MOLINA HEALTHCARE OF MICHIGAN
PA MATRIX QUARTERLY UPDATES

Q3 Changes - Effective 7/1/26

Service Category	Update	Codes	LOB	Notes
Durable Medical Equipment	Add PA	A8005, A8006, E0738, L2221	Medicaid, Medicare	
Healthcare Administered Drugs	Add PA	C9818	Medicaid, Medicare	
	PA Update	90679	Medicaid, Medicare	Remove any age restrictions
Hyperbaric and Wound Care	Add PA	A2040, A2041, A2042, A2043, A2044, A2045	Medicaid, Medicare	
Imaging and Special Tests	Add PA	70471	Medicaid, Medicare	
OP Hospital/Amb Surgery Center (ASC) Procedures	Add PA	37292, 37294, 37296, 37298, 92930	Medicaid, Medicare	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
Transplants/Gene Therapy	Add PA	C9309	Medicaid, Medicare	Replaced by permanent code 7/1/26
		J3386, J3405	Medicaid, Medicare	New codes for Wakyra and Itvisma
	PA Update	Q0508	Medicaid	Newly covered for Medicaid

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 8,Q4389,Q4395,Q4396,Q4392,Q4393,Q4394,A2036,A2037,A2038,A2039,A201 4,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	
Multiple Categories	Remove PA	H0013,A4341,A4342,A4560,E0692,E0693,E0762,E0785,E0786,K1004,Q0480,2 416,46948,0101T,0278T,0565T,0566T,0738T,0770T,0771T,0772T,0773T,0774T 0776T,0777T,0778T,0779T,0781T,0782T,0783T,0793T,0794T,0798T,0799T,080 T,0801T,0802T,0803T,0868T,A4563,C9782,81168,81171,81172,81174,81237,8 1239,81306,81333,81493,81504,81535,81536,81538,0009U,0070U,0140U,01 3U,0154U,0155U,0173U,0174U,0179U,0184U,0196U,0206U,0207U,0209U,021 8U,0387U,0388U,0389U,0390U,0391U,0392U,0393U,0394U,0395U,0398U,039 9U,0400U,0401U,0402U,0403U,0404U,0405U,0406U,0407U,0409U,0410U,041 2U,0413U,0414U,0415U,0417U,0418U,78472,78473,78494,91113,0689T,2160 1,23410,23412,23415,23420,23430,23450,23455,23460,23462,23465,23466, 7120,27332,27333,27405,27407,27409,27418,27420,27422,27424,27427,274 8,27429,28344,30520,30545,32998,33016,33140,33141,33202,33203,33215, 3227,33228,33229,33508,33741,33745,33746,33866,33894,33895,33897,339 0,33901,33902,33903,35500,35572,35685,35686,37191,37216,37500,42975, 3887,47610,47612,49904,49906,53451,53452,53453,53454,55175,55180,572 8,57289,58240,64584,65775,92970,92971,92975,92977,93580,93581,93582, 3583,93631,96570,96571,96902,96932,96933,L1834,L1840,L1900,L1945,L19 0,L1970,L2350,L2525,L5705,L8039,37501,87799,87899	Medicaid	

Multiple Categories	Remove PA	A4341,A4342,A4560,E0692,E0693,E0762,E0785,E0786,Q0480,27416,46948,01 01T,0278T,0565T,0566T,0738T,0770T,0771T,0772T,0773T,0774T,0776T,0777T, 778T,0779T,0781T,0782T,0783T,0793T,0794T,0798T,0799T,0800T,0801T,0802T 0803T,0868T,A4563,C9782,81168,81171,81172,81174,81237,81239,81306,81 33,81493,81504,81535,81536,81538,0009U,0070U,0140U,0153U,0154U,0155 U,0173U,0174U,0179U,0184U,0196U,0206U,0207U,0209U,0218U,0387U,0388 U,0389U,0390U,0391U,0392U,0393U,0394U,0395U,0398U,0399U,0400U,0401 U,0402U,0403U,0404U,0405U,0406U,0407U,0409U,0410U,0412U,0413U,0414 U,0415U,0417U,0418U,78472,78473,78494,0689T,27120,28344,30520,37500 42975,43887,47610,47612,49904,49906,55175,55180,57288,57289,58240,64 84,96902,L1834,L1840,L1900,L1945,L1950,L1970,L2350,L2525,L5705,L8039,3 7501,87799,87899	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,05 0T,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	

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 (**Evolent 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	

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 PRTCL MODIFICAJ 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 PRTCL 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 PRTCL MODIFICAJ 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	

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 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	
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).
A8005	POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES MICROPRESSOR, PRESSURE SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FITTED	Durable Medical Equipment (DME)	
A8006	POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES PRESSURE SENSORS, GLOVE REPLACEMENT ONLY	Durable Medical Equipment (DME)	
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
A9276	SENSOR;INVSV DISPSBLE 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).
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 MATTRSS	Durable Medical Equipment (DME)	
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	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 MATTRSS	Durable Medical Equipment (DME)	
E0316	SFTY ENCLOS 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 MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS 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)	
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/CALBRTD 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)	
E0738	UPPER EXTREMITY REHAB SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-EDUCATION, INCLUDES MICROPROCESSOR, ALL COMPONENTS AND ACCESSORIES	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-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 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)	
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	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 CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER 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 SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	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)	
E2351	PWR WC ACSS ELEC INTERFCE 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)	
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 SLING 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 SLNG 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	
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 MUSCSKLTL SRGCL NAVIGN ORTHPDC PRCDRE W/ IMG GUIDNCE FLUOR IMGS	Experimental/Investigational	
0055T	CPTR-ASSTD MUSCSKLTL 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	
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 185DELAG 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	
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,	Genetic Counseling & Testing	
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	
81422	FETAL CHROMOSOMAL MICRODELTJ 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	
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	
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, APONVIE, 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	
C9818	SUZETRIGINE, ORAL, 1 MG (JOURNAVX)	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	
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 APOMORPHINE 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	
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 THERAPEUTICALL	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	
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 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, ECULIZUMAB, 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	
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	
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	
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-XIIY, 1MG	Healthcare Administered Drugs	
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	
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 INTRAVITREAK 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	
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	
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 (ALTUVIIIO), 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	
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 DERIVITIVE 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 EUFLEXXA 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 PRO	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	
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 USE	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 CEMIPLIMAB-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	
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	
J9275	INJ, COSIBELIMAB-IPDL, 2 MG	Healthcare Administered Drugs	
J9276	INJ ZANIDATAMAB, 2 MG	Healthcare Administered Drugs	
J9281	MITOMYCIN PYELOCALYCEAL 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, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J	Healthcare Administered Drugs	
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	
J9297	INJECTION, PEMETREXED (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 PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	
J9305	INJECTION PEMETREXED 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 PEMETREXED (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, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIV	Healthcare Administered Drugs	
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	Healthcare Administered Drugs	
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 NTBDY PRDCTS W INDCTN FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19, FOR HSPTLZD ADLTS AND/OR PDTRC PTS RCVNG	Healthcare Administered Drugs	
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-DTTB 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	IJNECTION, 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	
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 PTHLGST 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
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	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	AC5 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	
A2040	MICROLYTE PAINGUARD, PER SQ CM	Hyperbaric/Wound Therapy	
A2041	FOUNDATION DRS+DUO, PER SQ CM	Hyperbaric/Wound Therapy	
A2042	FOUNDATION DRS+SOLO, PER SQ CM	Hyperbaric/Wound Therapy	
A2043	BIOBRANE, PER SQ CM	Hyperbaric/Wound Therapy	
A2044	BIOBRANE GLOVE, EACH	Hyperbaric/Wound Therapy	
A2045	NOVASHIELD OR NOVOGEN WOUND MATRIX, 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 BMWD	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 DERMASPAN 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	
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-CONNEKT 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	
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	
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	
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	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	
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 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	
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	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	
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
70471	CT OF BLOOD VESSELS IN THE HEAD AND NECK WITH CONTRAST	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 ADMNISTRATION	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
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

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
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
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 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 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
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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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 EJECT 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 EJECT FRACT	Imaging & Special Tests	Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - please submit a request via the Availity portal
78491	MYOCRD 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	MYOCRD 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
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 WNJX & 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
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 Availity 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 Availity 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 Availity 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 Availity 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 Availity 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 Availity 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 Availity 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 Availity portal
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity 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 Availity portal
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity 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 Availity 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 Availity 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 Availity 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 Availity 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 Availity portal
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity portal
G0219	PET IMAG WHOLE BODY; MELANOMA	Imaging & Special Tests	For advanced imaging authorization requests - please submit a request via the Availity 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 Availity 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 Availity 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	
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 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 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 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 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 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 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	
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	
22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION);	OP Hosp/Amb Surgery Center (ASC) Procedures	
22861	REVJ 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	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 SYNVCT	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	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	
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	
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28285	CORRECTION HAMMERTOE	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 PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28299	CORRJ 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/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	
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	
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	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 ADVMNT TARSL 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 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 authorization requests - please submit a request in the portal.
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
32507	THORACOTOMY W/DX WEDGE RESEXN AND ANTOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 authorization requests - please submit a request in the portal.
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 authorization requests - please submit a request in the portal.
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
32674	THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the portal.
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 authorization requests - please submit a request in the 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the portal.
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the portal.
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the portal.
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the portal.
33619	RPR 1 VNTRC W/O/F OBSTRCJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 authorization requests - please submit a request in the portal.
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the portal.
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
35111	DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.

35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the 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 authorization requests - please submit a request in the 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35535	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35536	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35538	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35539	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35540	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35558	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35560	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35563	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35565	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the 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 authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the 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 authorization requests - please submit a request in the portal.
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.

35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35636	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the portal.
36140	INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
37254	RVSCLRZTN, ENDVSCLR, OPN OR PRCTNS, ILC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, IINCLDNG ALL MNVRS NCSSRY AACCSSNG 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 authorization requests - please submit a request in the portal.

37256	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the portal.
37258	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the portal.
37260	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37263	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the portal.
37265	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37267	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the portal.
37269	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37271	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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;	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37273	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.

37275	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the portal.
37277	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37280	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the portal.
37282	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the portal.
37284	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the portal.
37286	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37288	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the portal.
37290	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37292	STENT PLACEMENT IN ARTERY IN LOWER LEG W/ REMOVAL OF PLAQUE, STRAIGHTFORWARD LESION IN INITIAL VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37294	STENT PLACEMENT IN ARTERY IN LOWER LEG W/ REMOVAL OF PLAQUE, COMPLEX LESION IN INITIAL VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37296	STENT PLACEMENT IN ARTERY IN LOWER ANKLE, STRAIGHTFORWARD LESION IN INITIAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37298	STENT PLACEMENT IN ARTERY IN LOWER ANKLE, COMPLEX LESION IN INITIAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the portal.
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the 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	
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 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 INFLTBL 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.
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 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	
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	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	
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	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61867	STRTCTC 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, PRCTNS, 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, PRCTNS, 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	
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 FORAMTOMY 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 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 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 authorization requests - please submit a request in the portal.
76989	DX INTRAOP EPCAR US CHD I&R	OP Hosp/Amb Surgery Center (ASC) procedures	Send to Evolent for Adults. For Pediatric 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 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 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 authorization requests - please submit a request in the portal.
92930	INSERTION OF TWO STENTS FOR TWO OR MORE LESIONS IN TWO OR MORE CORONARY SEGMENTS OR, WITH BALLOON DILATION OF CORONARY ARTERY AND/OR ITS BRANCH(ES) OR A BIFURCATION LESION REQUIRING BALLOON DILATION AND/OR STENING IN THE MAIN ARTERY AND SIDE BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the portal.
93612	INTRAVENTRICULAR PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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	
J7330	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	
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 NRVTG SI 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 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	
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 ACTVITY 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 PREFAB	Prosthetics & Orthotics	
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	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	
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	
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 SUPRACONDYLR 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	
L2221	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANKLE SYSTEM, MICROPROCESSOR-CONTROLLED FEATURE PLANTAR FLEXION AND/OR DORSIFLEXION, INCLUDES POWER SOURCE.	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	
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	
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-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	
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 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 DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	
L6205	ELB DISARTC 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	
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	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 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	
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/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 CONTOL 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 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	
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	
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	
C9309	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	Transplants/Gene Therapy	
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	
J1412	INJECTION VALOCTOCOGENE 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	
J3386	ETUVETIDIGENE AUTOTEMCEL (WASKYRA)	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	
J3405	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	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	
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	
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	
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	

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	

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 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 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).
A8005	POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES MICROPRESSOR, PRESSURE SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FITTED	Durable Medical Equipment (DME)	
A8006	POWERED, CABLE DRIVEN GRIP ASSIST GLOVE, HAND, FINGER, INCLUDES PRESSURE SENSORS, GLOVE REPLACEMENT ONLY	Durable Medical Equipment (DME)	

A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
A9276	SENSOR;INVSV DISPSBLE 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).
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 MATTRSS	Durable Medical Equipment (DME)	
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	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 MATTRSS	Durable Medical Equipment (DME)	
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	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 WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	
E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTTRSS	Durable Medical Equipment (DME)	
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	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 MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS 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 LEVLS NON-INVASV	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)	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-LEVL 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-LEVL 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/CALBRTD 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)	
E0738	UPPER EXTREMITY REHAB SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-EDUCATION, INCLUDES MICROPROCESSOR, ALL COMPONENTS AND ACCESSORIES	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-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 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)	
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	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 02 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 CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER 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 CONTROLLR EA	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 SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	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)	
E2351	PWR WC ACSS ELEC INTERFCE 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)	
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 SLING 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 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 CONTRLTRL 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 CONTRLTRL 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	
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 185DELAG 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	
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 MICRODELTJ 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	
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 (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	
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	
C9818	SUZETRIGINE, ORAL, 1 MG (JOURNAVX)	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	
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	
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, ECULIZUMAB, 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.
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	
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-XIIY, 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	
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 INTRAVITREAK 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	
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-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	
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 (ALTUVIIIO), 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	
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 DERIVITIVE 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 EUFLEXXA 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 DOSE FORM, 3 MG	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	
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, MNCLNL NTBDY 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 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	
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	No PA required for cancer diagnosis
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, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	
Q5121	IJNECTION, 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	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-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	

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	
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	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 PELLET 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	
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	AC5 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	
A2040	MICROLYTE PAINGUARD, PER SQ CM	Hyperbaric/Wound Therapy	
A2041	FOUNDATION DRS+DUO, PER SQ CM	Hyperbaric/Wound Therapy	
A2042	FOUNDATION DRS+SOLO, PER SQ CM	Hyperbaric/Wound Therapy	
A2043	BIOBRANE, PER SQ CM	Hyperbaric/Wound Therapy	
A2044	BIOBRANE GLOVE, EACH	Hyperbaric/Wound Therapy	
A2045	NOVASHIELD OR NOVOGEN WOUND MATRIX, 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	
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	
Q4102	OASIS WOUND MATRIX	Hyperbaric/Wound Therapy	
Q4103	OASIS BURN MATRIX	Hyperbaric/Wound Therapy	
Q4104	INTEGRA BMWD	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 DERMASPAN 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 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	
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-CONNEKT 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	
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	
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	
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	
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 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	
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	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	
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
70471	CT OF BLOOD VESSELS IN THE HEAD AND NECK WITH CONTRAST	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
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 ADMNISTRATION	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
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
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
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 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.
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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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.
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	MYOCRD 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	MYOCRD 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	MYOCRD 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	MYOCRD 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.
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	MYOCRD 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	MYOCRD 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.
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	
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 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 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 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 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 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 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	
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 INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22527	PERQ INTRDSCL 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	
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	
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 SYNVCT	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 KNE 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	
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 MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28285	CORRECTION HAMMERTOE	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 CONDYLC 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 PHLNX 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 SYNDACTYLY 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 ADVMNT TARSL 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	
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	
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 WTH 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
32507	THORACOTOMY W/DX WEDGE RESEXN AND ANTOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
32674	THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the Availity portal.
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the Availity portal.
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the Availity portal.
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the Availity portal.
33619	RPR 1 VNTRC W/O/F OBSTRCJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the Availity portal.
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
34201	EMBLC/THRMBC 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	EMBLC/THRMBC 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	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
34421	THRMBC 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	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 authorization requests - please submit a request in the Availity portal.
34471	THRMBC 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	THRMBC 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 authorization requests - please submit a request in the Availity portal.
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 authorization requests - please submit a request in the Availity portal.
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 authorization requests - please submit a request in the Availity portal.
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 authorization requests - please submit a request in the Availity portal.
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 authorization requests - please submit a request in the Availity portal.
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 authorization requests - please submit a request in the Availity portal.
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity 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 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 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 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 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 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 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 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	RVSCLRZTN, ENDVSCLR, OPN OR PRCTNS, ILC VSCLR TRRTRY, WTH TRNSLMNL ANGPLSTY, IINCLDNG ALL MNVRS NCSSRY AACCSSNG 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 authorization requests - please submit a request in the Availity portal.
37256	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37258	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37260	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37263	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37265	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.

37267	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37269	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37271	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37273	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37275	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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 authorization requests - please submit a request in the Availity portal.
37277	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37280	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the Availity portal.
37282	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the Availity portal.

37284	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the Availity portal.
37286	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37288	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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 authorization requests - please submit a request in the Availity portal.
37290	RVSCLRZTN, ENDVSCLR, PN R PRCTNS, TBL ND PRNL 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; CMPLX LSN, INTL VSSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity portal.
37292	STENT PLACEMENT IN ARTERY IN LOWER LEG W/ REMOVAL OF PLAQUE, STRAIGHTFORWARD LESION IN INITIAL VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37294	STENT PLACEMENT IN ARTERY IN LOWER LEG W/ REMOVAL OF PLAQUE, COMPLEX LESION IN INITIAL VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37296	STENT PLACEMENT IN ARTERY IN LOWER ANKLE, STRAIGHTFORWARD LESION IN INITIAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the portal.
37298	STENT PLACEMENT IN ARTERY IN LOWER ANKLE, COMPLEX LESION IN INITIAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 authorization requests - please submit a request in the Availity portal.
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 authorization requests - please submit a request in the Availity 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 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 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 authorization requests - please submit a request in the Availity portal.
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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 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 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 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 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 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 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 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.
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
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 INFLTBL 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 PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL 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	
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 OVAR	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 MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58546	LAPS MYOMECTOMY 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 OVAR	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 OVAR	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	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61867	STRTCTC 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	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, PRCTNS, WTH 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, WTH 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 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 FORAMTOMY 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	
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 NEUROSTIMLATOR 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 EPCAR 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.
92930	INSERTION OF TWO STENTS FOR TWO OR MORE LESIONS IN TWO OR MORE CORONARY SEGMENTS OR, WITH BALLOON DILATION OF CORONARY ARTERY AND/OR ITS BRANCH(ES) OR A BIFURCATION LESION REQUIRING BALLOON DILATION AND/OR STENING IN THE MAIN ARTERY AND SIDE BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric 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	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 authorization requests - please submit a request in the Availity 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 authorization requests - please submit a request in the Availity 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 authorization requests - please submit a request in the Availity portal.
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Send to Evolent for Adults. For Pediatric authorization requests - please submit a request in the Availity 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.
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 &/PYELOSCPY LITH & VAC ASPIR KDNY COLLCTN 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 ATHEREC T	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	
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	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNEXTN DVCE	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 INDUXIVE 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	
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 INDVDUALS	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 ACTVITY 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 SPECFIED	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	
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
L1860	KNEE ORTHOS MOD SUPRACONDYLR 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	
L2221	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANKLE SYSTEM, MICROPROCESSOR-CONTROLLED FEATURE PLANTAR FLEXION AND/OR DORSIFLEXION, INCLUDES POWER SOURCE.	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	
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	
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 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	
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 DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	
L6205	ELB DISARTC 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	
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	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 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	
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/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 CONTOL 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 MYOELECTRNICALY 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 RADIOELMENT 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.
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	STERETCTC 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/MLTPLE 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.
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	
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 PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Transplants/Gene Therapy	
38209	TRNSP PREP HMATOP 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 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	
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 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	
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	
C9309	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	Transplants/Gene Therapy	

J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	
J1412	INJECTION VALOCTOCOGENE 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	
J3386	ETUVETIDIGENE AUTOTEMCEL (WASKYRA)	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.
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	
J3405	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	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	
S9961	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	UNLISTD 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	
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 TRAING 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 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	
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	
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
T2047	HABILITATION, PREVOCATIONAL, 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

Cancer Codes	Descriptions
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)

C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified

C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus

C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.02	Malignant neoplasm of left main bronchus
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb

C40.22 Malignant neoplasm of long bones of left lower limb
C40.30 Malignant neoplasm of short bones of unspecified lower limb
C40.31 Malignant neoplasm of short bones of right lower limb
C40.32 Malignant neoplasm of short bones of left lower limb
C40.80 Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81 Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82 Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90 Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91 Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92 Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0 Malignant neoplasm of bones of skull and face
C41.1 Malignant neoplasm of mandible
C41.2 Malignant neoplasm of vertebral column
C41.3 Malignant neoplasm of ribs, sternum and clavicle
C41.4 Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9 Malignant neoplasm of bone and articular cartilage, unspecified
C43.0 Malignant melanoma of lip
C43.10 Malignant melanoma of unspecified eyelid, including canthus
C43.111 Malignant melanoma of right upper eyelid, including canthus
C43.112 Malignant melanoma of right lower eyelid, including canthus
C43.121 Malignant melanoma of left upper eyelid, including canthus
C43.122 Malignant melanoma of left lower eyelid, including canthus
C43.20 Malignant melanoma of unspecified ear and external auricular canal
C43.21 Malignant melanoma of right ear and external auricular canal
C43.22 Malignant melanoma of left ear and external auricular canal
C43.30 Malignant melanoma of unspecified part of face
C43.31 Malignant melanoma of nose
C43.39 Malignant melanoma of other parts of face
C43.4 Malignant melanoma of scalp and neck
C43.51 Malignant melanoma of anal skin
C43.52 Malignant melanoma of skin of breast
C43.59 Malignant melanoma of other part of trunk
C43.60 Malignant melanoma of unspecified upper limb, including shoulder
C43.61 Malignant melanoma of right upper limb, including shoulder
C43.62 Malignant melanoma of left upper limb, including shoulder
C43.70 Malignant melanoma of unspecified lower limb, including hip
C43.71 Malignant melanoma of right lower limb, including hip
C43.72 Malignant melanoma of left lower limb, including hip
C43.8 Malignant melanoma of overlapping sites of skin
C43.9 Malignant melanoma of skin, unspecified
C44.00 Unspecified malignant neoplasm of skin of lip
C44.01 Basal cell carcinoma of skin of lip
C44.101 Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus

C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121 Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.131 Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191 Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922 Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991 Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992 Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.02 Squamous cell carcinoma of skin of lip
C44.201 Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202 Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209 Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211 Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212 Basal cell carcinoma of skin of right ear and external auricular canal
C44.219 Basal cell carcinoma of skin of left ear and external auricular canal
C44.221 Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222 Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229 Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292 Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299 Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300 Unspecified malignant neoplasm of skin of unspecified part of face
C44.301 Unspecified malignant neoplasm of skin of nose
C44.309 Unspecified malignant neoplasm of skin of other parts of face
C44.310 Basal cell carcinoma of skin of unspecified parts of face
C44.311 Basal cell carcinoma of skin of nose
C44.319 Basal cell carcinoma of skin of other parts of face
C44.320 Squamous cell carcinoma of skin of unspecified parts of face
C44.321 Squamous cell carcinoma of skin of nose

C44.329 Squamous cell carcinoma of skin of other parts of face
C44.390 Other specified malignant neoplasm of skin of unspecified parts of face
C44.391 Other specified malignant neoplasm of skin of nose
C44.399 Other specified malignant neoplasm of skin of other parts of face
C44.40 Unspecified malignant neoplasm of skin of scalp and neck
C44.41 Basal cell carcinoma of skin of scalp and neck
C44.42 Squamous cell carcinoma of skin of scalp and neck
C44.49 Other specified malignant neoplasm of skin of scalp and neck
C44.500 Unspecified malignant neoplasm of anal skin
C44.501 Unspecified malignant neoplasm of skin of breast
C44.509 Unspecified malignant neoplasm of skin of other part of trunk
C44.510 Basal cell carcinoma of anal skin
C44.511 Basal cell carcinoma of skin of breast
C44.519 Basal cell carcinoma of skin of other part of trunk
C44.520 Squamous cell carcinoma of anal skin
C44.521 Squamous cell carcinoma of skin of breast
C44.529 Squamous cell carcinoma of skin of other part of trunk
C44.590 Other specified malignant neoplasm of anal skin
C44.591 Other specified malignant neoplasm of skin of breast
C44.599 Other specified malignant neoplasm of skin of other part of trunk
C44.601 Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602 Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609 Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611 Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612 Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619 Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621 Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622 Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629 Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691 Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692 Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699 Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701 Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702 Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709 Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711 Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712 Basal cell carcinoma of skin of right lower limb, including hip
C44.719 Basal cell carcinoma of skin of left lower limb, including hip
C44.721 Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722 Squamous cell carcinoma of skin of right lower limb, including hip
C44.729 Squamous cell carcinoma of skin of left lower limb, including hip
C44.791 Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792 Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799 Other specified malignant neoplasm of skin of left lower limb, including hip

C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.09	Other specified malignant neoplasm of skin of lip
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulde
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder

C49.12 Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20 Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21 Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22 Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3 Malignant neoplasm of connective and soft tissue of thorax
C49.4 Malignant neoplasm of connective and soft tissue of abdomen
C49.5 Malignant neoplasm of connective and soft tissue of pelvis
C49.6 Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8 Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9 Malignant neoplasm of connective and soft tissue, unspecified
C49.A0 Gastrointestinal stromal tumor, unspecified site
C49.A1 Gastrointestinal stromal tumor of esophagus
C49.A2 Gastrointestinal stromal tumor of stomach
C49.A3 Gastrointestinal stromal tumor of small intestine
C49.A4 Gastrointestinal stromal tumor of large intestine
C49.A5 Gastrointestinal stromal tumor of rectum
C49.A9 Gastrointestinal stromal tumor of other sites
C4A.0 Merkel cell carcinoma of lip
C4A.10 Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.111 Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112 Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121 Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122 Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20 Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21 Merkel cell carcinoma of right ear and external auricular canal
C4A.22 Merkel cell carcinoma of left ear and external auricular canal
C4A.30 Merkel cell carcinoma of unspecified part of face
C4A.31 Merkel cell carcinoma of nose
C4A.39 Merkel cell carcinoma of other parts of face
C4A.4 Merkel cell carcinoma of scalp and neck
C4A.51 Merkel cell carcinoma of anal skin
C4A.52 Merkel cell carcinoma of skin of breast
C4A.59 Merkel cell carcinoma of other part of trunk
C4A.60 Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61 Merkel cell carcinoma of right upper limb, including shoulder
C4A.62 Merkel cell carcinoma of left upper limb, including shoulder
C4A.70 Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71 Merkel cell carcinoma of right lower limb, including hip
C4A.72 Merkel cell carcinoma of left lower limb, including hip
C4A.8 Merkel cell carcinoma of overlapping sites
C4A.9 Merkel cell carcinoma, unspecified
C50.011 Malignant neoplasm of nipple and areola, right female breast
C50.111 Malignant neoplasm of central portion of right female breast
C50.112 Malignant neoplasm of central portion of left female breast

C50.119 Malignant neoplasm of central portion of unspecified female breast
C50.012 Malignant neoplasm of nipple and areola, left female breast
C50.121 Malignant neoplasm of central portion of right male breast
C50.122 Malignant neoplasm of central portion of left male breast
C50.129 Malignant neoplasm of central portion of unspecified male breast
C50.019 Malignant neoplasm of nipple and areola, unspecified female breast
C50.021 Malignant neoplasm of nipple and areola, right male breast
C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.022 Malignant neoplasm of nipple and areola, left male breast
C50.221 Malignant neoplasm of upper-inner quadrant of right male breast
C50.222 Malignant neoplasm of upper-inner quadrant of left male breast
C50.229 Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.029 Malignant neoplasm of nipple and areola, unspecified male breast
C50.311 Malignant neoplasm of lower-inner quadrant of right female breast
C50.312 Malignant neoplasm of lower-inner quadrant of left female breast
C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321 Malignant neoplasm of lower-inner quadrant of right male breast
C50.322 Malignant neoplasm of lower-inner quadrant of left male breast
C50.329 Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411 Malignant neoplasm of upper-outer quadrant of right female breast
C50.412 Malignant neoplasm of upper-outer quadrant of left female breast
C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421 Malignant neoplasm of upper-outer quadrant of right male breast
C50.422 Malignant neoplasm of upper-outer quadrant of left male breast
C50.429 Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
C50.512 Malignant neoplasm of lower-outer quadrant of left female breast
C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521 Malignant neoplasm of lower-outer quadrant of right male breast
C50.522 Malignant neoplasm of lower-outer quadrant of left male breast
C50.529 Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611 Malignant neoplasm of axillary tail of right female breast
C50.612 Malignant neoplasm of axillary tail of left female breast
C50.619 Malignant neoplasm of axillary tail of unspecified female breast
C50.621 Malignant neoplasm of axillary tail of right male breast
C50.622 Malignant neoplasm of axillary tail of left male breast
C50.629 Malignant neoplasm of axillary tail of unspecified male breast
C50.811 Malignant neoplasm of overlapping sites of right female breast
C50.812 Malignant neoplasm of overlapping sites of left female breast
C50.819 Malignant neoplasm of overlapping sites of unspecified female breast
C50.821 Malignant neoplasm of overlapping sites of right male breast
C50.822 Malignant neoplasm of overlapping sites of left male breast

C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Z85.3	Personal history of malignant neoplasm of breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.02	Malignant neoplasm of left fallopian tube
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta

C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.02	Malignant neoplasm of undescended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.02	Malignant neoplasm of left epididymis
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified

C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.02	Malignant neoplasm of left conjunctiva
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified

C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck

C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.02	Secondary malignant neoplasm of left lung
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site

C7A.00 Malignant carcinoid tumor of unspecified site
C7A.1 Malignant poorly differentiated neuroendocrine tumors
C7A.010 Malignant carcinoid tumor of the duodenum
C7A.011 Malignant carcinoid tumor of the jejunum
C7A.012 Malignant carcinoid tumor of the ileum
C7A.019 Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020 Malignant carcinoid tumor of the appendix
C7A.021 Malignant carcinoid tumor of the cecum
C7A.022 Malignant carcinoid tumor of the ascending colon
C7A.023 Malignant carcinoid tumor of the transverse colon
C7A.024 Malignant carcinoid tumor of the descending colon
C7A.025 Malignant carcinoid tumor of the sigmoid colon
C7A.026 Malignant carcinoid tumor of the rectum
C7A.029 Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.8 Other malignant neuroendocrine tumors
C7A.090 Malignant carcinoid tumor of the bronchus and lung
C7A.091 Malignant carcinoid tumor of the thymus
C7A.092 Malignant carcinoid tumor of the stomach
C7A.093 Malignant carcinoid tumor of the kidney
C7A.094 Malignant carcinoid tumor of the foregut, unspecified
C7A.095 Malignant carcinoid tumor of the midgut, unspecified
C7A.096 Malignant carcinoid tumor of the hindgut, unspecified
C7A.098 Malignant carcinoid tumors of other sites
C7B.00 Secondary carcinoid tumors, unspecified site
C7B.01 Secondary carcinoid tumors of distant lymph nodes
C7B.1 Secondary Merkel cell carcinoma
C7B.02 Secondary carcinoid tumors of liver
C7B.03 Secondary carcinoid tumors of bone
C7B.04 Secondary carcinoid tumors of peritoneum
C7B.8 Other secondary neuroendocrine tumors
C7B.09 Secondary carcinoid tumors of other sites
C80.0 Disseminated malignant neoplasm, unspecified
C80.1 Malignant (primary) neoplasm, unspecified
C80.2 Malignant neoplasm associated with transplanted organ
C81.00 Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.10 Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11 Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12 Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13 Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14 Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15 Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16 Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17 Nodular sclerosis Hodgkin lymphoma, spleen

C81.18 Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19 Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.02 Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.20 Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21 Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22 Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23 Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24 Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25 Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26 Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27 Mixed cellularity Hodgkin lymphoma, spleen
C81.28 Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29 Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.03 Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.30 Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32 Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33 Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36 Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37 Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38 Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39 Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.04 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.40 Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42 Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43 Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46 Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47 Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48 Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49 Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.05 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and low
C81.06 Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07 Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.70 Other Hodgkin lymphoma, unspecified site
C81.71 Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72 Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73 Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74 Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75 Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb

C81.76 Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77 Other Hodgkin lymphoma, spleen
C81.78 Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79 Other Hodgkin lymphoma, extranodal and solid organ sites
C81.08 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09 Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.90 Hodgkin lymphoma, unspecified, unspecified site
C81.91 Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92 Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93 Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94 Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95 Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96 Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97 Hodgkin lymphoma, unspecified, spleen
C81.98 Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99 Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00 Follicular lymphoma grade I, unspecified site
C82.01 Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.10 Follicular lymphoma grade II, unspecified site
C82.11 Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12 Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13 Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14 Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15 Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16 Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17 Follicular lymphoma grade II, spleen
C82.18 Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19 Follicular lymphoma grade II, extranodal and solid organ sites
C82.02 Follicular lymphoma grade I, intrathoracic lymph nodes
C82.20 Follicular lymphoma grade III, unspecified, unspecified site
C82.21 Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22 Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23 Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24 Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25 Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26 Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27 Follicular lymphoma grade III, unspecified, spleen
C82.28 Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29 Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.03 Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.30 Follicular lymphoma grade IIIa, unspecified site
C82.31 Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32 Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33 Follicular lymphoma grade IIIa, intra-abdominal lymph nodes

C82.34 Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35 Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36 Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37 Follicular lymphoma grade IIIa, spleen
C82.38 Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39 Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.04 Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.40 Follicular lymphoma grade IIIb, unspecified site
C82.41 Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42 Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43 Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44 Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45 Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46 Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47 Follicular lymphoma grade IIIb, spleen
C82.48 Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49 Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.05 Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.50 Diffuse follicle center lymphoma, unspecified site
C82.51 Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52 Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53 Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54 Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55 Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56 Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57 Diffuse follicle center lymphoma, spleen
C82.58 Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59 Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.06 Follicular lymphoma grade I, intrapelvic lymph nodes
C82.60 Cutaneous follicle center lymphoma, unspecified site
C82.61 Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62 Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63 Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64 Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65 Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66 Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67 Cutaneous follicle center lymphoma, spleen
C82.68 Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69 Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.07 Follicular lymphoma grade I, spleen
C82.08 Follicular lymphoma grade I, lymph nodes of multiple sites
C82.80 Other types of follicular lymphoma, unspecified site
C82.81 Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82 Other types of follicular lymphoma, intrathoracic lymph nodes

C82.83 Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84 Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85 Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86 Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87 Other types of follicular lymphoma, spleen
C82.88 Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89 Other types of follicular lymphoma, extranodal and solid organ sites
C82.09 Follicular lymphoma grade I, extranodal and solid organ sites
C82.90 Follicular lymphoma, unspecified, unspecified site
C82.91 Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92 Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93 Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94 Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95 Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96 Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97 Follicular lymphoma, unspecified, spleen
C82.98 Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99 Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00 Small cell B-cell lymphoma, unspecified site
C83.01 Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.10 Mantle cell lymphoma, unspecified site
C83.11 Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12 Mantle cell lymphoma, intrathoracic lymph nodes
C83.13 Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14 Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15 Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16 Mantle cell lymphoma, intrapelvic lymph nodes
C83.17 Mantle cell lymphoma, spleen
C83.18 Mantle cell lymphoma, lymph nodes of multiple sites
C83.19 Mantle cell lymphoma, extranodal and solid organ sites
C83.02 Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03 Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.30 Diffuse large B-cell lymphoma, unspecified site
C83.31 Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32 Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33 Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34 Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35 Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36 Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37 Diffuse large B-cell lymphoma, spleen
C83.38 Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.04 Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05 Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.50 Lymphoblastic (diffuse) lymphoma, unspecified site

C83.51 Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52 Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53 Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54 Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55 Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56 Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57 Lymphoblastic (diffuse) lymphoma, spleen
C83.58 Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59 Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.06 Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07 Small cell B-cell lymphoma, spleen
C83.70 Burkitt lymphoma, unspecified site
C83.71 Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72 Burkitt lymphoma, intrathoracic lymph nodes
C83.73 Burkitt lymphoma, intra-abdominal lymph nodes
C83.74 Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75 Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76 Burkitt lymphoma, intrapelvic lymph nodes
C83.77 Burkitt lymphoma, spleen
C83.78 Burkitt lymphoma, lymph nodes of multiple sites
C83.79 Burkitt lymphoma, extranodal and solid organ sites
C83.08 Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.80 Other non-follicular lymphoma, unspecified site
C83.81 Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82 Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83 Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84 Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85 Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86 Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87 Other non-follicular lymphoma, spleen
C83.88 Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89 Other non-follicular lymphoma, extranodal and solid organ sites
C83.09 Small cell B-cell lymphoma, extranodal and solid organ sites
C83.90 Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92 Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93 Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96 Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97 Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99 Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00 Mycosis fungoides, unspecified site

C84.01 Mycosis fungoides, lymph nodes of head, face, and neck
C84.10 Sezary disease, unspecified site
C84.11 Sezary disease, lymph nodes of head, face, and neck
C84.12 Sezary disease, intrathoracic lymph nodes
C84.13 Sezary disease, intra-abdominal lymph nodes
C84.14 Sezary disease, lymph nodes of axilla and upper limb
C84.15 Sezary disease, lymph nodes of inguinal region and lower limb
C84.16 Sezary disease, intrapelvic lymph nodes
C84.17 Sezary disease, spleen
C84.18 Sezary disease, lymph nodes of multiple sites
C84.19 Sezary disease, extranodal and solid organ sites
C84.02 Mycosis fungoides, intrathoracic lymph nodes
C84.03 Mycosis fungoides, intra-abdominal lymph nodes
C84.04 Mycosis fungoides, lymph nodes of axilla and upper limb

C84.40 Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
C84.41 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
C84.42 Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43 Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb

C84.46 Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47 Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49 Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C84.05 Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06 Mycosis fungoides, intrapelvic lymph nodes
C84.60 Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62 Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63 Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66 Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67 Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68 Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites

C84.69 Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.07 Mycosis fungoides, spleen
C84.70 Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72 Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73 Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76 Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77 Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78 Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79 Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A Anaplastic large cell lymphoma, ALK-negative, breast
C84.08 Mycosis fungoides, lymph nodes of multiple sites
C84.09 Mycosis fungoides, extranodal and solid organ sites
C84.90 Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91 Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92 Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93 Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94 Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95 Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96 Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97 Mature T/NK-cell lymphomas, unspecified, spleen
C84.98 Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99 Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0 Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1 Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2 Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3 Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4 Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5 Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6 Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7 Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8 Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9 Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0 Other mature T/NK-cell lymphomas, unspecified site
C84.Z1 Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2 Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3 Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4 Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5 Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6 Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7 Other mature T/NK-cell lymphomas, spleen
C84.Z8 Other mature T/NK-cell lymphomas, lymph nodes of multiple sites

C84.Z9 Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10 Unspecified B-cell lymphoma, unspecified site
C85.11 Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12 Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13 Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14 Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15 Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16 Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17 Unspecified B-cell lymphoma, spleen
C85.18 Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19 Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20 Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22 Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23 Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26 Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27 Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28 Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29 Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80 Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81 Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82 Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83 Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84 Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85 Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower lim
C85.86 Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87 Other specified types of non-Hodgkin lymphoma, spleen
C85.88 Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89 Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90 Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91 Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92 Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93 Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94 Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95 Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96 Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97 Non-Hodgkin lymphoma, unspecified, spleen
C85.98 Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99 Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C90.00 Multiple myeloma not having achieved remission
C90.01 Multiple myeloma in remission
C90.10 Plasma cell leukemia not having achieved remission

C90.11 Plasma cell leukemia in remission
C90.12 Plasma cell leukemia in relapse
C90.02 Multiple myeloma in relapse
C90.20 Extramedullary plasmacytoma not having achieved remission
C90.21 Extramedullary plasmacytoma in remission
C90.22 Extramedullary plasmacytoma in relapse
C90.30 Solitary plasmacytoma not having achieved remission
C90.31 Solitary plasmacytoma in remission
C90.32 Solitary plasmacytoma in relapse
C91.00 Acute lymphoblastic leukemia not having achieved remission
C91.01 Acute lymphoblastic leukemia, in remission
C91.10 Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11 Chronic lymphocytic leukemia of B-cell type in remission
C91.12 Chronic lymphocytic leukemia of B-cell type in relapse
C91.02 Acute lymphoblastic leukemia, in relapse
C91.30 Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31 Prolymphocytic leukemia of B-cell type, in remission
C91.32 Prolymphocytic leukemia of B-cell type, in relapse
C91.40 Hairy cell leukemia not having achieved remission
C91.41 Hairy cell leukemia, in remission
C91.42 Hairy cell leukemia, in relapse
C91.50 Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51 Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52 Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60 Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61 Prolymphocytic leukemia of T-cell type, in remission
C91.62 Prolymphocytic leukemia of T-cell type, in relapse
C91.90 Lymphoid leukemia, unspecified not having achieved remission
C91.91 Lymphoid leukemia, unspecified, in remission
C91.92 Lymphoid leukemia, unspecified, in relapse
C91.A0 Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1 Mature B-cell leukemia Burkitt-type, in remission
C91.A2 Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0 Other lymphoid leukemia not having achieved remission
C91.Z1 Other lymphoid leukemia, in remission
C91.Z2 Other lymphoid leukemia, in relapse
C92.00 Acute myeloblastic leukemia, not having achieved remission
C92.01 Acute myeloblastic leukemia, in remission
C92.10 Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11 Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12 Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.02 Acute myeloblastic leukemia, in relapse
C92.20 Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21 Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission

C92.22 Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30 Myeloid sarcoma, not having achieved remission
C92.31 Myeloid sarcoma, in remission
C92.32 Myeloid sarcoma, in relapse
C92.40 Acute promyelocytic leukemia, not having achieved remission
C92.41 Acute promyelocytic leukemia, in remission
C92.42 Acute promyelocytic leukemia, in relapse
C92.50 Acute myelomonocytic leukemia, not having achieved remission
C92.51 Acute myelomonocytic leukemia, in remission
C92.52 Acute myelomonocytic leukemia, in relapse
C92.60 Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61 Acute myeloid leukemia with 11q23-abnormality in remission
C92.62 Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90 Myeloid leukemia, unspecified, not having achieved remission
C92.91 Myeloid leukemia, unspecified in remission
C92.92 Myeloid leukemia, unspecified in relapse
C92.A0 Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1 Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2 Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0 Other myeloid leukemia not having achieved remission
C92.Z1 Other myeloid leukemia, in remission
C92.Z2 Other myeloid leukemia, in relapse
C93.00 Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01 Acute monoblastic/monocytic leukemia, in remission
C93.10 Chronic myelomonocytic leukemia not having achieved remission
C93.11 Chronic myelomonocytic leukemia, in remission
C93.12 Chronic myelomonocytic leukemia, in relapse
C93.02 Acute monoblastic/monocytic leukemia, in relapse
C93.30 Juvenile myelomonocytic leukemia, not having achieved remission
C93.31 Juvenile myelomonocytic leukemia, in remission
C93.32 Juvenile myelomonocytic leukemia, in relapse
C93.90 Monocytic leukemia, unspecified, not having achieved remission
C93.91 Monocytic leukemia, unspecified in remission
C93.92 Monocytic leukemia, unspecified in relapse
C93.Z0 Other monocytic leukemia, not having achieved remission
C93.Z1 Other monocytic leukemia, in remission
C93.Z2 Other monocytic leukemia, in relapse
C94.00 Acute erythroid leukemia, not having achieved remission
C94.01 Acute erythroid leukemia, in remission
C94.02 Acute erythroid leukemia, in relapse
C94.20 Acute megakaryoblastic leukemia not having achieved remission
C94.21 Acute megakaryoblastic leukemia, in remission
C94.22 Acute megakaryoblastic leukemia, in relapse
C94.30 Mast cell leukemia not having achieved remission

C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not elsewhere classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.1	Carcinoma in situ of esophagus
D00.02	Carcinoma in situ of buccal mucosa
D00.2	Carcinoma in situ of stomach
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal

D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D04.0	Carcinoma in situ of skin of lip
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal

D04.30	Carcinoma in situ of skin of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.02	Lobular carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.5	Carcinoma in situ of prostate
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09.0	Carcinoma in situ of bladder
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.20	Carcinoma in situ of unspecified eye
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye

D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission
C81.1A	Nodular sclerosis Hodgkin lymphoma, in remission
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission
C81.7A	Other Hodgkin lymphoma, in remission
C81.9A	Hodgkin lymphoma, unspecified, in remission
C82.0A	Follicular lymphoma grade I, in remission
C82.1A	Follicular lymphoma grade II, in remission
C82.2A	Follicular lymphoma grade III, unspecified, in remission
C82.3A	Follicular lymphoma grade IIIa, in remission
C82.4A	Follicular lymphoma grade IIIb, in remission
C82.5A	Diffuse follicle center lymphoma, in remission
C82.6A	Cutaneous follicle center lymphoma, in remission
C82.8A	Other types of follicular lymphoma, in remission
C82.9A	Follicular lymphoma, unspecified, in remission
C83.0A	Small cell B-cell lymphoma, in remission
C83.1A	Mantle cell lymphoma, in remission
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A	Diffuse large B-cell lymphoma, in remission
C83.5A	Lymphoblastic (diffuse) lymphoma, in remission
C83.7A	Burkitt lymphoma, in remission
C83.8A	Other non-follicular lymphoma, in remission
C83.9A	Non-follicular (diffuse) lymphoma, unspecified, in remission
C84.0A	Mycosis fungoides, in remission
C84.1A	Sezary disease, in remission
C84.4A	Peripheral T-cell lymphoma, not elsewhere classified, in remission
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission
C84.9A	Mature T/NK-cell lymphomas, unspecified, in remission
C84.AA	Cutaneous T-cell lymphoma, unspecified, in remission
C84.ZA	Other mature T/NK-cell lymphomas, in remission
C85.1A	Unspecified B-cell lymphoma, in remission
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission
C85.9A	Non-Hodgkin lymphoma, unspecified, in remission
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission
C86.01	Extranodal NK/T-cell lymphoma, nasal type, in remission
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.11	Hepatosplenic T-cell lymphoma, in remission

C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.21	Enteropathy-type (intestinal) T-cell lymphoma, in remission
C86.30	Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission
C86.31	Subcutaneous panniculitis-like T-cell lymphoma, in remission
C86.40	Blastic NK-cell lymphoma not having achieved remission
C86.41	Blastic NK-cell lymphoma, in remission
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission
C86.51	Angioimmunoblastic T-cell lymphoma, in remission
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
C86.61	Primary cutaneous CD30-positive T-cell proliferations, in remission
C88.00	Waldenstrom macroglobulinemia not having achieved remission
C88.01	Waldenstrom macroglobulinemia, in remission
C88.20	Heavy chain disease not having achieved remission
C88.21	Heavy chain disease, in remission
C88.30	Immunoproliferative small intestinal disease not having achieved remission
C88.31	Immunoproliferative small intestinal disease, in remission
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymp
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymp
C88.80	Other malignant immunoproliferative diseases not having achieved remission
C88.81	Other malignant immunoproliferative diseases, in remission
C88.90	Malignant immunoproliferative disease, unspecified not having achieved remission
C88.91	Malignant immunoproliferative disease, unspecified, in remission
E34.00	Carcinoid syndrome, unspecified
E34.01	Carcinoid heart syndrome
E34.09	Other carcinoid syndrome

Breast Cancer

Dx Codes	Descriptions
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast

C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
Z85.3	Personal history of malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.02	Lobular carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast

phoma] not having achieved remission
phoma], in remission

Intraocular
Injection Codes
B39.4
B39.5
B39.9
E08.311
E08.319
E08.3211
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E08.3551
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H21.1X2
H21.1X3
H21.1X9
H32
H34.8110
H34.8111
H34.8112
H34.8120
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H35.82
H36.811

H36.812
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H36.829
H36.89
H40.50X0
H40.50X1
H40.50X2
H40.50X3
H40.50X4
H40.51X0
H40.51X1
H40.51X2
H40.51X3
H40.51X4
H40.52X0
H40.52X1
H40.52X2
H40.52X3
H40.52X4
H40.53X0
H40.53X1
H40.53X2
H40.53X3
H40.53X4
H40.841
H40.842
H40.843
H40.849
H40.89
H44.20
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H44.2A3
H44.2B3
H44.2D3
H44.2E3
H44.2A1
H44.2A2
H44.2A9

H44.2B1
H44.2B2
H44.2B9
H44.2D1
H44.2D2
H44.2D9
H44.2E1
H44.2E2
H44.2E9

Descriptions

Histoplasmosis capsulati, unspecified
Histoplasmosis duboisii
Histoplasmosis, unspecified
Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, ri
Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, lef
Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bi
Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, un
Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema,
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema,
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified
Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right ey
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspeci
Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, righ
Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left
Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilat
Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, uns
Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema

Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, ri
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, lef
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, b
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, un
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema,
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema,
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema,
Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema,
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified ey
Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecifi
Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye

Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified ey
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema

Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified ey
Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecifi
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspeci
Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
Other vascular disorders of iris and ciliary body, right eye
Other vascular disorders of iris and ciliary body, left eye
Other vascular disorders of iris and ciliary body, bilateral
Other vascular disorders of iris and ciliary body, unspecified eye
Chorioretinal disorders in diseases classified elsewhere
Central retinal vein occlusion, right eye, with macular edema
Central retinal vein occlusion, right eye, with retinal neovascularization
Central retinal vein occlusion, right eye, stable
Central retinal vein occlusion, left eye, with macular edema
Central retinal vein occlusion, left eye, with retinal neovascularization
Central retinal vein occlusion, left eye, stable
Central retinal vein occlusion, bilateral, with macular edema
Central retinal vein occlusion, bilateral, with retinal neovascularization
Central retinal vein occlusion, bilateral, stable
Central retinal vein occlusion, unspecified eye, with macular edema
Central retinal vein occlusion, unspecified eye, with retinal neovascularization

Central retinal vein occlusion, unspecified eye, stable
Venous engorgement, right eye
Venous engorgement, left eye
Venous engorgement, bilateral
Venous engorgement, unspecified eye
Tributary (branch) retinal vein occlusion, right eye, with macular edema
Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
Tributary (branch) retinal vein occlusion, right eye, stable
Tributary (branch) retinal vein occlusion, left eye, with macular edema
Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
Tributary (branch) retinal vein occlusion, left eye, stable
Tributary (branch) retinal vein occlusion, bilateral, with macular edema
Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
Tributary (branch) retinal vein occlusion, bilateral, stable
Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization
Tributary (branch) retinal vein occlusion, unspecified eye, stable
Unspecified retinal vascular occlusion
Unspecified background retinopathy
Changes in retinal vascular appearance, right eye
Changes in retinal vascular appearance, left eye
Changes in retinal vascular appearance, bilateral
Changes in retinal vascular appearance, unspecified eye
Exudative retinopathy, right eye
Exudative retinopathy, left eye
Exudative retinopathy, bilateral
Exudative retinopathy, unspecified eye
Hypertensive retinopathy, right eye
Hypertensive retinopathy, left eye
Hypertensive retinopathy, bilateral
Hypertensive retinopathy, unspecified eye
Retinal micro-aneurysms, unspecified, right eye
Retinal micro-aneurysms, unspecified, left eye
Retinal micro-aneurysms, unspecified, bilateral
Retinal micro-aneurysms, unspecified, unspecified eye
Retinal neovascularization, unspecified, right eye
Retinal neovascularization, unspecified, left eye
Retinal neovascularization, unspecified, bilateral
Retinal neovascularization, unspecified, unspecified eye
Retinal vasculitis, right eye
Retinal vasculitis, left eye
Retinal vasculitis, bilateral
Retinal vasculitis, unspecified eye
Retinal telangiectasis, right eye

Retinal telangiectasis, left eye
Retinal telangiectasis, bilateral
Retinal telangiectasis, unspecified eye
Other intraretinal microvascular abnormalities
Retinopathy of prematurity, stage 3, right eye
Retinopathy of prematurity, stage 3, left eye
Retinopathy of prematurity, stage 3, bilateral
Retinopathy of prematurity, stage 3, unspecified eye
Retinopathy of prematurity, stage 4, right eye
Retinopathy of prematurity, stage 4, left eye
Retinopathy of prematurity, stage 4, bilateral
Retinopathy of prematurity, stage 4, unspecified eye
Retinopathy of prematurity, stage 5, right eye
Retinopathy of prematurity, stage 5, left eye
Retinopathy of prematurity, stage 5, bilateral
Retinopathy of prematurity, stage 5, unspecified eye
Other non-diabetic proliferative retinopathy, unspecified eye
Other non-diabetic proliferative retinopathy, right eye
Other non-diabetic proliferative retinopathy, left eye
Other non-diabetic proliferative retinopathy, bilateral
Exudative age-related macular degeneration, right eye, stage unspecified
Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
Exudative age-related macular degeneration, right eye, with inactive scar
Exudative age-related macular degeneration, left eye, stage unspecified
Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
Exudative age-related macular degeneration, left eye, with inactive scar
Exudative age-related macular degeneration, bilateral, stage unspecified
Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
Exudative age-related macular degeneration, bilateral, with inactive scar
Exudative age-related macular degeneration, unspecified eye, stage unspecified
Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
Exudative age-related macular degeneration, unspecified eye, with inactive scar
Angioid streaks of macula
Cystoid macular degeneration, right eye
Cystoid macular degeneration, left eye
Cystoid macular degeneration, bilateral
Cystoid macular degeneration, unspecified eye
Retinal edema
Retinal ischemia
Nonproliferative sickle-cell retinopathy, right eye

Nonproliferative sickle-cell retinopathy, left eye
Nonproliferative sickle-cell retinopathy, bilateral
Nonproliferative sickle-cell retinopathy, unspecified eye
Proliferative sickle-cell retinopathy, right eye
Proliferative sickle-cell retinopathy, left eye
Proliferative sickle-cell retinopathy, bilateral
Proliferative sickle-cell retinopathy, unspecified eye
Other retinal disorders in diseases classified elsewhere
Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified
Glaucoma secondary to other eye disorders, unspecified eye, mild stage
Glaucoma secondary to other eye disorders, unspecified eye, moderate stage
Glaucoma secondary to other eye disorders, unspecified eye, severe stage
Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage
Glaucoma secondary to other eye disorders, right eye, stage unspecified
Glaucoma secondary to other eye disorders, right eye, mild stage
Glaucoma secondary to other eye disorders, right eye, moderate stage
Glaucoma secondary to other eye disorders, right eye, severe stage
Glaucoma secondary to other eye disorders, right eye, indeterminate stage
Glaucoma secondary to other eye disorders, left eye, stage unspecified
Glaucoma secondary to other eye disorders, left eye, mild stage
Glaucoma secondary to other eye disorders, left eye, moderate stage
Glaucoma secondary to other eye disorders, left eye, severe stage
Glaucoma secondary to other eye disorders, left eye, indeterminate stage
Glaucoma secondary to other eye disorders, bilateral, stage unspecified
Glaucoma secondary to other eye disorders, bilateral, mild stage
Glaucoma secondary to other eye disorders, bilateral, moderate stage
Glaucoma secondary to other eye disorders, bilateral, severe stage
Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
Neovascular secondary angle closure glaucoma, right eye
Neovascular secondary angle closure glaucoma, left eye
Neovascular secondary angle closure glaucoma, bilateral
Neovascular secondary angle closure glaucoma, unspecified eye
Other specified glaucoma
Degenerative myopia, unspecified eye
Degenerative myopia, right eye
Degenerative myopia, left eye
Degenerative myopia, bilateral
Degenerative myopia with choroidal neovascularization, bilateral
Degenerative myopia with macular hole, bilateral
Degenerative myopia with foveoschisis, bilateral
Degenerative myopia with other maculopathy, bilateral
Degenerative myopia with choroidal neovascularization, right eye
Degenerative myopia with choroidal neovascularization, left eye
Degenerative myopia with choroidal neovascularization, unspecified eye

Degenerative myopia with macular hole, right eye
Degenerative myopia with macular hole, left eye
Degenerative myopia with macular hole, unspecified eye
Degenerative myopia with foveoschisis, right eye
Degenerative myopia with foveoschisis, left eye
Degenerative myopia with foveoschisis, unspecified eye
Degenerative myopia with other maculopathy, right eye
Degenerative myopia with other maculopathy, left eye
Degenerative myopia with other maculopathy, unspecified eye

	Insulin Dependent and Gestational Diabetes Codes
	E10.10
	E10.11
	E10.21
	E10.22
	E10.29
right eye	E10.311
eft eye	E10.319
bilateral	E10.3211
unspecified eye	E10.3212
ema, right eye	E10.3213
ema, left eye	E10.3219
ema, bilateral	E10.3291
ema, unspecified eye	E10.3292
a, right eye	E10.3293
a, left eye	E10.3299
a, bilateral	E10.3311
a, unspecified eye	E10.3312
ema, right eye	E10.3313
ema, left eye	E10.3319
ema, bilateral	E103391
ema, unspecified eye	E10.3392
	E10.3393
	E10.3399
	E10.3411
ed eye	E10.3412
	E10.3413
	E10.3419
	E10.3491
	E10.3492
eye	E10.3493
e	E10.3499
ral	E10.3511
ecified eye	E10.3512
	E10.3513
	E10.3519
ht eye	E10.3521
t eye	E10.3522
ateral	E10.3523
nspecified eye	E10.3529
ma, right eye	E10.3531
ma, left eye	E10.3532

ma, bilateral	E10.3533
ma, unspecified eye	E10.3539
right eye	E10.3541
left eye	E10.3542
bilateral	E10.3543
unspecified eye	E10.3549
ma, right eye	E10.3551
ma, left eye	E10.3552
ma, bilateral	E10.3553
ma, unspecified eye	E10.3559
	E10.3591
	E10.3592
	E10.3593
d eye	E10.3599
	E10.36
	E10.37X1
	E10.37X2
	E10.37X3
e	E10.37X9
	E10.39
	E10.40
ified eye	E10.41
	E10.42
	E10.43
	E10.44
	E10.49
	E10.51
	E10.52
	E10.59
	E10.610
	E10.618
	E10.620
	E10.621
	E10.622
	E10.628
	E10.630
	E10.638
	E10.641
	E10.649
	E10.65
	E10.69
	E10.8
	E10.9
	E10.A0

	E10.A1
	E10.A2
	E11.00
	E11.01
	E11.21
	E11.22
	E11.29
	E11.311
	E11.319
	E11.3211
	E11.3212
	E11.3213
	E11.3219
	E11.3291
	E11.3292
	E11.3293
	E11.3299
	E11.3311
	E11.3312
	E11.3313
	E11.3319
eye	E11.3391
	E11.3392
	E11.3393
	E11.3399
	E11.3411
	E11.3412
	E11.3413
	E11.3419
	E11.3491
	E11.3492
	E11.3493
	E11.3499
	E11.3511
	E11.3512
	E11.3513
	E11.3519
	E11.3521
	E11.3522
	E11.3523
	E11.3529
	E11.3531
	E11.3532
	E11.3533

	E11.3539
	E11.3541
	E11.3542
eye	E11.3543
e	E11.3549
	E11.3551
al	E11.3552
ified eye	E11.3553
	E11.3559
	E11.3591
	E11.3592
d eye	E11.3593
e	E11.3599
	E11.36
al	E11.37X1
cified eye	E11.37X2
	E11.37X3
	E11.37X9
	E11.39
	E11.40
	E11.41
	E11.42
	E11.43
	E11.44
	E11.49
	E11.610
	E11.618
	E11.620
	E11.621
	E11.622
	E11.628
	E11.630
	E11.638
	E11.641
	E11.649
	E11.65
	E11.69
	O24.011
	O24.012
	O24.013
	O24.019
	O24.02
	O24.03
	O24.111

O24.112
O24.113
O24.119
O24.12
O24.13
O24.311
O24.312
O24.313
O24.319
O24.32
O24.33
O24.410
O24.414
O24.415
O24.419
O24.420
O24.424
O24.425
O24.429
O24.430
O24.434
O24.435
O24.439
O24.811
O24.812
O24.813
O24.819
O24.82
O24.83
O24.911
O24.912
O24.913
O24.919
O24.92
O24.93
Z79.4

Descriptions

Type 1 diabetes mellitus with ketoacidosis without coma
Type 1 diabetes mellitus with ketoacidosis with coma
Type 1 diabetes mellitus with diabetic nephropathy
Type 1 diabetes mellitus with diabetic chronic kidney disease
Type 1 diabetes mellitus with other diabetic kidney complication
Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, r
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, l
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, b
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, u
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu

Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
Type 1 diabetes mellitus with diabetic cataract
Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
Type 1 diabetes mellitus with other diabetic ophthalmic complication
Type 1 diabetes mellitus with diabetic neuropathy, unspecified
Type 1 diabetes mellitus with diabetic mononeuropathy
Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
Type 1 diabetes mellitus with diabetic amyotrophy
Type 1 diabetes mellitus with other diabetic neurological complication
Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
Type 1 diabetes mellitus with other circulatory complications
Type 1 diabetes mellitus with diabetic neuropathic arthropathy
Type 1 diabetes mellitus with other diabetic arthropathy
Type 1 diabetes mellitus with diabetic dermatitis
Type 1 diabetes mellitus with foot ulcer
Type 1 diabetes mellitus with other skin ulcer
Type 1 diabetes mellitus with other skin complications
Type 1 diabetes mellitus with periodontal disease
Type 1 diabetes mellitus with other oral complications
Type 1 diabetes mellitus with hypoglycemia with coma
Type 1 diabetes mellitus with hypoglycemia without coma
Type 1 diabetes mellitus with hyperglycemia
Type 1 diabetes mellitus with other specified complication
Type 1 diabetes mellitus with unspecified complications
Type 1 diabetes mellitus without complications
Type 1 diabetes mellitus, presymptomatic, unspecified

Type 1 diabetes mellitus, presymptomatic, Stage 1
Type 1 diabetes mellitus, presymptomatic, Stage 2
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
Type 2 diabetes mellitus with hyperosmolarity with coma
Type 2 diabetes mellitus with diabetic nephropathy
Type 2 diabetes mellitus with diabetic chronic kidney disease
Type 2 diabetes mellitus with other diabetic kidney complication
Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, r
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, l
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, b
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, u
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu

Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macu
Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegma
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
Type 2 diabetes mellitus with diabetic cataract
Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
Type 2 diabetes mellitus with other diabetic ophthalmic complication
Type 2 diabetes mellitus with diabetic neuropathy, unspecified
Type 2 diabetes mellitus with diabetic mononeuropathy
Type 2 diabetes mellitus with diabetic polyneuropathy
Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
Type 2 diabetes mellitus with diabetic amyotrophy
Type 2 diabetes mellitus with other diabetic neurological complication
Type 2 diabetes mellitus with diabetic neuropathic arthropathy
Type 2 diabetes mellitus with other diabetic arthropathy
Type 2 diabetes mellitus with diabetic dermatitis
Type 2 diabetes mellitus with foot ulcer
Type 2 diabetes mellitus with other skin ulcer
Type 2 diabetes mellitus with other skin complications
Type 2 diabetes mellitus with periodontal disease
Type 2 diabetes mellitus with other oral complications
Type 2 diabetes mellitus with hypoglycemia with coma
Type 2 diabetes mellitus with hypoglycemia without coma
Type 2 diabetes mellitus with hyperglycemia
Type 2 diabetes mellitus with other specified complication
Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
Pre-existing type 1 diabetes mellitus, in childbirth
Pre-existing type 1 diabetes mellitus, in the puerperium
Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester

Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
Pre-existing type 2 diabetes mellitus, in childbirth
Pre-existing type 2 diabetes mellitus, in the puerperium
Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
Unspecified pre-existing diabetes mellitus in childbirth
Unspecified pre-existing diabetes mellitus in the puerperium
Gestational diabetes mellitus in pregnancy, diet controlled
Gestational diabetes mellitus in pregnancy, insulin controlled
Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
Gestational diabetes mellitus in pregnancy, unspecified control
Gestational diabetes mellitus in childbirth, diet controlled
Gestational diabetes mellitus in childbirth, insulin controlled
Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
Gestational diabetes mellitus in childbirth, unspecified control
Gestational diabetes mellitus in the puerperium, diet controlled
Gestational diabetes mellitus in the puerperium, insulin controlled
Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
Gestational diabetes mellitus in the puerperium, unspecified control
Other pre-existing diabetes mellitus in pregnancy, first trimester
Other pre-existing diabetes mellitus in pregnancy, second trimester
Other pre-existing diabetes mellitus in pregnancy, third trimester
Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
Other pre-existing diabetes mellitus in childbirth
Other pre-existing diabetes mellitus in the puerperium
Unspecified diabetes mellitus in pregnancy, first trimester
Unspecified diabetes mellitus in pregnancy, second trimester
Unspecified diabetes mellitus in pregnancy, third trimester
Unspecified diabetes mellitus in pregnancy, unspecified trimester
Unspecified diabetes mellitus in childbirth
Unspecified diabetes mellitus in the puerperium
Long term (current) use of insulin

e

, right eye
, left eye
, bilateral
, unspecified eye
cula, right eye
cula, left eye

cula, bilateral
cula, unspecified eye
matogenous retinal detachment, right eye
matogenous retinal detachment, left eye
matogenous retinal detachment, bilateral
matogenous retinal detachment, unspecified eye

e

, right eye
, left eye
, bilateral
, unspecified eye
cula, right eye
cula, left eye
cula, bilateral

cula, unspecified eye
matogenous retinal detachment, right eye
matogenous retinal detachment, left eye
matogenous retinal detachment, bilateral
matogenous retinal detachment, unspecified eye