | KYPHECTOMY 3 OR MORE SEGMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22849 | REINSERTION SPINAL FIXATION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22852 | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22855 | REMOVAL ANTERIOR INSTRUMENTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22857 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 22860 | TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCRECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22861 | REVI RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22862 | REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22864 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22865 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22867 | INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22868 | INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22869 | INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 22870 | INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 23474 | REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27125 | HEMIARTHROPLASTY HIP PARTIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27130 | ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27132 | CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27134 | REVI TOT HIP ARTHRP BTH W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27137 | REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27138 | REVI TOT HIP ARTHRP FEM ONLY W WO AGRFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27438 | ARTHROPLASTY PATELLA W PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27440 | ARTHROPLASTY KNEE TIBIAL PLATEAU | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27441 | ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27442 | ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27443 | ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27446 | ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT | OP Hosp/Amb Surgery Center (ASC) Procedures | No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service. |
| 27447 | ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27486 | REVI TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27487 | REVI TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28035 | RELEASE TARSAL TUNNEL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28060 | FASCIECTOMY PLANTAR FASCIA PARTIAL SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28080 | EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28090 | EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28092 | EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28104 | EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28108 | EXC CURTG CST B9 TUM PHALANGES FOOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28120 | PARTIAL EXCISION BONE TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28202 | RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28208 | REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 28210 | RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28285 | CORRECTION HAMMERTOES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28289 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28291 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28292 | CORR HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28295 | CORR HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28296 | CORR HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28297 | CORR HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28298 | CORR HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28299 | CORR HALLUX VALGUS W/SESMDC W/2 OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28304 | OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28306 | OSTEOT W/WO LNGTH SHRT/CORR 1ST METAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28307 | OSTEOT W/WO LNGTH SHRT CORR METAR XCP 1ST TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28308 | OSTEOT W/WO LNGTH SHRT/CORR METAR XCP 1ST EA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28309 | OSTEOT W/WO LNGTH SHRT ANGULAR CORR METAR MLT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28312 | OSTEOT SHRT CORR OTH PHALANGES ANY TOE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28313 | RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28320 | REPAIR NONUNION MALUNION TARSAL BONES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28322 | RPR NON MALUNION METARSAL W/WO BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28345 | RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28705 | ARTHRODESIS PANTALAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28730 | ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28735 | ARTHRO MIDTARSL TARS MLT TRANSVRS W OSTEOT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28737 | ARTHRO W TDN LNGTH AND ADVMNT TARSAL NVCLR-CUNEIFOR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28750 | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28755 | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 28890 | ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29862 | ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29866 | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 29867 | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 30465 | REPAIR NASAL VESTIBULAR STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31660 | BRONCHOSCOPIC THERMOPLASTY ONE LOBE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 31661 | BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 32035 | THORACOSTOMY W/RIB RESECTION EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32036 | THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 32096 | THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32097 | THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32098 | THORACOTOMY W/BIOPSY OF PLEURA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32100 | THORACOTOMY WITH EXPLORATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32110 | THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32120 | THORACOTOMY POSTOPERATIVE COMPLICATIONS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32124 | THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32140 | THORCOM W/REMOVAL OF CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32141 | THORACOTOMY W/RESECTION BULLAE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32150 | THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32151 | THORCOM W/RMVL IPUL FB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32160 | THORACOTOMY W/CARDIAC MASSAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32200 | PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32215 | PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32220 | DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32225 | DECORTICATION PULMONARY PARTIAL SEPARATE PROC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32440 | REMOVAL OF LUNG PNEUMONECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32442 | REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32445 | REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32480 | RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32482 | RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32484 | RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32486 | RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32488 | RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32491 | RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32501 | RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32503 | RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32504 | RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32505 | THORACOTOMY W/THERAPEUTIC WEDGE RESEXTN INITIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32506 | THORACOTOMY W/THERAP WEDGE RESEXTN ADDL IPSILATRL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32507 | THORACOTOMY W/DX WEDGE RESEXTN AND ANATOM LUNG RESE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32540 | EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32650 | THORACOSCOPY W/PLEURODESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32651 | THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32652 | THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 32653 | THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32654 | THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32655 | THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32656 | THORACOSCOPY W/PARIETAL PLEURECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32658 | THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32659 | THSRC CRTJ PRCRD WINDOW/PRTL RESEJ PRCRD SAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32661 | THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32662 | THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32663 | THORACOSCOPY W/LOBECTOMY SINGLE LOBE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32664 | THORACOSCOPY W/THORACIC SYMPATHECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32665 | THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32666 | THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32667 | THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32668 | THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32669 | THORACOSCOPY W/SEGMENTECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32670 | THORACOSCOPY W/BILOBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32671 | THORACOSCOPY W/PNEUMONECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32672 | THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32673 | THORACOSCOPY RESEXN THYMUS UNI/BILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32674 | THORACOSCOPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32810 | CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32815 | OPEN CLOSURE MAJOR BRONCHIAL FISTULA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32820 | MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32900 | RESECTION RIBS EXTRAPLEURAL ALL STAGES | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32905 | THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32906 | THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCLPLR FSTL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32940 | PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 32997 | TOTAL LUNG LAVAGE UNILATERAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33017 | PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33018 | PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33019 | PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33020 | PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33025 | CRTJ PERICARDIAL WINDOW/PRTL RESEJ W/DRG/BX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33030 | PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33031 | PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33050 | RESECTION PERICARDIAL CYST/TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33120 | EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33130 | RESECTION EXTERNAL CARDIAC TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33206 | INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33207 | INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33208 | INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33210 | INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33211 | INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33212 | INS PM PLS GEN W/EXIST SINGLE LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33213 | INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33214 | UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33216 | INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33217 | INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33221 | INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33224 | INSJ ELTRD CAR VEN SYS ATTC PREV PM/DFB PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33225 | INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33230 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33231 | INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33236 | RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33237 | RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33238 | RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33240 | INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33241 | REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33243 | RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33244 | RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33249 | INSJ/RPLCMT PERM DFB W/TRANSVNS LDS 1/DUAL CHMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33250 | ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33251 | ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33254 | ABLATION AND RECONSTRUCTION ATRIA LIMITED | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33255 | ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33256 | ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33257 | ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33258 | ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33259 | ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33261 | OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33262 | RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33263 | RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33264 | RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33265 | NDS C ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33266 | NDS C ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33267 | EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33268 | EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33269 | EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33270 | INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33271 | INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33272 | RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33273 | REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33274 | TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33275 | TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33285 | INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33286 | REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33300 | REPAIR CARDIAC WOUND W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33305 | REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33310 | CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33315 | CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33320 | SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33321 | SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33322 | SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33330 | INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33335 | INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33340 | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33361 | REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33362 | REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33363 | REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33364 | REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33365 | REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33366 | TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33367 | REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33368 | REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33369 | REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33370 | TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33390 | VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33391 | VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33404 | CONSTRUCTION APICAL-AORTIC CONDUIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33405 | RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33406 | RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33410 | RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33411 | RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33412 | REPLACEMENT AORTIC VALVE KONNO PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33413 | REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33414 | RPR VENTR O/F TRC OBSTRCTJ PATCH ENLGMT O/F TRC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33415 | RESECTION/INCISION SUBVALVULAR TISSUE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33416 | VENTRICULOMYOTOMY-MYECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33417 | AORTOPLASTY SUPRAVALVULAR STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33418 | TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33419 | TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33420 | VALVOTOMY MITRAL VALVE CLOSED HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33422 | VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33425 | VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33426 | VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33427 | VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/NO RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33430 | REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33440 | RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33460 | VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33463 | VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33464 | VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33465 | REPLACEMENT TRICUSPID VALVE W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33468 | TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33474 | VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33475 | REPLACEMENT PULMONARY VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33476 | R VENTRIC RESCJ INFUND STEN W/NO COMMISSUROTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33477 | TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33478 | OUTFLOW TRACT AGMNTJ W/NO COMMISSUR/INFUND RESCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33496 | RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33500 | RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33501 | RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33502 | RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33503 | RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33504 | RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33505 | RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33506 | RPR ANOM CORONARY ART FROM PULM ART TO AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33507 | RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33508 | NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33509 | ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33510 | CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33511 | CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33512 | CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33513 | CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33514 | CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33516 | CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33517 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33518 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33519 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33521 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33522 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33523 | CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33530 | ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33533 | CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33534 | CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33535 | CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33536 | CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33542 | MYOCARDIAL RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33545 | RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33548 | SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33572 | CORONARY ENDARTERCOMY OPEN ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33600 | CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33602 | CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33606 | ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33608 | RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33610 | RPR CAR ANOMAL SURG ENLGMT VENTR SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33611 | RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33612 | RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33615 | RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33617 | RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33619 | RPR 1 VNTRC W/O/F OBSTRCTJ AND AORTIC ARCH HYPOPLAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33620 | APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33621 | TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33622 | RECONSTRUCTION COMPLEX CARDIAC ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33641 | RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33645 | DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33647 | RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33660 | RPR INCLPT/PRTL AV CANAL W/WO AV VALVE RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33665 | RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33670 | RPR COMPL AV CANAL W/WO PROSTC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33675 | CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33676 | CLOSURE MULTIPLE VSD W/RESECTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33677 | CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33681 | CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33684 | CLSR V-SEPTL DFCT W/PULM VLVLT/INFUND RESCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33688 | CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33690 | BANDING PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33692 | COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33694 | COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33697 | COMPL RPR T-FALLOT W/PULM ATRESIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33702 | RPR SINUS VALSALVA FISTULA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33710 | RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33720 | RPR SINUS VALSALVA ANEURYSM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33724 | REPAIR ISOLATED PARTIAL PULM VENOUS RETURN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33726 | REPAIR PULMONARY VENOUS STENOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33730 | COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33732 | RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33735 | ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33736 | ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33750 | SHUNT SUBCLAVIAN PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33755 | SHUNT ASCENDING AORTA PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33762 | SHUNT DESCENDING AORTA PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33764 | SHUNT CENTRAL W/PROSTHETIC GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33766 | SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33767 | SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33768 | ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33770 | RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33771 | RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33774 | RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33775 | RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33776 | RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33777 | RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33778 | RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33779 | RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33780 | RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33781 | RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33782 | A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33783 | A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33786 | TOTAL REPAIR TRUNCUS ARTERIOSUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33788 | REIMPLANTATION ANOMALOUS PULMONARY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33800 | AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33802 | DIVISION ABERRANT VESSEL VASCULAR RING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33803 | DIVISION ABERRANT VESSEL W/REANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33814 | OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33820 | REPAIR PATENT DUCTUS ARTERIOSUS LIGATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33824 | RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33840 | EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33845 | EXCISION COARCTATION AORTA W/WO PDA W/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33851 | EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33852 | RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33853 | RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33858 | AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33859 | AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33863 | AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 33864 | ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33871 | TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33875 | DESCENDING THORACIC AORTA GRAFT W/WO BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33877 | RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33880 | EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33881 | EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33883 | PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33886 | PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33910 | PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33915 | PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33916 | PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33917 | RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33920 | RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33922 | TRANSECTION PULMONARY ARTERY W/CARD BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33924 | LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33925 | RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33926 | RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 33975 | INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 33976 | INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 33979 | INSJ VENTR ASSIST DEV IMPLTBLA ICORP 1 VNTRC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 34001 | EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34051 | EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34101 | EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34111 | EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34151 | EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIACT ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34201 | EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIACT ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34203 | EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34401 | THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34421 | THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34451 | THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34471 | THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34490 | THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34501 | VALVULOPLASTY FEMORAL VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34502 | RECONSTRUCTION VENA CAVA ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34510 | VENOUS VALVE TRANSPOSITION ANY VEIN DONOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 34520 | CROSS-OVER VEIN GRAFT VENOUS SYSTEM | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34701 | EVASC RPR DPLMNT AORTO-AORTIC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34702 | EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34703 | VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34704 | EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34705 | EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34706 | EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34707 | EVASC RPR DPLMNT ILIO-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34708 | EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34709 | PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34710 | THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34711 | DLVD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34712 | TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34713 | PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34714 | OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34715 | OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34716 | OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34717 | EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34718 | EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34808 | EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34812 | OPN FEM ART EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34813 | PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34820 | OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34830 | OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34831 | OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34832 | DLVD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34833 | OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34834 | OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34839 | PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34841 | ENDOASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34842 | ENDOASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34843 | ENDOASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34844 | ENDOASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 34845 | EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 35281 | RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35301 | TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35302 | TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35303 | TEAEC W/GRAFT POPLITEAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35304 | TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35305 | TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35306 | TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35311 | TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35321 | TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35331 | TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35341 | TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35351 | TEAEC W/WO PATCH GRAFT ILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35355 | TEAEC W/WO PATCH GRAFT ILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35361 | TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35363 | TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35371 | TEAEC W/WO PATCH GRAFT COMMON FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35372 | TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35390 | ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35400 | ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35500 | HARVEST UXR VEIN 1 SGM LOWER EXTREMITY/CABG PX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35501 | BYPASS W/VEIN COMMON-IPSLATERAL CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35506 | BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35508 | BYPASS W/VEIN CAROTID-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35509 | BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35510 | BYPASS W/VEIN CAROTID-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35511 | BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35512 | BYPASS W/VEIN SUBCLAVIAN-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35515 | BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35516 | BYPASS W/VEIN SUBCLAVIAN-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35518 | BYPASS W/VEIN AXILLARY-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35521 | BYPASS W/VEIN AXILLARY-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35522 | BYPASS W/VEIN AXILLARY-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35523 | BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35525 | BYPASS W/VEIN BRACHIAL-BRACHIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35526 | BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 35642 | BYP OTH/THN VEIN CAROTID-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35645 | BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35646 | BYP OTH/THN VEIN AORTOBIFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35647 | BYP OTH/THN VEIN AORTOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35650 | BYP OTH/THN VEIN AXILLARY-AXILLARY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35654 | BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35656 | BYP OTH/THN VEIN FEMORAL-POPLITEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35661 | BYP OTH/THN VEIN FEMORAL-FEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35663 | BYP OTH/THN VEIN ILIOILIAC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35665 | BYP OTH/THN VEIN ILIOFEMORAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35666 | BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35671 | BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35681 | BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35682 | BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35683 | BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35691 | TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35693 | TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35694 | TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35695 | TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35697 | RIMPLTJ VISC ART INFRRNL AORTIC PROSTH EA ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35700 | ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35701 | EXPLORATION N/FLWD SURG NECK ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35702 | EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35703 | EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35800 | EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35820 | EXPL PO HEMRRG THROMBOSIS/INFCTJ CH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35840 | EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35870 | RPR GRF-ENTERIC FSTL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35901 | EXCISION INFECTED NECK GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35905 | EXCISION INFECTED GRAFT THORAX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 35907 | EXCISION INFECTED GRAFT ABDOMEN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36000 | INTRODUCTION NEEDLE/INTRACATHETER VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36005 | NIX PX XTR VNGRPH W/INTRO NDL/INTRACATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36010 | INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36011 | SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 36140 | INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36200 | INTRODUCTION CATHETER AORTA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36215 | SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36216 | SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36217 | SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV THRC/BRCHCPHLC BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36221 | NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36222 | SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36223 | SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36224 | SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36225 | SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36226 | SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36245 | SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36246 | SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36247 | SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36251 | SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36252 | SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36253 | SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36254 | SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36468 | INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 36470 | INJXN SCLRSNT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36471 | INJXN SCLRSNT MLTIPLE INCMPTNT VEINS, SAME LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36473 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36474 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36476 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36478 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36479 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36482 | ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36483 | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36800 | INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36810 | INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36815 | INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36835 | INSERTION THOMAS SHUNT SEPARATE PROCEDURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 36836 | PERQ AV FISTULA CREATION UXTR SINGLE ACCESS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36837 | PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36838 | DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36860 | XTRNL CANNULA DECLTNG SPX W/O BALO CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 36861 | XTRNL CANNULA DECLTNG SPX W/BALO CATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37184 | PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37187 | PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37188 | PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37215 | TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37216 | TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37217 | TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37218 | TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37236 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37238 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37242 | VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37243 | VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37246 | TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37248 | TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37254 | RVSLRZTN, ENDVSLR, OPN OR PRCTNS, ILC VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, IINCLDNG ALL MNVRS NCSSRY AACSSNG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37256 | RVSLRZTN, ENDVSLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR ACCSSNG ND | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37258 | RVSLRZTN, ENDVSLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML ANGPLSTY WHN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37260 | RVSLRZTN, ENDVSLR, PN R PRCTNS, LC VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML ANGPLSTY WHN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37263 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37265 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37267 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37269 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37271 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML THRCTMY, INCLDNG TRNSLMNML ANGPLSTY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37273 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML THRCTMY, INCLDNG TRNSLMNML ANGPLSTY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37275 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, WTH TRNSLMNML THRCTMY, | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37277 | RVSLRZTN, ENDVSLR, PN R PRCTNS, FMRL ND PPLTL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, WTH TRNSLMNML THRCTMY, | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37280 | RVSLRZTN, ENDVSLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37282 | RVSLRZTN, ENDVSLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNML ANGPLSTY, INCLDNG LL MNVRS NCSSRY FR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37284 | RVSLRZTN, ENDVSLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML ANGPLSTY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37286 | RVSLRZTN, ENDVSLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNML STNT PLCMNT, INCLDNG TRNSLMNML ANGPLSTY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37288 | RVSLRZTN, ENDVSLR, PN R PRCTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNML THRCTMY, INCLDNG TRNSLMNML ANGPLSTY WHN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 37290 | RVSCLRZTN, ENDVSCLR, PN R PRACTNS, TBL ND PRNL VSCLR TRRTRY, WTH TRNSLMNL THRCTMY, INCLDNG TRNSLMNL ANGPLSTY WHN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37618 | LIGATION MAJOR ARTERY EXTREMITY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37660 | LIGATION OF COMMON ILIAC VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37700 | LIGTN & DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPTN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37718 | LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37722 | LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37735 | LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37760 | LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37765 | STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37766 | STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37780 | LIGTN & DIVSN SHORT SAPH VEIN SAPHENOPPLTL JUNCT SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 37785 | LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 38746 | THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 39000 | MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 39010 | MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 39200 | RESECTION OF MEDIASTINAL CYST | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 39220 | RESECTION MEDIASTINAL TUMOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 43291 | ESPHGGSTRDUINSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S) | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43644 | LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43645 | LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43647 | LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43648 | LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43770 | LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43771 | LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43772 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43773 | LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43774 | LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43775 | LAPS GSTR RSTRCTIV PX LONGITUDINAL GASTRECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43842 | GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43843 | GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43845 | GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43846 | GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43847 | GASTRIC RSTCV W BYP W SML INSTN RCNSTN LIMIT ABSRPN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43848 | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 43881 | IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43882 | RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43886 | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 43888 | GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 53410 | URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53420 | URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53425 | URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 53430 | URETHROPLASTY RCNSTN FEMALE URETHRA | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54125 | AMPUTATION PENIS COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54401 | INSRTN PENILE PROSTHSS INFLATABLE SELF-CONTAINED | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 54405 | INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 54410 | RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54411 | RMVL AND RPLCMT ALL CMPNNTS INFLTLBL PENILE PROSTH INFECTED FIELD | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54416 | RMVL & RPLCMT NON-NFLTLBL NFLTLBL PENILE PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54417 | RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54520 | ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 54690 | LAPAROSCOPY SURGICAL ORCHIECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55867 | LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55970 | INTERSEX SURG MALE FEMALE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 55980 | INTERSEX SURG FEMALE MALE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56625 | VULVECTOMY SIMPLE COMPLETE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56800 | PLASTIC REPAIR INTROITUS | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 56805 | CLITOROPLASTY INTERSEX STATE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57106 | VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57110 | VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57291 | CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57292 | CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57296 | REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57335 | VAGINOPLASTY INTERSEX STATE | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 57426 | REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC | OP Hosp/Amb Surgery Center (ASC) Procedures | No prior auth required for service when associated with a cancer diagnosis. |
| 58150 | TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service. |
| 58152 | TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58180 | SUPRACERVICAL ABDL HYSYER W WO RMVL TUBE OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58200 | TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58210 | RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 58267 | VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58285 | VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58321 | ARTIFICIAL INSEMINATION INTRA-CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58322 | ARTIFICIAL INSEMINATION INTRA-UTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58323 | SPERM WASHING ARTIFICIAL INSEMINATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58345 | TRANSERV FALLOPIAN TUBE CATH W WO HYSTOSALPING | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58350 | CHROMOTUBATION OVIDUCT W MATERIALS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58356 | ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58540 | HYSTEROPLASTY RPR UTERINE ANOMALY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58720 | SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) Procedures | No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service. |
| 58740 | LYSIS OF ADHESIONS SALPINX OVARY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58750 | TUBOTUBAL ANASTATOMOSIS | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58752 | TUBOUTERINE IMPLANTATION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58760 | FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58940 | OOPHORECTOMY PARTIAL TOTAL UNI BI | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58970 | FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58974 | EMBRYO TRANSFER INTRAUTERINE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 58976 | GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61863 | STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 61867 | STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62324 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62325 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62326 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62327 | NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 62330 | DCMPRSSN, PRACTNS, WTH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY FR ACCSS, EPDRGRPHY, AND IMGNG GDNC (I,E, CT R | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 62331 | DCMPRSSN, PRACTNS, WTH PRTL RMVL LGMNTM FLVM, INCLDNG LMNTMY ACCSS, EPDRGRPHY, AND IMGNG GDNC (I,E, CT R | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 62380 | NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63001 | LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63003 | LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63005 | LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63011 | LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63012 | LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63015 | LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63016 | LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63017 | LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |

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| 63020 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63030 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63040 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63042 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63045 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63046 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63047 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63048 | LAM FACETECTOMY AND FORAMOTOMY 1 SGM EA CRV THRC/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63050 | LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63051 | LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63052 | LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63053 | LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63055 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63056 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63057 | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63064 | COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63075 | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63076 | DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63077 | DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63081 | VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63087 | VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63090 | VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63300 | VCRPEC LES 1 SGM XDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63304 | VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 63308 | VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64582 | OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64590 | INSERTION RPLCMT PERIPHERAL GASTRIC NPGR | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 64912 | NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69714 | IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69716 | IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69729 | IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1 | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 69930 | COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 76984 | DX INTRAOP THORACIC AORTA US | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 76987 | DX INTRAOP EPICAR CAR US CHD | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 76988 | DX NTROP EPCR US CHD IMG ACQ | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 76989 | DX INTRAOP EPCAR US CHD I&R | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92920 | PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92924 | PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92928 | PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92933 | PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92937 | PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92941 | PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92943 | PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92972 | PERQ TRLUML CORONRY LITHOTRP | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92973 | PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92974 | TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92986 | PRQ BALLOON VALVULOPLASTY AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92987 | PRQ BALLOON VALVULOPLASTY MITRAL VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 92990 | PRQ BALLOON VALVULOPLASTY PULMONARY VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93025 | MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93228 | XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93229 | XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93264 | REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93268 | XTRNL PT ACTIV ECG TRANSMIS W/R&i </30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93270 | XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93271 | XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93272 | XTRNL PT ACTIVTD ECG DWNLD W/R&i </30 DAYS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93319 | 3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93462 | LEFT HEART CATH BY TRANSEPTAL PUNCTURE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93503 | INSERTION FLOW DIRECTED CATHETER FOR MONITORING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93505 | ENDOMYOCARDIAL BIOPSY | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93568 | NIX PULMONARY ANGIO HRT CATH W/S&i | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93584 | VNGRPH CHD ANOM/PERSIST SVC | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93585 | VNGRPH CHD AZYGS/HEMIAZYGS | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93586 | VNGRPH CHD CORONARY SINUS | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93587 | VNGRPH CHD VNVN CLTRL AT/ABV | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93588 | VNGRPH CHD VNVN CLTRL BELOW | OP Hosp/Amb Surgery Center (ASC) procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93590 | PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93591 | PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93610 | INTRA-ATRIAL PACING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |

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| 93612 | INTRAVENTRICULAR PACING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93619 | COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93620 | COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93623 | PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93644 | EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93650 | ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93653 | EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93654 | EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93656 | EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 93662 | INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S & I | OP Hosp/Amb Surgery Center (ASC) Procedures | Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request in the portal. |
| 96900 | ACTINOTHERAPY ULTRAVIOLET LIGHT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96910 | PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96912 | PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96913 | PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96920 | LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96921 | LASER SKIN DISEASE PSORIASIS 250-500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 96922 | LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0402T | COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0479T | FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 0480T | FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM | OP Hosp/Amb Surgery Center (ASC) procedures | |
| 0707T | NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 17330 | AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT | OP Hosp/Amb Surgery Center (ASC) Procedures | |
| 27278 | ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE | Pain Management Procedures | |
| 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS | Pain Management Procedures | |
| 62320 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Pain Management Procedures | |
| 62321 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | Pain Management Procedures | |
| 62322 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN | Pain Management Procedures | |
| 62323 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN | Pain Management Procedures | |
| 62351 | IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM | Pain Management Procedures | |
| 62360 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR | Pain Management Procedures | |
| 62361 | IMPLTJ RPLCMT FS NON-PRGRBL PUMP | Pain Management Procedures | |
| 62362 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP | Pain Management Procedures | |
| 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL | Pain Management Procedures | |
| 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL | Pain Management Procedures | |

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| 63685 | INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING | Pain Management Procedures | |
| 64450 | INJECTION ANES OTHER PERIPHERAL NERVE BRANCH | Pain Management Procedures | No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure. |
| 64451 | INJECTION AA AND STRD NERVES NRVTVG SJ JOINT W IMG | Pain Management Procedures | |
| 64454 | INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG | Pain Management Procedures | |
| 64490 | NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL | Pain Management Procedures | |
| 64491 | NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL | Pain Management Procedures | |
| 64492 | NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL | Pain Management Procedures | |
| 64493 | NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL | Pain Management Procedures | |
| 64494 | NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL | Pain Management Procedures | |
| 64495 | NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL | Pain Management Procedures | |
| 64624 | DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG | Pain Management Procedures | |
| 64625 | RADIOFREQUENCY ABLTI NRV NRVTVG SJ JT W IMG GDN | Pain Management Procedures | |
| 64628 | THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC | Pain Management Procedures | |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA | Pain Management Procedures | |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA | Pain Management Procedures | |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL | Pain Management Procedures | |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL | Pain Management Procedures | |
| 64640 | DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE | Pain Management Procedures | |
| 92507 | TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 92508 | TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97110 | THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97112 | THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97130 | THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97530 | THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| 97763 | ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN | Physical, Occupational, and Speech Therapy | Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline). |
| L0462 | TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB | Prosthetics & Orthotics | |
| L0480 | TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0482 | TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0484 | TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0486 | TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | |
| L0636 | LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM | Prosthetics & Orthotics | |
| L0637 | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PRFAB | Prosthetics & Orthotics | |
| L0640 | LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB | Prosthetics & Orthotics | |
| L0700 | CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL | Prosthetics & Orthotics | |

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| L0710 | CTLISO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL | Prosthetics & Orthotics | |
| L0720 | CTLISO A-P-L CONTROL CUSTOM | Prosthetics & Orthotics | |
| L1000 | CTLISO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL | Prosthetics & Orthotics | |
| L1005 | TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS | Prosthetics & Orthotics | |
| L1200 | TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY | Prosthetics & Orthotics | |
| L1680 | HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB | Prosthetics & Orthotics | |
| L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM | Prosthetics & Orthotics | |
| L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB | Prosthetics & Orthotics | |
| L1844 | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | |
| L1846 | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | |
| L1860 | KNEE ORTHOS MOD SUPRACONDYLAR PROS SOCKT CSTM FAB | Prosthetics & Orthotics | |
| L2000 | KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM | Prosthetics & Orthotics | |
| L2005 | KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM | Prosthetics & Orthotics | |
| L2006 | KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB | Prosthetics & Orthotics | |
| L2010 | KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB | Prosthetics & Orthotics | |
| L2020 | KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB | Prosthetics & Orthotics | |
| L2030 | KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM | Prosthetics & Orthotics | |
| L2034 | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB | Prosthetics & Orthotics | |
| L2036 | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB | Prosthetics & Orthotics | |
| L2037 | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB | Prosthetics & Orthotics | |
| L2038 | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB | Prosthetics & Orthotics | |
| L2090 | HKAFO UNI TORSION CABLE BALL BEAR CSTM | Prosthetics & Orthotics | |
| L2106 | AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB | Prosthetics & Orthotics | |
| L2108 | AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics | |
| L2126 | KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB | Prosthetics & Orthotics | |
| L2128 | KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB | Prosthetics & Orthotics | |
| L2627 | ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES | Prosthetics & Orthotics | |
| L2628 | ADD LW EXT PELV METL FRME RECIPIENT HIP JNT AND CABLES | Prosthetics & Orthotics | |
| L3900 | WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB | Prosthetics & Orthotics | |
| L3901 | WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB | Prosthetics & Orthotics | |
| L3904 | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | Prosthetics & Orthotics | |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM | Prosthetics & Orthotics | |
| L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | Prosthetics & Orthotics | |
| L5060 | ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK | Prosthetics & Orthotics | |
| L5100 | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT | Prosthetics & Orthotics | |

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| L5105 | BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT | | Prosthetics & Orthotics | |
| L5150 | KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT | | Prosthetics & Orthotics | |
| L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT | | Prosthetics & Orthotics | |
| L5200 | ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION | | Prosthetics & Orthotics | |
| L5210 | ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA | | Prosthetics & Orthotics | |
| L5220 | ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN | | Prosthetics & Orthotics | |
| L5230 | ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT | | Prosthetics & Orthotics | |
| L5250 | HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT | | Prosthetics & Orthotics | |
| L5270 | HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT | | Prosthetics & Orthotics | |
| L5280 | HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT | | Prosthetics & Orthotics | |
| L5301 | BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS | | Prosthetics & Orthotics | |
| L5312 | KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT | | Prosthetics & Orthotics | |
| L5321 | ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE | | Prosthetics & Orthotics | |
| L5331 | JOINT SINGLE AXIS KNEE SACH FOOT | | Prosthetics & Orthotics | |
| L5341 | SINGLE AXIS KNEE SACH FOOT | | Prosthetics & Orthotics | |
| L5500 | INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED | | Prosthetics & Orthotics | |
| L5505 | INIT ABVE KNEE-DISARTIC ISCH LEVL SOCKT NON-ALIGN | | Prosthetics & Orthotics | |
| L5510 | PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL | | Prosthetics & Orthotics | |
| L5520 | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM | | Prosthetics & Orthotics | |
| L5530 | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL | | Prosthetics & Orthotics | |
| L5535 | PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END | | Prosthetics & Orthotics | |
| L5540 | PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL | | Prosthetics & Orthotics | |
| L5560 | PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL | | Prosthetics & Orthotics | |
| L5570 | PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED | | Prosthetics & Orthotics | |
| L5580 | PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL | | Prosthetics & Orthotics | |
| L5585 | PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT | | Prosthetics & Orthotics | |
| L5590 | PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD | | Prosthetics & Orthotics | |
| L5595 | PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD | | Prosthetics & Orthotics | |
| L5600 | PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD | | Prosthetics & Orthotics | |
| L5610 | ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS | | Prosthetics & Orthotics | |
| L5611 | ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT | | Prosthetics & Orthotics | |
| L5613 | ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC | | Prosthetics & Orthotics | |
| L5614 | ADD LOW EXT EXOSKEL SYS AK-DISARTIC 4-BAR PNEUMAT | | Prosthetics & Orthotics | |
| L5616 | ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT | | Prosthetics & Orthotics | |
| L5639 | ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET | | Prosthetics & Orthotics | |

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| L5643 | ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME | | Prosthetics & Orthotics | |
| L5649 | ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET | | Prosthetics & Orthotics | |
| L5651 | ADD LW EXT ABOVE KNEE FLXIBLE INNR SOCKT EXT FRME | | Prosthetics & Orthotics | |
| L5681 | ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT | | Prosthetics & Orthotics | |
| L5683 | ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT | | Prosthetics & Orthotics | |
| L5700 | REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL | | Prosthetics & Orthotics | |
| L5701 | REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT | | Prosthetics & Orthotics | |
| L5702 | REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL | | Prosthetics & Orthotics | |
| L5703 | ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY | | Prosthetics & Orthotics | |
| L5706 | CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC | | Prosthetics & Orthotics | |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC | | Prosthetics & Orthotics | |
| L5718 | ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL | | Prosthetics & Orthotics | |
| L5722 | ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL | | Prosthetics & Orthotics | |
| L5724 | ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | | Prosthetics & Orthotics | |
| L5726 | ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL | | Prosthetics & Orthotics | |
| L5728 | ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL | | Prosthetics & Orthotics | |
| L5780 | ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL | | Prosthetics & Orthotics | |
| L5781 | ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS | | Prosthetics & Orthotics | |
| L5782 | ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY | L5782 | Prosthetics & Orthotics | |
| L5783 | ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS | | Prosthetics & Orthotics | |
| L5795 | ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL | | Prosthetics & Orthotics | |
| L5814 | ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK | | Prosthetics & Orthotics | |
| L5816 | ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK | | Prosthetics & Orthotics | |
| L5822 | ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL | | Prosthetics & Orthotics | |
| L5824 | ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | | Prosthetics & Orthotics | |
| L5826 | ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME | | Prosthetics & Orthotics | |
| L5827 | ENDO KNEE SHIN SINGLE AXIS | | Prosthetics & Orthotics | |
| L5828 | ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL | | Prosthetics & Orthotics | |
| L5830 | ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL | | Prosthetics & Orthotics | |
| L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT | | Prosthetics & Orthotics | |
| L5841 | ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL | | Prosthetics & Orthotics | |
| L5845 | ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ | | Prosthetics & Orthotics | |
| L5848 | ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN | | Prosthetics & Orthotics | |
| L5856 | ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE | | Prosthetics & Orthotics | |
| L5857 | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY | | Prosthetics & Orthotics | |

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| L5858 | ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY | Prosthetics & Orthotics | |
| L5859 | ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR | Prosthetics & Orthotics | |
| L5930 | ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME | Prosthetics & Orthotics | |
| L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL | Prosthetics & Orthotics | |
| L5964 | ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER | Prosthetics & Orthotics | |
| L5966 | ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR | Prosthetics & Orthotics | |
| L5968 | ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE | Prosthetics & Orthotics | |
| L5969 | ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST | Prosthetics & Orthotics | |
| L5973 | ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC | Prosthetics & Orthotics | |
| L5979 | ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE | Prosthetics & Orthotics | |
| L5980 | ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM | Prosthetics & Orthotics | |
| L5981 | ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL | Prosthetics & Orthotics | |
| L5987 | ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN | Prosthetics & Orthotics | |
| L5988 | ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR | Prosthetics & Orthotics | |
| L5990 | ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT | Prosthetics & Orthotics | |
| L6000 | PARTIAL HAND THUMB REMAINING | Prosthetics & Orthotics | |
| L6010 | PARTIAL HAND LITTLE AND OR RING FINGER REMAINING | Prosthetics & Orthotics | |
| L6020 | PARTIAL HAND NO FINGER REMAINING | Prosthetics & Orthotics | |
| L6026 | TRANSCARPAL MC PART HAND DISARTICULATION PROS | Prosthetics & Orthotics | |
| L6050 | WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD | Prosthetics & Orthotics | |
| L6055 | WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE | Prosthetics & Orthotics | |
| L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD | Prosthetics & Orthotics | |
| L6110 | BELOW ELBOW MOLDED SOCKET | Prosthetics & Orthotics | |
| L6120 | BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF | Prosthetics & Orthotics | |
| L6130 | BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF | Prosthetics & Orthotics | |
| L6200 | ELB DISARTIC MOLD SOCKET OUTSIDE LOCK HINGE FORARM | Prosthetics & Orthotics | |
| L6205 | ELB DISARTIC MOLD SCKT W/XPND INTRFCE LOCK FORARM | Prosthetics & Orthotics | |
| L6250 | ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM | Prosthetics & Orthotics | |
| L6300 | SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM | Prosthetics & Orthotics | |
| L6310 | SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH | Prosthetics & Orthotics | |
| L6320 | SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY | Prosthetics & Orthotics | |
| L6360 | INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH | Prosthetics & Orthotics | |
| L6370 | INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY | Prosthetics & Orthotics | |
| L6400 | BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP | Prosthetics & Orthotics | |
| L6450 | ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | Prosthetics & Orthotics | |

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| L6500 | ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | | Prosthetics & Orthotics | |
| L6550 | SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS | | Prosthetics & Orthotics | |
| L6570 | INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS | | Prosthetics & Orthotics | |
| L6580 | PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD | | Prosthetics & Orthotics | |
| L6582 | PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED | | Prosthetics & Orthotics | |
| L6584 | PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD | | Prosthetics & Orthotics | |
| L6586 | PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED | | Prosthetics & Orthotics | |
| L6588 | PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD | | Prosthetics & Orthotics | |
| L6590 | PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM | | Prosthetics & Orthotics | |
| L6621 | UP EXTREM PROS ADD FLEXION/EXTENSION WRIST | | Prosthetics & Orthotics | |
| L6624 | UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT | | Prosthetics & Orthotics | |
| L6638 | UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB | | Prosthetics & Orthotics | |
| L6646 | UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS | | Prosthetics & Orthotics | |
| L6648 | UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR | | Prosthetics & Orthotics | |
| L6693 | UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE | | Prosthetics & Orthotics | |
| L6696 | ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT | | Prosthetics & Orthotics | |
| L6697 | ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT | | Prosthetics & Orthotics | |
| L6700 | UE ADD EXT POWER MYOEL | | Prosthetics & Orthotics | |
| L6707 | TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING | | Prosthetics & Orthotics | |
| L6708 | TERMINAL DEVICE HAND MECH VOLUNTARY OPENING | | Prosthetics & Orthotics | |
| L6709 | TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING | | Prosthetics & Orthotics | |
| L6712 | TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED | | Prosthetics & Orthotics | |
| L6713 | TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED | | Prosthetics & Orthotics | |
| L6715 | TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL | | Prosthetics & Orthotics | |
| L6721 | TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ | | Prosthetics & Orthotics | |
| L6722 | TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS | | Prosthetics & Orthotics | |
| L6880 | ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR | | Prosthetics & Orthotics | |
| L6881 | AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC | | Prosthetics & Orthotics | |
| L6882 | MICRPROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC | | Prosthetics & Orthotics | |
| L6900 | HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN | | Prosthetics & Orthotics | |
| L6905 | HAND REST PART HAND W/GLOVE MX FNGR REMAIN | | Prosthetics & Orthotics | |
| L6910 | HAND REST PART HAND W/GLOVE NO FNGR REMAIN | | Prosthetics & Orthotics | |
| L6920 | WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE | | Prosthetics & Orthotics | |
| L6925 | WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | | Prosthetics & Orthotics | |
| L6930 | BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE | | Prosthetics & Orthotics | |

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| L6935 | BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE | Prosthetics & Orthotics | |
| L6940 | ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6945 | ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6950 | ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6955 | ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6960 | SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6965 | SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM | Prosthetics & Orthotics | |
| L6970 | INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC | Prosthetics & Orthotics | |
| L6975 | INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC | Prosthetics & Orthotics | |
| L7007 | ELECTRIC HAND SWITCH/MYOELCTRIC CONTROL ADULT | Prosthetics & Orthotics | |
| L7008 | ELECTRIC HAND SWITCH/MYOELCTRIC CNTRL PEDIATRIC | Prosthetics & Orthotics | |
| L7009 | ELECTRIC HOOK SWITCH/MYOELCTRIC CONTROL ADULT | Prosthetics & Orthotics | |
| L7040 | PREHENSILE ACTUATOR SWITCH CONTROLLED | Prosthetics & Orthotics | |
| L7045 | ELEC HOOK SWITCH/MYOELCTRIC CONTOL PEDIATRIC | Prosthetics & Orthotics | |
| L7170 | ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED | Prosthetics & Orthotics | |
| L7180 | ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB AND TERM DEVC | Prosthetics & Orthotics | |
| L7181 | ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC | Prosthetics & Orthotics | |
| L7185 | ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL | Prosthetics & Orthotics | |
| L7186 | ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL | Prosthetics & Orthotics | |
| L7190 | ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL | Prosthetics & Orthotics | |
| L7191 | ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL | Prosthetics & Orthotics | |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE | Prosthetics & Orthotics | |
| L7406 | ADD TO UPP EXTR USER ADJ MEC | Prosthetics & Orthotics | |
| L8033 | NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA | Prosthetics & Orthotics | |
| L8614 | COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS | Prosthetics & Orthotics | |
| 77387 | GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR | Radiation Therapy & Radio Surgery | |
| 77412 | RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX | Radiation Therapy & Radio Surgery | |
| 77436 | SRFCE RDTN THRPY; SPRFCL OR ORTHVLTG, TRMNT PLNNG & SMLTN-AID FLD STTNG | Radiation Therapy & Radio Surgery | |
| 77437 | SRFCE RDTN THRPY; SPRFCL, DLVRY, =150 KV, PER FRCTN (EG, ELCTRNC BRCHYTHRPY) | Radiation Therapy & Radio Surgery | |
| 77438 | SRFCE RDTN THRPY; ORTHVLTG, DLVRY, >150-500 KV, PER FRCTN | Radiation Therapy & Radio Surgery | |
| 77439 | SRFCE RDTN THRPY; SPRFCL OR ORTHVLTG, IMG GDNCE, ULTRSD FOR PLCMNT OF RDTN THRPY FLDS FOR TRMNT OF CUTNEOS TMRS, PER | Radiation Therapy & Radio Surgery | |
| 77520 | PROTON TX DELIVERY SIMPLE W O COMPENSATION | Radiation Therapy & Radio Surgery | |
| 77522 | PROTON TX DELIVERY SIMPLE W COMPENSATION | Radiation Therapy & Radio Surgery | |
| 77523 | PROTON TX DELIVERY INTERMEDIATE | Radiation Therapy & Radio Surgery | |
| 77525 | PROTON TX DELIVERY COMPLEX | Radiation Therapy & Radio Surgery | |

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| G0339 | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS | Radiation Therapy & Radio Surgery | |
| G0340 | IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS | Radiation Therapy & Radio Surgery | |
| G6015 | INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS | Radiation Therapy & Radio Surgery | |
| G6016 | COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS | Radiation Therapy & Radio Surgery | |
| G6017 | INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX | Radiation Therapy & Radio Surgery | |
| 95810 | POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND | Sleep Studies | |
| 95811 | POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT | Sleep Studies | |
| 32850 | DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR | Transplants/Gene Therapy | |
| 32851 | LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS | Transplants/Gene Therapy | |
| 32852 | LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS | Transplants/Gene Therapy | |
| 32853 | LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS | Transplants/Gene Therapy | |
| 32854 | LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS | Transplants/Gene Therapy | |
| 32855 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI | Transplants/Gene Therapy | |
| 32856 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI | Transplants/Gene Therapy | |
| 33929 | REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL | Transplants/Gene Therapy | |
| 33930 | DONOR CARDIECTOMY - PNEUMONECTOMY | Transplants/Gene Therapy | |
| 33933 | BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT | Transplants/Gene Therapy | |
| 33935 | HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC | Transplants/Gene Therapy | |
| 33940 | DONOR CARDIECTOMY | Transplants/Gene Therapy | |
| 33944 | BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT | Transplants/Gene Therapy | |
| 33945 | HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY | Transplants/Gene Therapy | |
| 33995 | INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY | Transplants/Gene Therapy | |
| 38204 | MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ | Transplants/Gene Therapy | |
| 38205 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC | Transplants/Gene Therapy | |
| 38206 | BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO | Transplants/Gene Therapy | |
| 38225 | CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY | Transplants/Gene Therapy | |
| 38226 | CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS | Transplants/Gene Therapy | |
| 38227 | CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN | Transplants/Gene Therapy | |
| 38228 | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION | Transplants/Gene Therapy | |
| 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy | |
| 38232 | BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS | Transplants/Gene Therapy | |
| 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS | Transplants/Gene Therapy | |
| 38243 | TRNSPLJ HEMATOPOIETIC CELL BOOST | Transplants/Gene Therapy | |

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| 44135 | INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR | Transplants/Gene Therapy | |
| 44136 | INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR | Transplants/Gene Therapy | |
| 44137 | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL | Transplants/Gene Therapy | |
| 44715 | BKBENCH PREP CADAVER LIVING DONOR INTESTINE | Transplants/Gene Therapy | |
| 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA | Transplants/Gene Therapy | |
| 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA | Transplants/Gene Therapy | |
| 47133 | DONOR HEPATECTOMY CADAVER DONOR | Transplants/Gene Therapy | |
| 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE | Transplants/Gene Therapy | |
| 47140 | DONOR HEPATECTOMY LIVING DONOR SEG II AND III | Transplants/Gene Therapy | |
| 47141 | DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV | Transplants/Gene Therapy | |
| 47142 | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI | Transplants/Gene Therapy | |
| 47143 | BKBENCH PREP CADAVER DONOR | Transplants/Gene Therapy | |
| 47146 | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA | Transplants/Gene Therapy | |
| 47147 | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA | Transplants/Gene Therapy | |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT | Transplants/Gene Therapy | |
| 48551 | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT | Transplants/Gene Therapy | |
| 48552 | BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA | Transplants/Gene Therapy | |
| 48554 | TRANSPLANTATION PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | |
| 50300 | DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL | Transplants/Gene Therapy | |
| 50320 | DONOR NEPHRECTOMY OPEN LIVING DONOR | Transplants/Gene Therapy | |
| 50323 | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT | Transplants/Gene Therapy | |
| 50325 | BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT | Transplants/Gene Therapy | |
| 50327 | BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA | Transplants/Gene Therapy | |
| 50328 | BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA | Transplants/Gene Therapy | |
| 50329 | BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA | Transplants/Gene Therapy | |
| 50340 | RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE | Transplants/Gene Therapy | |
| 50360 | RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY | Transplants/Gene Therapy | |
| 50365 | RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY | Transplants/Gene Therapy | |
| 50370 | RMVL TRNSPLED RENAL ALLOGRAFT | Transplants/Gene Therapy | |
| 50380 | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY | Transplants/Gene Therapy | |
| 81560 | TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD | Transplants/Gene Therapy | |
| 0584T | PERCUTANEOUS ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |
| 0585T | LAPAROSCOPIC ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |
| 0586T | OPEN ISLET CELL TRANSPLANT | Transplants/Gene Therapy | |

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| J1411 | INJ, HEMGENIX, PER TX DOSE | Transplants/Gene Therapy | |
| J1412 | INJECTION VALOCTOGENE ROXAPARVOVEC-RVOX PER ML | Transplants/Gene Therapy | |
| J1413 | INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D | Transplants/Gene Therapy | |
| J1414 | INJ, FIDANACOGENE ELAPARVOVECDZKT, PER THERAPEUTIC DOSE | Transplants/Gene Therapy | |
| J3387 | INJ, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3389 | TOPCL ADMIN, PRADEMAGENE ZAMIKERACEL, PER TRTMNT | Transplants/Gene Therapy | |
| J3391 | INJ, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3392 | INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3393 | INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3394 | INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT | Transplants/Gene Therapy | |
| J3398 | INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G | Transplants/Gene Therapy | |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10 | Transplants/Gene Therapy | |
| J3401 | BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML | Transplants/Gene Therapy | |
| J3402 | INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE | Transplants/Gene Therapy | |
| J3403 | REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT | Transplants/Gene Therapy | |
| J9029 | IVES INSTAL NADOFARAGN FIRADENOVV-VNCG PER THR D | Transplants/Gene Therapy | |
| Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD | Transplants/Gene Therapy | |
| Q2042 | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD | Transplants/Gene Therapy | |
| Q2043 | SIPULEUCEL-T AUTO CD54 PLUS | Transplants/Gene Therapy | |
| Q2053 | BREXUCABTAGENE CAR POST | Transplants/Gene Therapy | |
| Q2054 | LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T | Transplants/Gene Therapy | |
| Q2055 | IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH | Transplants/Gene Therapy | |
| Q2056 | CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D | Transplants/Gene Therapy | |
| Q2057 | AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE | Transplants/Gene Therapy | |
| Q2058 | OBECABTAGENE CAR POS T | Transplants/Gene Therapy | |
| A0430 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING | Transportation Services | |
| A0431 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING | Transportation Services | |
| 19499 | UNLISTED PROCEDURE BREAST | Unlisted/Miscellaneous | |
| 39499 | UNLISTED PROCEDURE MEDIASTINUM | Unlisted/Miscellaneous | |
| 39599 | UNLISTED PROCEDURE DIAPHRAGM | Unlisted/Miscellaneous | |
| 43499 | UNLISTED PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous | |
| 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | Unlisted/Miscellaneous | |
| 43999 | UNLISTED PROCEDURE STOMACH | Unlisted/Miscellaneous | |
| 54699 | UNLISTED LAPAROSCOPY PROCEDURE TESTIS | Unlisted/Miscellaneous | |
| 55559 | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD | Unlisted/Miscellaneous | |

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| 55899 | UNLISTED PROCEDURE MALE GENITAL SYSTEM | Unlisted/Miscellaneous | |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous | |
| 58679 | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY | Unlisted/Miscellaneous | |
| 58999 | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL | Unlisted/Miscellaneous | |
| 64999 | UNLISTED PROCEDURE NERVOUS SYSTEM | Unlisted/Miscellaneous | |
| 87797 | IADNA NOS DIRECT PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous | |
| 87798 | IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM | Unlisted/Miscellaneous | |
| 88299 | UNLISTED CYTOGENETIC STUDY | Unlisted/Miscellaneous | |
| 97039 | UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND | Unlisted/Miscellaneous | |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE SPECIFY | Unlisted/Miscellaneous | |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | Unlisted/Miscellaneous | |
| 99600 | UNLISTED HOME VISIT SERVICE PROCEDURE | Unlisted/Miscellaneous | |
| 0708T | INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION | Unlisted/Miscellaneous | |
| 0709T | INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION | Unlisted/Miscellaneous | |
| A9291 | PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX | Unlisted/Miscellaneous | |
| B9998 | NOC FOR ENTERAL SUPPLIES | Unlisted/Miscellaneous | |
| E0769 | ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC | Unlisted/Miscellaneous | |
| E0770 | FES TRANSQ STIM NERV AND MUSC GRP Cmpl SYS NOS | Unlisted/Miscellaneous | |
| E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS | Unlisted/Miscellaneous | |
| G2082 | OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA | Unlisted/Miscellaneous | |
| G2083 | OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA | Unlisted/Miscellaneous | |
| J7599 | IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| J7699 | NOC DRUGS INHALATION SOLUTION ADMINED THRU DME | Unlisted/Miscellaneous | |
| J7799 | NOC RX OTH THAN INHALATION RX ADMINED THRU DME | Unlisted/Miscellaneous | |
| J8597 | ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| K0898 | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| K0899 | PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT | Unlisted/Miscellaneous | |
| L1499 | SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| L2999 | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| L3999 | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |
| L5999 | LOWER EXTREMITY PROSTHESIS NOS | Unlisted/Miscellaneous | |
| L7499 | UPPER EXTREMITY PROSTHESIS NOS | Unlisted/Miscellaneous | |
| L8499 | UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES | Unlisted/Miscellaneous | |
| L8699 | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous | |

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| Q4082 | DRUG OR BIOLOGICAL NOC PART B DRUG CAP | Unlisted/Miscellaneous | |
| V2524 | CONTACT LENS HPI SPH PC ADDITIVE PER LENS | Unlisted/Miscellaneous | |
| V2799 | VISION ITEM OR SERVICE MISCELLANEOUS | Unlisted/Miscellaneous | |
| V5298 | HEARING AID NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous | |
| V5299 | HEARING SERVICE MISCELLANEOUS | Unlisted/Miscellaneous | |