

Prior Authorizations List/ Non-Covered Code List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

Prior Authorizations List

The Prior Authorizations (PA) List outlines specific CPT codes that require approval before services are rendered.

The Prior Authorization list does not pertain to Inpatient services. All Inpatient services require authorization.

- If a CPT code is listed on the PA List, it **will require a prior authorization** before services can be rendered.
- If a CPT code is **not** on the PA list, it **does not** require a prior authorization.

This list also distinguishes CPT codes that are Medi-Cal **covered** and **non-covered** Medi-Cal codes. Please note, all non-covered codes will require prior authorization to determine medical necessity.

The first two pages of the PA List outline specialties that require authorization for consult and the specialties the require authorization for follow up visits.

The PA List is updated the first of each month, and it is the providers/facilities responsibility to check for any updates prior to rendering services.

***Please note services provided by tertiary institutions including (i.e. UCLA, Keck Medicine of USC, Valley Children's Hospital, Children's Hospital of Los Angeles, and all non-participating providers are required to submit an authorization for all services renders.*

Failure to obtain prior authorization may result in the denial of claims.

The PA list can also be found on the KHS website and the KHS Provider Portal:

- **KHS Website** > Providers > Prior Authorization List
- **Provider Portal Home Page** > Quick Link > Prior Authorization List

Search Tip: To search for a specific CPT code, use "Ctrl + F" on your keyboard if you are on a PC, or "Command + F" if you are using a Mac.

Specialists that Require Authorization for Consult

Cardiology

Dermatologic Surgery

Dermatology

Endocrinology

Gastroenterology

Home Health

Naturopath

Neurological Surgery

Neurology

Pain Management

Pain Medicine

Physical Medicine and Rehabilitation

Plastic Surgery

Plastic Surgery within Head and Neck

Podiatry

Rheumatology

Vascular Medicine

Vascular Surgery

Specialists that Require Authorization for Follow Up Visits

Cardiology

Dermatologic Surgery

Dermatology

Gastroenterology

Pain Management

Pain Medicine

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0001U	Red Blood Cell Antigen Typing, Dna, Human Erythrocyte Antige	COVERED
0002M	Liver Dis 10 Assays W/Ash	COVERED
0003M	Liver Dis 10 Assays W/Nash	COVERED
0003U	Oncology (Ovarian) Biochemical Assays Of Five Proteins (Apol	COVERED
0004M	Scoliosis 53 Snp Saliva Scor	COVERED
0006M	Hep Ca Tum Tiss Mopath Assay	COVERED
0007M	Onc Gastro 51 Gene Nomogram	COVERED
0008M	Onc Breast Risk Score	COVERED
0009M	Fetal Aneuploidy Trisom Risk	COVERED
0010M	Onc Prostate Prob Score	COVERED
00147	Anesth Iridectomy	COVERED
00148	Anesth Eye Exam	COVERED
00174	Anesth Pharyngeal Surgery	COVERED
0017M	Onc Dlbcl Mrna Fluor Prb Hybrdztn 20 Genes Alg	COVERED
0018U	Oncology (Thyroid), Microrna Profiling By Rt-Pcr Of 10 Micro	COVERED
0019T	Extracorp Shock Wv Tx Ms Nos	COVERED
00212	Anesth Skull Drainage	COVERED
00218	Anesth Special Head Surgery	COVERED
0022A	Immunization Administration By Intramuscular Injection Of Se	COVERED
0022U	Targeted Genomic Sequence Analysis Panel, Non-Small Cell Lun	COVERED
0024U	Glyca Nuc Mr Spectrsc Quan	COVERED
0025U	Tenofovir Liq Chrom Ur Quan	COVERED
0026U	Onc Thyr Dna&Mrna 112 Genes	COVERED
0028U	Cyp2d6 Gene Cpy Nmr Cmn Vrant	COVERED
0029U	Rx Metab Advrs Trgt Seq Alys	COVERED
0030U	Rx Metab Warf Trgt Seq Alys	COVERED
0031U	Cyp1a2 Gene	COVERED
00322	Anesth Biopsy Of Thyroid	COVERED
00326	Anesth Larynx/Trach < 1 Yr	COVERED
0032U	Comt Gene	COVERED
0033U	Htr2a Htr2c Genes	COVERED

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CPT Code	CPT Description	Status
0034U	Tpmt Nudt15 Genes	COVERED
0035U	Neurology (Prion Disease), Cerebrospinal Fluid, Detection Of	COVERED
0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, Dn	COVERED
0038U	Vitamin D, 25 Hydroxy D2 And D3, By Lc-Ms/Ms, Serum Microsam	COVERED
0039U	Deoxyribonucleic Acid (Dna) Antibody, Double Stranded, High	COVERED
0040U	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Transl	COVERED
00454	Anesth Collar Bone Biopsy	COVERED
0046U	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leuk	COVERED
0047U	Oncology (Prostate), Mrna, Gene Expression Profiling By Real	COVERED
0049U	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analy	COVERED
0050U	Targeted Genomic Sequence Analysis Panel, Acute Myelogenous	COVERED
0051T	Implant Total Heart System	COVERED
0052T	Replace Thrc Unit Hrt Syst	COVERED
0053T	Replace Implantable Hrt Syst	COVERED
00546	Anesth Lung Chest Wall Surg	COVERED
0054U	Prescription Drug Monitoring, 14 Or More Classes Of Drugs An	COVERED
0058U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To	COVERED
0059U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To	COVERED
00604	Anesth Sitting Procedure	COVERED
0060U	Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromos	COVERED
0071T	Us Leiomyomata Ablate <200	COVERED
0072T	Us Leiomyomata Ablate >200	COVERED
00754	Anesth Repair Of Hernia	COVERED
0075T	Perq Stent/Chest Vert Art	COVERED
0076T	S&I Stent/Chest Vert Art	COVERED
0080U	Oncology (Lung), Mass Spectrometric Analysis Of Galectin-3-	COVERED
00836	Anesth Hernia Repair Preemie	COVERED
0084U	Red Blood Cell Antigen Typing, Dna, Genotyping Of 10 Blood G	COVERED
0087U	Cardiology (Heart Transplant), Mrna Gene Expression Profilin	COVERED
00882	Anesth Major Vein Ligation	COVERED
0088U	Transplantation Medicine (Kidney Allograft Rejection), Micro	COVERED

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CPT Code	CPT Description	Status
00922	Anesth Sperm Duct Surgery	COVERED
00928	Anesth Removal Of Testis	COVERED
00934	Anesth Penis Nodes Removal	COVERED
00936	Anesth Penis Nodes Removal	COVERED
0095T	Rmvl Artific Disc Addl Crvcl	COVERED
0098T	Rev Artific Disc Addl	COVERED
0099T	Implant Corneal Ring	COVERED
0100T	Prosth Retina Receive&Gen	COVERED
0101T	Extracorp Shockwv Tx Hi Enrg	COVERED
0102T	Extracorp Shockwv Tx Anesth	COVERED
0103T	Holotranscobalamin	COVERED
0105U	Neph Ckd Mult Eclia Tum Nec	COVERED
0106T	Touch Quant Sensory Test	COVERED
0106U	Gstr Emptg 7 Timed Brth Spec	COVERED
0107T	Vibrate Quant Sensory Test	COVERED
0108T	Cool Quant Sensory Test	COVERED
0108U	Gi Barrett Esoph 9 Prtn Bmrk	COVERED
0109T	Heat Quant Sensory Test	COVERED
0109U	Id Aspergillus Dna 4 Species	COVERED
0110T	Nos Quant Sensory Test	COVERED
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	COVERED
0111U	Onc Colon Ca Kras&Nras Alys	COVERED
0112U	Iadi 16S&18S Rrna Genes	COVERED
0113U	Onc Prst8 Pca3&Tmprss2-Erg	COVERED
01140	Anesth Amputation At Pelvis	COVERED
0114U	Gi Barretts Esoph Vim&Ccna1	COVERED
0115U	Respir Iadna 18 Viral&2 Bact	COVERED
0116U	Rx Mntr Nzm Ia 35+Oral Flu	COVERED
0117U	Pain Mgmt 11 Endogenous Anal	COVERED
0119U	Crd Ceramides Liq Chrom Plsm	COVERED
0120U	Onc B CII Lymphm Mrna 58 Gen	COVERED

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0121U	Sc Dis Vcam-1 Whole Blood	COVERED
0122U	Sc Dis P-Selectin Whl Blood	COVERED
01234	Anesth Radical Femur Surg	COVERED
0123T	Scleral Fistulization	COVERED
0123U	Mchnl Fragility Rbc Prflg	COVERED
0126T	Chd Risk Imt Study	COVERED
0129U	Hered Brst Ca Rltd Do Panel	COVERED
0130U	Hered Colon Ca Do Mrna Pnl	COVERED
0131U	Hered Brst Ca Rltd Do Pnl 13	COVERED
0132U	Hered Ova Ca Rltd Do Pnl 17	COVERED
0133U	Hered Prst8 Ca Rltd Do 11	COVERED
01340	Anesth Knee Area Procedure	COVERED
0134U	Hered Pan Ca Mrna Pnl 18 Gen	COVERED
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	COVERED
0136U	Atm Mrna Seq Alys	COVERED
0137U	Palb2 Mrna Seq Alys	COVERED
0138U	Brca1 Brca2 Mrna Seq Alys	COVERED
01404	Anesth Amputation At Knee	COVERED
01420	Anesth Knee Joint Casting	COVERED
01442	Anesth Knee Artery Surg	COVERED
01490	Anesth Lower Leg Casting	COVERED
0154U	Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis	COVERED
0157U	Apc (Apc Regulator Of Wnt Signaling Pathway) (Eg, Familial A	COVERED
0158U	Mlh1 (Mutl Homolog 1) (Eg, Hereditary Non-Polyposis Colorect	COVERED
0159T	Cad Breast Mri	COVERED
0159U	Msh2 (Muts Homolog 2) (Eg, Hereditary Colon Cancer, Lynch Sy	COVERED
0160U	Msh6 (Muts Homolog 6) (Eg, Hereditary Colon Cancer, Lynch Sy	COVERED
0161U	Pms2 (Pms1 Homolog 2, Mismatch Repair System Component) (Eg,	COVERED
0162U	Hereditary Colon Cancer (Lynch Syndrome), Targeted Mrna Sequ	COVERED
01634	Anesth Shoulder Joint Amput	COVERED
01636	Anesth Forequarter Amput	COVERED

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CPT Code	CPT Description	Status
0164T	Remove Lumb Artif Disc Addl	COVERED
01652	Anesth Shoulder Vessel Surg	COVERED
0165T	Revise Lumb Artif Disc Addl	COVERED
0165U	Peanut Allergen-Specific Quantitative Assessment Of Multiple	COVERED
0166U	Liver Disease, 10 Biochemical Assays (A2-Macroglobulin, Hapt	COVERED
0169T	Place Stereo Cath Brain	COVERED
0169U	Nudt15 (Nudix Hydrolase 15) And Tpmt (Thiopurine S-Methyltra	COVERED
0171T	Lumbar Spine Proces Distract	COVERED
0171U	Neurology (Autism Spectrum Disorder [Asd]), Rna, Next-Genera	COVERED
0172T	Lumbar Spine Process Addl	COVERED
0172U	Oncology (Solid Tumor As Indicated By The Label), Somatic Mu	COVERED
01732	Anesth Dx Elbow Arthroscopy	COVERED
0174T	Cad Cxr With Interp	COVERED
01756	Anesth Radical Humerus Surg	COVERED
01758	Anesth Humeral Lesion Surg	COVERED
0175T	Cad Cxr Remote	COVERED
01782	Anesth Uppr Arm Vein Repair	COVERED
0178T	64 Lead Ecg W/I&R	COVERED
0178U	Peanut Allergen-Specific Quantitative Assessment Of Multiple	COVERED
0179T	64 Lead Ecg W/Tracing	COVERED
0180T	64 Lead Ecg W/I&R Only	COVERED
0180U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene An	COVERED
01829	Anesth Dx Wrist Arthroscopy	COVERED
0182T	Hdr Elect Brachytherapy	COVERED
01852	Anesth Lwr Arm Vein Repair	COVERED
0188T	Videoconf Crit Care 74 Min	COVERED
0189T	Videoconf Crit Care Addl 30	COVERED
0190T	Place Intraoc Radiation Src	COVERED
0191T	Insert Ant Segment Drain Int	COVERED
0195T	Prescl Fuse W/O Instr L5/S1	COVERED
0195U	Klf1 (Kruppel-Like Factor 1), Targeted Sequencing (Ie, Exon	COVERED

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CPT Code	CPT Description	Status
01969	Anesth/Analg Cs Hyst Add-On	COVERED
0196T	Prescl Fuse W/O Instr L4/L5	COVERED
0198T	Ocular Blood Flow Measure	COVERED
0200T	Perq Sacral Augmt Unilat Inj	COVERED
0201T	Perq Sacral Augmt Bilat Inj	COVERED
0202T	Post Vert Arthrplst 1 Lumbar	COVERED
0205T	Inirs Each Vessel Add-On	COVERED
0206T	Cptr Dbs Alys Car Elec Dta	COVERED
0207T	Clear Eyelid Gland W/Heat	COVERED
0208T	Audiometry Air Only	COVERED
0210T	Speech Audiometry Threshold	COVERED
0211T	Speech Audiom Thresh & Recog	COVERED
0213T	Njx Paravert W/Us Cer/Thor	COVERED
0214T	Njx Paravert W/Us Cer/Thor	COVERED
0215T	Njx Paravert W/Us Cer/Thor	COVERED
0216T	Njx Paravert W/Us Lumb/Sac	COVERED
0216U	Neuro Inh Ataxia Dna 12 Com	COVERED
0217T	Njx Paravert W/Us Lumb/Sac	COVERED
0217U	Neuro Inh Ataxia Dna 51 Gene	COVERED
0218T	Njx Paravert W/Us Lumb/Sac	COVERED
0218U	Neuro Musc Dys Dmd Seq Alys	COVERED
0219T	Plmt Post Facet Implt Cerv	COVERED
0219U	Nfct Agt Hiv Gnrj Seq Alys	COVERED
0220T	Plmt Post Facet Implt Thor	COVERED
0221T	Plmt Post Facet Implt Lumb	COVERED
0221U	Abo Gnotyp Next Gnrj Seq Abo	COVERED
0222T	Plmt Post Facet Implt Addl	COVERED
0222U	Rhd&Rhce Gntyp Next Gnrj Seq	COVERED
0223T	Acoustic Ecg W/I&R	COVERED
0224T	Acoustic Ecg 1+ Analysis	COVERED
0225T	Acoustic Ecg Analy & Reprog	COVERED

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CPT Code	CPT Description	Status
0225U	Oph Amd Alys 3 Gene Variants	COVERED
0226U	Surrogate Viral Neutralization Test (Svnt), Severe Acute Res	COVERED
0229T	Njx Tfrml Epri W/Us Cer/Thor	COVERED
0230T	Njx Tfrml Epri W/Us Lumb/Sac	COVERED
0230U	Ar Ful Seq Alys Chng Delet Dupl Xpnsj Insj Vrnts	COVERED
0231T	Njx Tfrml Epri W/Us Lumb/Sac	COVERED
0231U	Cacna1a Ful Gen Aly Chng Delt Dup Xpnsj Insj Vrt	COVERED
0232U	Cstb Ful Gen Aly Chng Delet Dupl Xpnsj Insj Vrnt	COVERED
0233T	Skin Glycation Spectroscopy	COVERED
0233U	Fxn Gene Alys Chng Delet Dupl Xpnsj Insj Vrnts	COVERED
0234T	Trluml Perip Athrc Renal Art	COVERED
0234U	Mecp2 Ful Gen Alys Changes Delet Dupl Insj Vrnts	COVERED
0235T	Trluml Perip Athrc Visceral	COVERED
0235U	Pten Full Gen Alys Changes Delet Dupl Insj Vrnts	COVERED
0236T	Trluml Perip Athrc Abd Aorta	COVERED
0236U	Smn1&Smn2 Ful Gen Alys Chng Dupl&Delet&Insj	COVERED
0237T	Trluml Perip Athrc Brchiocph	COVERED
0237U	Cardiac Ion Channelopathies Genomic Seq Alys Pnl	COVERED
0238T	Trluml Perip Athrc Iliac Art	COVERED
0238U	Onc Lynch Syndrome Genomic Dna Sequence Analysis	COVERED
0239U	Trgt Gen Seq Alys Sld Orgn Neo Cll-Fr Dna 311+	COVERED
0240T	Esoph Motility 3D Topography	COVERED
0241T	Esoph Motility W/Stim/Perf	COVERED
0242U	Trgt Gen Seq Alys Pnl 55-74	COVERED
0243T	Intm Msr Bronchodil Wheeze	COVERED
0244T	Cont Msr Bronchodil Wheeze	COVERED
0244U	Onc Solid Orgn Dna 257 Genes	COVERED
0245U	Onc Thyr Mut Alys 10 Gen&37	COVERED
0246U	Rbc Dna Gnotyp 16 Bld Groups	COVERED
0249T	Ligation Hemorrhoid W/Us	COVERED
0253T	Insert Aqueous Drain Device	COVERED

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CPT Code	CPT Description	Status
0254T	Evasc Rpr Iliac Art Bifur	COVERED
0255T	Evasc Rpr Iliac Art Bifr S&I	COVERED
0262T	Impltj Pulm Vlv Evasc Appr	COVERED
0263T	Im B1 Mrw Cel Ther Cmpl	COVERED
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	COVERED
0265T	Im B1 Mrw Cel Ther Hrvst Onl	COVERED
0267T	Implt/Rpl Crtd Sns Dev Lead	COVERED
0268T	Implt/Rpl Crtd Sns Dev Gen	COVERED
0268U	Hem Ahus Gen Seq Alys 15 Gen	COVERED
0269T	Rev/Remvl Crtd Sns Dev Total	COVERED
0269U	Hem Aut Dm Cgen Trmbctpna 14	COVERED
0270T	Rev/Remvl Crtd Sns Dev Lead	COVERED
0271T	Rev/Remvl Crtd Sns Dev Gen	COVERED
0271U	Hem Cgen Neutropenia 23 Gen	COVERED
0272T	Interrogate Crtd Sns Dev	COVERED
0274T	Perq Lamot/Lam Crv/Thrc	COVERED
0275T	Perq Lamot/Lam Lumbar	COVERED
0276U	Hem Inh Thrombocytopenia Gen Seq Alys 23 Genes	COVERED
0278T	Tempr	COVERED
0281T	Laa Closure W/Implant	COVERED
0282T	Periph Field Stimul Trial	COVERED
0282U	Rbc Dna Gntyp 12 Bld Grp Gen	COVERED
0283T	Periph Field Stimul Perm	COVERED
0284T	Periph Field Stimul Revise	COVERED
0285T	Periph Field Stimul Alys	COVERED
0285U	Onc Rspse Radj Cess Fr Dbp Plasma Radj Tox Score	COVERED
0286T	Near Ifr Spectrsc Of Wounds	COVERED
0286U	Cep72 Nudt15 & Tpmt Gene Analysis	COVERED
0287T	Near Ifr Guide Of Vasc Site	COVERED
0287U	Onc Thyr Dna &Mrna Next-Gen Sq Alys 112 Gen Alg	COVERED
0288T	Anoscopy W/Rf Delivery	COVERED

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CPT Code	CPT Description	Status
0288U	Onc Lung Mrna Quan Pcr Alys 11 Gen & 3 Ref Gen Alg	COVERED
0289T	Laser Inc For Pkp/Lkp Donor	COVERED
0289U	Neuro Alzheimer Euro Alzheimer Mrna Gen Xprsn Prfl Rna Sql 2	COVERED
0290T	Laser Inc For Pkp/Lkp Recip	COVERED
0290U	Pain Mgmt Mrna Gen Xprsn Prfl Rna Sq 36 Genes	COVERED
0291T	Iv Oct For Proc Init Vessel	COVERED
0291U	Psyc Mood Do Mrna Gen Xprsn Prfl Rna Seq 144 Gen	COVERED
0292T	Iv Oct For Proc Addl Vessel	COVERED
0292U	Psyc Strs Do Mrna Gen Xprsn Prfl Rna Sq 72 Gen	COVERED
0293T	Ins Lt Atrl Press Monitor	COVERED
0293U	Psyc Suicdl Ida Mrna Gen Xprsn Prfl Rna Seq 54	COVERED
0294T	Ins Lt Atrl Mont Pres Lead	COVERED
0294U	Lngvty & Mrtlty Rsk Mrna Gen Xprsn Prfl Rna 18 Gen	COVERED
0295T	Ext Ecg Complete	COVERED
0295U	Onc Brst Dux Carc Prtn Xprsn Prfl Imhpcchem 7 Prtn	COVERED
0296T	Ext Ecg Recording	COVERED
0296U	Onc Orl & Orop Ca Gen Xprsn Prfl Rna 20 Mlec Feat	COVERED
0297T	Ext Ecg Scan W/Report	COVERED
0297U	Onc Pan Tum Whl Gen Seq Pan Tum Whl Gen Seq Paired Mal&Nml D	COVERED
0298T	Ext Ecg Review And Interp	COVERED
0298U	Onc Pan Tum Whl Trns Seq Paired Mal&Nml Rna Spec	COVERED
0299T	Esw Wound Healing Init Wound	COVERED
0299U	Onc Pan Tum Whl Gen Opt Mapg Mal&Nml Nda Spec	COVERED
0300T	Esw Wound Healing Addl Wound	COVERED
0300U	Onc Pan Tum Whl Gen Seq & Opt Gen Mapg Mal&Nml Dna\	COVERED
0301T	Mw Therapy For Breast Tumor	COVERED
0301U	Iadna Brtnla Hnsleae&Quintn Ddpcr	COVERED
0302T	Icar Ischm Mntrng Sys Compl	COVERED
0302U	Iadna Brtnla Hnsleae & Quintn Ddpcr Flwg Liq Nrchmt	COVERED
0303T	Icar Ischm Mntrng Sys Eltrd	COVERED

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0303U	Hem Rbc Ads Ndothl/Subndothl Ads Molec Hypoxic	COVERED
0304T	Icar Ischm Mntrng Sys Device	COVERED
0304U	Hem Rbc Ads Ndothl/Subndothl Ads Molec Normoxic	COVERED
0305T	Icar Ischm Mntrng Prgrm Eval	COVERED
0305U	Hem Rbc Fncty&Drfrm Funcj Shear Strs Whl Blood	COVERED
0306T	Icar Ischm Mntr Interr Eval	COVERED
0307T	Rmvl Icar Ischm Mntrng Dvce	COVERED
0308T	Insj Ocular Telescope Prosth	COVERED
0309T	Prescl Fuse W/ Instr L4/L5	COVERED
0310T	Motor Function Mapping Ntms	COVERED
0311T	Cal & Alys Cntrl Artl Press	COVERED
0311U	Nfct Ds Bct Quan Antmcrb Sc	COVERED
0312T	Laps Impltj Nstim Vagus	COVERED
0313T	Laps Rmvl Nstim Array Vagus	COVERED
0314T	Laps Rmvl Vgl Arry & Pls Gen	COVERED
0314U	Onc Cutan Mlnma Mrna 35 Gene	COVERED
0315T	Rmvl Vagus Nerve Pls Gen	COVERED
0316T	Replc Vagus Nerve Pls Gen	COVERED
0317T	Elec Alys Vagus Nrv Pls Gen	COVERED
0321U	Iadna Gu Pthgn 20Bct&Fng Org	COVERED
0323U	Iadna Cns Pthgn Next Gen Seq	COVERED
0326U	Trgt Gen Seq Alys Pnl 83+	COVERED
0327U	Ftl Aneuploidy Trsmy Dna Seq	COVERED
0328U	Drug Assay 120+ Rx&Metablt	COVERED
0329T	Mntr Io Press 24Hrs/> Uni/Bi	COVERED
0329U	Onc Neo Xome&Trns Seq Alys	COVERED
0331T	Heart Symp Image Plnr	COVERED
0332T	Heart Symp Image Plnr Spect	COVERED
0333T	Visual Ep Acuity Screen Auto	COVERED
0333U	Onc Lvr Srvlnc Hcc Alys Methyltn Patterns Cfdna	COVERED
0334U	Onc Sld Orgn Tgsa Ffpe Tum Tiss Dna 84/+ Gen	COVERED

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0335T	Extraosseous Joint Stblztion	COVERED
0336T	Lap Ablat Uterine Fibroids	COVERED
0337T	Endothel Fxnassmnt Non-Invas	COVERED
0338T	Trnscth Renal Symp Denrv Unl	COVERED
0339T	Trnscth Renal Symp Denrv Bil	COVERED
0339U	Onc Prostate Mrna Xprsn Prflg Hoxc6 &Dlx1 Rt-Pcr	COVERED
0340T	Ablate Pulm Tumors Extnsn	COVERED
0341T	Quant Pupillometry W/ Rprt	COVERED
0341U	Fetal Aneuploidy Dna Sequencing Comparative Alys	COVERED
0342T	Thxp Apheresis W/ Hdl Delip	COVERED
0345T	Transcath Mtral Vlve Repair	COVERED
0346T	Ultrasound Elastography	COVERED
0347T	Ins Bone Device For Rsa	COVERED
0348T	Rsa Spine Exam	COVERED
0349T	Rsa Upper Extr Exam	COVERED
0350T	Rsa Lower Extr Exam	COVERED
0351T	Intraop Oct Brst/Node Spec	COVERED
0352T	Oct Brst/Node I&R Per Spec	COVERED
0353T	Intraop Oct Breast Cavity	COVERED
0354T	Oct Breast Surg Cavity I&R	COVERED
0355T	Gi Tract Capsule Endoscopy	COVERED
0356T	Insrt Drug Device For Iop	COVERED
0357T	Cryopreservation Oocyte(S)	COVERED
0358T	Bia Whole Body	COVERED
0359T	Behavioral Id Assessment	COVERED
0359U	Onc Prst8 Ca Alys All Psa	COVERED
0360T	Observ Behav Assessment	COVERED
0361T	Observ Behav Assess Addl	COVERED
0362T	Expose Behav Assessment	COVERED
0363T	Expose Behav Assess Addl	COVERED
0364T	Adaptive Behavior Treatment	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0364U	Onc HI Neo Gen Seq Alys Alg	COVERED
0365T	Adaptive Behavior Tx Addl	COVERED
0366T	Group Behavior Treatment	COVERED
0367T	Group Behav Treatment Addl	COVERED
0368T	Behavior Treatment Modified	COVERED
0369T	Behav Treatment Modify Addl	COVERED
0370T	Fam Behav Treatment Guidance	COVERED
0371T	Mult Fam Behav Treat Guide	COVERED
0371U	Iadna Gu Pthgn Semiq Dna 16&1	COVERED
0372T	Social Skills Training Group	COVERED
0372U	Nfct Ds Gu Pthgn Arg Detcj	COVERED
0373T	Exposure Behavior Treatment	COVERED
0374T	Expose Behav Treatment Addl	COVERED
0375T	Total Disc Arthrp Ant Appr	COVERED
0376T	Insert Ant Segment Drain Int	COVERED
0377T	Anoscpy Inj Agent For Incont	COVERED
0378T	Visual Field Assmnt Rev/Rprt	COVERED
0378U	Rfc1 Repeat Xpnsj Vmnt Alys	COVERED
0379T	Vis Field Assmnt Tech Suppt	COVERED
0379U	Tgsap SI Or Neo Dna523&Rna55	COVERED
0380T	Comp Animat Ret Imag Series	COVERED
0381T	Ext H Rate Epi Sz 14 Days	COVERED
0381U	Maple Syrup Ur Ds Mntr Quan	COVERED
0382T	Ext H Rate Sz 14 Day Ri Only	COVERED
0382U	Hyprphenylalninmia Mntr Quan	COVERED
0383T	Ext H Rate Sz Up To 30 Days	COVERED
0383U	Trysinemia Typ I Mntr Quan	COVERED
0384T	Ex H Rate Sz 30 Day Ri Only	COVERED
0385T	Ex H Rate For Sz Ovr 30 Day	COVERED
0386T	Ex H Rate Sz 30+ Day Ri Only	COVERED
0387T	Leadless C Pm Ins/Rpl Ventr	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0388T	Leadless C Pm Remove Ventr	COVERED
0389T	Prog Eval Inper Leadls Pm	COVERED
0390T	Periproc Eval Inper Ledls Pm	COVERED
0391T	Intergt Eval Inper Leadls Pm	COVERED
0391U	Onc Sld Tum Dna&Rna 437 Gen	COVERED
0392T	Lap Es Sph Augment Dev Place	COVERED
0393T	Es Sph Augmnt Device Removal	COVERED
0395T	Hdr Elctr Ntrst/Ntrcv Brchtx	COVERED
0396T	Intraop Kinetic Balnce Sensr	COVERED
0397T	Ercp W/Optical Endomicroscopy	COVERED
0399T	Myocardial Strain Imaging	COVERED
0400T	Mltispectrl Digital Les Alys	COVERED
0401T	Mltispectrl Digital Les Alys	COVERED
0403T	Diabetes Prev Standard Curr	COVERED
0405T	Ovrsght Xtrcorp Liv Asst Pat	COVERED
0406T	Sin Ndsc Plmt Drg Elut Mplnt	COVERED
0407T	Sin Ndsc Plmt Drg Elut Mplnt	COVERED
0408T	Insj/Rplc Cardiac Modulj Sys	COVERED
0408U	laad Blk Ac Wv Bsnsr Sarscv2	COVERED
0409T	Insj/Rplc Cardiac Modulj Pls Gn	COVERED
0409U	Onc Sld Tum Dna 80 & Rna 36	COVERED
0410T	Insj/Rplc Car Modulj Atr Elt	COVERED
0411T	Insj/Rplc Car Modulj Vnt Elt	COVERED
0412T	Rmvl Cardiac Modulj Pls Gen	COVERED
0413T	Rmvl Car Modulj Tranvns Elt	COVERED
0414T	Rmvl & Rpl Car Modulj Pls Gn	COVERED
0415T	Repos Car Modulj Tranvns Elt	COVERED
0416T	Reloc Skin Pocket Pls Gen	COVERED
0417T	Prgrmg Eval Cardiac Modulj	COVERED
0418T	Interro Eval Cardiac Modulj	COVERED
0419T	Dstrj Neurofibromata Xtnsv	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0420T	Dstrj Neurofibromata Xtnsv	COVERED
0421T	Waterjet Prostate Abltj Cmpl	COVERED
0422T	Tactile Breast Img Uni/Bi	COVERED
0423T	Assay Secreory Type li Pla2`	COVERED
0437T	Impltj Synth Rnfcmt Abdl Wal	COVERED
0438t	Transperineal Placement Of Biodegradable Material, Peri-Pros	COVERED
0439T	Myocrd Contrast Prfuj Echo	COVERED
0440t	Ablation, Percutaneous, Cryoablation, Includes Imaging Guida	COVERED
0441T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guida	COVERED
0442T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guida	COVERED
0443T	R-T Spctrl Alys Prst8 Tiss	COVERED
0446T	Creation Of Subcutaneous	COVERED
0447T	Removal Of Implantable	COVERED
0448T	Removal Of Implantable	COVERED
0449T	Insertion Of Aqueous	COVERED
0450T	Each Additional Device	COVERED
0451T	Insj/Rplcmt Aortic Ventr Sys	COVERED
0452T	Insj/Rplcmt Dev Vasc Seal	COVERED
0453T	Insj/Rplcmt Mech-Elec Ntrfce	COVERED
0454T	Insj/Rplcmt Subq Electrode	COVERED
0455T	Remvl Aortic Ventr Cmpl Sys	COVERED
0456T	Remvl Aortic Dev Vasc Seal	COVERED
0457T	Remvl Mech-Elec Skin Ntrfce	COVERED
0458T	Remvl Subq Electrode	COVERED
0459T	Relocaj Rplcmt Aortic Ventr	COVERED
0460T	Repos Aortic Ventr Dev Eltrd	COVERED
0461T	Repos Aortic Contrpulsj Dev	COVERED
0462T	Prgrmg Eval Aortic Ventr Sys	COVERED
0463T	Interrog Aortic Ventr Sys	COVERED
0474T	Insertion Of Anterior Segment Aqueous Drainage Device, With	COVERED
0480T	Fxjl Abl Lsr Ea Addl 100Sqcm	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0481T	Njx Autol Wbc Concentrate	COVERED
0482T	Absl Quan Myocrd Bld Flo Pet	COVERED
0483T	Tmvi Percutaneous Approach	COVERED
0484T	Tmvi Transthoracic Exposure	COVERED
0485T	Oct Mid Ear I&R Unilateral	COVERED
0486T	Oct Mid Ear I&R Bilateral	COVERED
0487T	Trvg Biomchn Mapg W/Reprt	COVERED
0488T	Diabetes Prev Online/Elec	COVERED
0488U	Ob Fetal Ag Nipt Cfdna Alys	COVERED
0489T	Regn Cell Tx Scldr Hands	COVERED
0490T	Regn Cell Tx Scldr H Mlt Inj	COVERED
0491T	Abl Lsr Opn Wnd 1St 20 Sqcm	COVERED
0492T	Abl Lsr Opn Wnd Addl 20 Sqcm	COVERED
0493T	Near Ifr Spectrsc Of Wounds	COVERED
0493U	Trnspl Med Quan Dd-Cfdna Ngs	COVERED
0494T	Prep & Cannulj Cdvr Don Lung	COVERED
0494U	Rbc Ag Ftl Rhd Gene Alys Ngs	COVERED
0495T	Mntr Cdvr Don Lng 1St 2 Hrs	COVERED
0496T	Mntr Cdvr Don Lng Ea Addl Hr	COVERED
0497T	Xtrnl Pt Act Ecg In-Off Conn	COVERED
0498T	Xtrnl Pt Act Ecg R&I Pr 30 D	COVERED
0505T	Endovenous Femoral-Popliteal Arterial Revascularization, Wit	COVERED
0507T	Near-Infrared Dual Imaging (Ie, Simultaneous Reflective And	COVERED
0512T	Extracorporeal Shock Wave For Integumentary Wound Healing, H	COVERED
0513T	Extracorporeal Shock Wave For Integumentary Wound Healing, I	COVERED
0523U	Onc Soltum Dna Ngs Snv 22Gen	COVERED
0525T	Insertion Or Replacement Of Intracardiac Ischemia Monitoring	COVERED
0527T	Insertion Or Replacement Of Intracardiac Ischemia Monitoring	COVERED
0528U	Lrt Iad 18Bct/8Vir&7Arg Rna	COVERED
0540U	Trnsplj Med Quan Dd-Cfdna	COVERED
0541T	Myocardial Imaging Mcg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0542T	Myocardial Imaging Mcg I&R	COVERED
0543T	Transapical Mitral Valve Repair, Including Transthoracic Ech	COVERED
0543U	Onc Sol Tum Ngs Dna 517 Gens	COVERED
0544T	Transcatheter Mitral Valve Annulus Reconstruction, With Impl	COVERED
0545T	Transcatheter Tricuspid Valve Annulus Reconstruction With Im	COVERED
0546T	Radiofrequency Spectroscopy, Real Time, Intraoperative Margi	COVERED
0547T	Bone-Material Quality Testing By Microindentation(S) Of The	COVERED
0548T	Transperineal Periurethral Balloon Continence Device; Bilate	COVERED
0549T	Unilateral Placement, Including Cystoscopy And Fluoroscopy	COVERED
0550T	Removal, Each Balloon	COVERED
0551T	Transperineal Periurethral Balloon Continence Device; Adjust	COVERED
0554T	Bone Strength And Fracture Risk Using Finite Element Analysi	COVERED
0555T	Bone Strength And Fracture Risk Using Finite Element Analysi	COVERED
0556T	Bone Strength And Fracture Risk Using Finite Element Analysi	COVERED
0557t	Bone Strength And Fracture Risk Using Finite Element Analysi	COVERED
0558T	Computed Tomography Scan Taken For The Purpose Of Biomechani	COVERED
0559T	Anatomic Model 3D-Printed From Image Data Set(S); First Indi	COVERED
0560T	Anatomic Model 3D-Printed From Image Data Set(S); Each Addit	COVERED
0561T	Anatomic Guide 3D-Printed And Designed From Image Data Set(S	COVERED
0562T	Anatomic Guide 3D-Printed And Designed From Image Data Set(S	COVERED
0563T	Evacuation Of Meibomian Glands, Using Heat Delivered Through	COVERED
0569T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach;	COVERED
0570T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach;	COVERED
0596T	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prost	COVERED
0597T	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prost	COVERED
0598T	Noncontact Real-Time Fluorescence Wound Imaging, For Bacteri	COVERED
0599T	Noncontact Real-Time Fluorescence Wound Imaging, For Bacteri	COVERED
0602T	Glomerular Filtration Rate (Gfr) Measurement(S), Transdermal	COVERED
0603T	Glomerular Filtration Rate (Gfr) Monitoring, Transdermal, In	COVERED
0609T	Magnetic Resonance Spectroscopy, Determination And Localizat	COVERED
0610T	Magnetic Resonance Spectroscopy, Determination And Localizat	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0611T	Magnetic Resonance Spectroscopy, Determination And Localizat	COVERED
0612T	Magnetic Resonance Spectroscopy, Determination And Localizat	COVERED
0623T	Auto Quan&Charac Coronary Atherosclerotic Plaque	COVERED
0624T	Auto Quan&Charac Coronary Plaq Data Prep&Trnsmis	COVERED
0625T	Auto Quan&Charac Coronary Plaq Computerized Alys	COVERED
0626T	Auto Quan&Charac Coronary Plaq Rev Cptr Alys I&R	COVERED
0633T	Ct Breast W/3D Rendering Uni Without Contrast	COVERED
0634T	Ct Breast W/3D Rendering Uni With Contrast	COVERED
0635T	Ct Brst W/3D Rendering Uni Wo Cntrst Flwd Cntrst	COVERED
0636T	Ct Breast W/3D Rendering Bi Without Contrast	COVERED
0637T	Ct Breast W/3D Rendering Bi With Contrast	COVERED
0638T	Ct Brst W/3D Rendering Bi Wo Cntrst Flwd Cntrst	COVERED
0639T	Wireless Skin Snr Thermal Anisotropy Meas&Assmt	COVERED
0640T	Noncontact Near-Infrared Spectroscopy Studies Flap Or Wound	COVERED
0648T	Quantitative Magnetic Resonance For Analysis Of Tissue Compo	COVERED
0649T	Quantitative Magnetic Resonance Analysis Tissue Composition	COVERED
0658T	Elec Impd Spectrsc 1+Skn Les	COVERED
0671T	Insj Ant Sgm Drg Dev Trab Mq W/O Res& Ctrc Rmvl1+	COVERED
0672T	Ndovag Cryg Coold Rf Remdl Tiss Fml Brdr Nck&Urt	COVERED
0673T	Ablation B9 Thyroid Nodule Perq Laser W/Img Gdn	COVERED
0674T	Laps Insj New/Rplcmt Perm Isdss Agmntj Car Funcj	COVERED
0675T	Laps Insj New/Rplcmt Lead Perm Isdss 1St Lead	COVERED
0676T	Laps Insj New/Rplcmt Lead Perm Isdss Ea Adl Lead	COVERED
0677T	Laps Repos Lead Perm Isdss 1Stt Repositioned Lead	COVERED
0678T	Laps Repos Lead Perm Isdss Ea Addl Repos Lead	COVERED
0679T	Laparoscopic Removal Lead Perm Isdss	COVERED
0680T	Insj/Rplcmt Pulse Generator Only Isdss	COVERED
0681T	Relocation Pulse Generator Only Isdss	COVERED
0682T	Removal Pulse Generator Only Isdss	COVERED
0683T	Programming Devise Evaluation In Person Isdss	COVERED
0684T	Periprocedural Devise Evaluation In Person Isdss	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0685T	Interrogation Devise Evaluation In Person Isdss	COVERED
0686T	Histotripsy Mal Hepatocellular Tiss W/Img Gdn	COVERED
0687T	Tx Amblyopia Dev Suply Educational Setup 1St Ses	COVERED
0688T	Tx Amblyopia Assmt Perf Phys/Qhp W/Report Cal Mo	COVERED
0689T	Quan Us Tiss Charac I&R W/O Dx Us Same Anat	COVERED
0690T	Quan Us Tiss Charac I&R W/Dx Us Sm Anat	COVERED
0691T	Auto Alys Xst Ct Vrt Fx Asmt B1 Dns Data Prp I&R	COVERED
0692T	Therapeutic Ultrafiltration	COVERED
0693T	Compare Ful Bdy Cpitr Mrkrls 3D Knmtc&Kin Mtn Alysis	COVERED
0694T	3D Volumetric Img&Rcnstj Brst/Ax Lymph Node Tiss	COVERED
0695T	Bdy Surf Activation Mapg Pm/Cvdfb Leads Tm Implt	COVERED
0696T	Bdy Surf Activation Mapg Pm/Cvdfb Leads Tm F/Up	COVERED
0697T	Quan Mr Alys Tis Compj Wo Mri Same Sess Mlt Orgn	COVERED
0698T	Quan Mr Alys Tiss Composition W/ Mri Mlt Organs	COVERED
0699T	Injection Posterior Chamber Eye Medication	COVERED
0700T	Molecular Flour Imaging Suspicious Nevus 1St Les	COVERED
0701T	Molecular Flour Imaging Suspicious Nevus Ea Addl	COVERED
0702T	Rem Ther Mntr Ol Dig Cog Bhv Ther Prgm Sply Tch	COVERED
0703T	Rem There Mntr Ol Dig Cog Bhv Ther Prgm Cal Mo	COVERED
0704T	Rem Tx Amblyopia Dev Supply 1St Setup & Pt Educaj	COVERED
0705T	Rem Tx Amblyopia Tch Sprrt Min 18 Traing Hr Ea 30	COVERED
0706T	Rem Tx Amblyopia I&R Phys/Qhp Per Calendar Month	COVERED
0707T	Njx Bone Sub Matr Into Subchondral Bone Defect	COVERED
0708T	Intradermal Cancer Immntx Prep & 1St Injection	COVERED
0709T	Intradermal Cancer Immntx Each Addl Injection	COVERED
0710T	N-Invas Artl Plaq Alys Data Prp Quan Review I&R	COVERED
0711T	N-Invas Artl Plaq Alys Data Prep & Transmission	COVERED
0712T	N-Invas Artl Plaq Alys Quan Strux& Compos Vsl Wal	COVERED
0713T	N-Invas Artl Plaq Alys Data Review I&R	COVERED
0716T	Car Acous Wavfrm Rec Cad Rsk	COVERED
0721T	Quan Ct Tiss Charac W/O Ct	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0722T	Quan Ct Tiss Charac W/Ct	COVERED
0723T	Qmrcp W/O Dx Mri Sm Anat Ses	COVERED
0724T	Qmrcp W/Dx Mri Same Anatomy	COVERED
0742T	Aqmbf Spect Xers/Strs & Rest	COVERED
0743T	B1 Str & Fx Rsk Vrt Fx Assmt	COVERED
0749T	B1 Str&Fx Rsk Assmt Dxr-Bmd	COVERED
0750T	B1 Str&Fx Rsk Asmt Dxrbmd1vw	COVERED
0906T	Coms Ther 1St Appl<=50 Sq Cm	COVERED
0907T	Coms Ther Ea Addl<=50 Sq Cm	COVERED
0944T	3D Cntr Simula Trgt Lvr Les	COVERED
0945T	Intraop Assmt Abnl Tum Tiss	COVERED
0946T	Ortho Impl Mvmt Alys Pair Ct	COVERED
0947T	Mrgfus Strtctc Bl-Br Disrpj	COVERED
10007	Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidan	COVERED
10009	Fine Needle Aspiration Biopsy, Including Ct Guidance; First	COVERED
10010	Fine Needle Aspiration Biopsy, Including Ct Guidance; Each A	COVERED
10011	Fine Needle Aspiration Biopsy, Including Mr Guidance; First	COVERED
10012	Fine Needle Aspiration Biopsy, Including Mr Guidance; Each A	COVERED
10040	Acne Surgery	COVERED
11200	Removal Of Skin Tags Less W/15	COVERED
11621	Exc S/N/H/F/G Mal+Mrg 0.6-1	COVERED
11640	Exc F/E/E/N/L Mal+Mrg 0.5Cm<	COVERED
11762	Reconstruction Of Nail Bed	COVERED
11900	Inject Skin Lesions </W 7	COVERED
11901	Inject Skin Lesions >7	COVERED
11960	Insert Tissue Expander(S)	COVERED
11970	Replace Tissue Expander	COVERED
12018	Rpr F/E/E/N/L/M >30.0 Cm	COVERED
12045	Intmd Rpr N-Hf/Genit12.6-20	COVERED
12056	Intmd Rpr Face/Mm 20.1-30.0	COVERED
12057	Intmd Rpr Face/Mm >30.0 Cm	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
15002	Wound Prep Trk/Arm/Leg	COVERED
15004	Wound Prep F/N/Hf/G	COVERED
15011	Hrv Skn Cll Ssp Agrft 1St 25	COVERED
15012	Hrv Skn Cll Ssp Agrft Ea Add	COVERED
15013	Prepj Skn Cll Ssp Agrft 1St	COVERED
15014	Prepj Skn Cll Ssp Agrft Ea	COVERED
15015	App Skn Cl Ssp Agrft T/A/L 1	COVERED
15016	App Skn Cl Ssp Agrf T/A/L Ea	COVERED
15017	App Skn Cll Ssp F/N/G/Hf 1St	COVERED
15018	App Skn Cll Ssp F/N/G/Hf Ea	COVERED
15040	Harvest Cultured Skin Graft	COVERED
15050	Skin Pinch Graft	COVERED
15110	Epidrm Agrft T/A/L 1St 100	COVERED
15111	Epidrm Agrft T/A/L Ea Addl	COVERED
15116	Epdrm Agrft F/S/N/H/F/G/M Ea	COVERED
15130	Drm Agrft T/A/L 1St 100 Sqcm	COVERED
15131	Drm Agrft T/A/L Ea Addl	COVERED
15135	Drm Agrft F/S/N/H/F/G/M 1St	COVERED
15136	Drm Agrft F/S/N/H/F/G/M Ea	COVERED
15150	Tis Cltr Skn Agrft T/A/L 1St	COVERED
15151	Tis Cltr Skn Agrft T/A/L Add	COVERED
15152	Tis Cltr Skn Agrft T/A/L Ea	COVERED
15156	Tis Clt Agrft F/S/N/H/F/G Ad	COVERED
15157	Tis Clt Agrft F/S/N/H/F/G Ea	COVERED
15201	Fth/Gft Fr Trnk Each Addl	COVERED
15275	Skin Sub Graft Face/Nk/Hf/G	COVERED
15572	Skin Pedicle Flap Arms/Legs	COVERED
15574	Pedcle Fh/Ch/Ch/M/N/Ax/G/H/F	COVERED
15600	Delay Flap Trunk	COVERED
15610	Delay Flap Arms/Legs	COVERED
15620	Delay Flap F/C/C/N/Ax/G/H/F	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
15730	Mdfc Flap W/Prsrv Vasc Pedcl	COVERED
15731	Forehead Flap W/Vasc Pedicle	COVERED
15733	Musc Myoq/Fscq Flp H&N Pedcl	COVERED
15758	Free Fascial Flap Microvasc	COVERED
15760	Composite Skin Graft	COVERED
15769	Grafting Of Autologous Soft Tissue, Other, Harvested By Dire	COVERED
15771	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15772	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15773	Grafting Of Autologous Fat Harvested By Liposuction Techniqu	COVERED
15778	Impl Absrb Msh/Prsth Dly Cls	COVERED
15780	Dermabrasion Total Face	COVERED
15781	Dermabrasion Segmental Face	COVERED
15782	Dermabrasion Other Than Face	COVERED
15783	Dermabrasion Suprfl Any Site	COVERED
15789	Chemical Peel Facial Dermal	COVERED
15792	Chem Peel Nonfacial Epidrm	COVERED
15793	Chemical Peel Nonfacial Drm	COVERED
15820	Blepharoplasty Lower Eyelid	COVERED
15821	Blepharp Lwr Eyelid Fat Pad	COVERED
15822	Blepharoplasty Upper Eyelid	COVERED
15823	Blepharp Upr Eyelid Xcsv Skn	COVERED
15830	Exc Excessive Skin Abdomen	COVERED
15840	Nerve Palsy Fascial Graft	COVERED
15845	Skin And Muscle Repair Face	COVERED
15920	Exc Coccygl Pr Ulc Prim Sutr	COVERED
15922	Exc Coccygl Pr Ulc Flap Clsr	COVERED
15934	Exc Sacral Pr Ulc Skn Flap	COVERED
15935	Exc Sac Pr Ulc Skn Flp Ostc	COVERED
15941	Exc Isch Pr Ulc Prm Sut Ostc	COVERED
15945	Exc Isch Pr Ulc Skn Flp Ostc	COVERED
15950	Exc Trchntr Pr Ulc Prim Sutr	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
15951	Exc Trchntr Pr Ulc Ostc	COVERED
15952	Exc Trchntr Pr Ulc Flp Clsr	COVERED
15953	Exc Trchntr Pr Ulc Flp Ostc	COVERED
17107	Destruction Of Skin Lesions	COVERED
17260	Destruction Of Skin Lesions	COVERED
17264	Destruction Of Skin Lesions	COVERED
17266	Destruction Of Skin Lesions	COVERED
17276	Destruction Of Skin Lesions	COVERED
17284	Destruction Of Skin Lesions	COVERED
17286	Destruction Of Skin Lesions	COVERED
17311	Mohs 1 Stage H/N/Hf/G	COVERED
17312	Mohs Addl Stage	COVERED
17313	Mohs 1 Stage T/A/L	COVERED
17314	Mohs Addl Stage T/A/L	COVERED
17315	Mohs Surg Addl Block	COVERED
17360	Chemical Exfoliation Acne	COVERED
19110	Nipple Exploration	COVERED
19288	Perq Dev Breast Add Mr Guide	COVERED
19296	Place Po Breast Cath For Rad	COVERED
19297	Place Breast Cath For Rad	COVERED
19298	Place Breast Rad Tube/Caths	COVERED
19305	Mast Radical	COVERED
19306	Mast Rad Urban Type	COVERED
19316	Mastopexy	COVERED
19318	Reduction Of Large Breast	COVERED
19325	Enlarge Breast With Implant	COVERED
19328	Removal Of Breast Implant	COVERED
19330	Removal Of Implant Material	COVERED
19340	Immediate Breast Prosthesis	COVERED
19342	Delayed Breast Prosthesis	COVERED
19350	Nipple/Areola Reconstruction	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
19355	Correct Inverted Nipple(S)	COVERED
19357	Breast Reconstruction	COVERED
19361	Breast Reconstr W/Lat Flap	COVERED
19364	Breast Reconstruction	COVERED
19367	Breast Reconstruction	COVERED
19368	Breast Reconstruction	COVERED
19369	Breast Reconstruction	COVERED
19380	Revise Breast Reconstruction	COVERED
19499	Breast Surgery Procedure	COVERED
20100	Expl Pentrg Wound Neck	COVERED
20150	Excision Epiphyseal Bar	COVERED
20245	Bone Biopsy Excisional	COVERED
20250	Open Bone Biopsy	COVERED
20251	Open Bone Biopsy	COVERED
20500	Injection Of Sinus Tract	COVERED
20555	Place Ndl Musc/Tis For Rt	COVERED
20561	Needle Insertion(S) Without Injection(S); 3 Or More Muscles	COVERED
20662	Application Of Pelvis Brace	COVERED
20663	Application Of Thigh Brace	COVERED
20664	Application Of Halo	COVERED
20665	Removal Of Fixation Device	COVERED
20692	Apply Bone Fixation Device	COVERED
20696	Comp Multiplane Ext Fixation	COVERED
20697	Comp Ext Fixate Strut Change	COVERED
20703	Removal Of Drug-Delivery Device(S), Intramedullary (List Sep	COVERED
20705	Removal Of Drug-Delivery Device(S), Intra-Articular (List Se	COVERED
20802	Replantation Arm Complete	COVERED
20805	Replant Forearm Complete	COVERED
20808	Replantation Hand Complete	COVERED
20816	Replantation Digit Complete	COVERED
20824	Replantation Thumb Complete	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
20827	Replantation Thumb Complete	COVERED
20838	Replantation Foot Complete	COVERED
20902	Removal Of Bone For Graft	COVERED
20910	Remove Cartilage For Graft	COVERED
20920	Removal Of Fascia For Graft	COVERED
20924	Removal Of Tendon For Graft	COVERED
20931	Sp Bone Algrft Struct Add-On	COVERED
20932	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20933	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20934	Allograft, Includes Templating, Cutting, Placement And Inter	COVERED
20955	Fibula Bone Graft Microvasc	COVERED
20956	Iliac Bone Graft Microvasc	COVERED
20957	Mt Bone Graft Microvasc	COVERED
20962	Other Bone Graft Microvasc	COVERED
20969	Bone/Skin Graft Microvasc	COVERED
20970	Bone/Skin Graft Iliac Crest	COVERED
20972	Bone/Skin Graft Metatarsal	COVERED
20973	Bone/Skin Graft Great Toe	COVERED
20974	Electrical Bone Stimulation	COVERED
20975	Electrical Bone Stimulation	COVERED
20983	Ablate Bone Tumor(S) Perq	COVERED
21010	Incision Of Jaw Joint	COVERED
21011	Exc Face Les Sc < 2 Cm	COVERED
21012	Exc Face Les Sbq 2 Cm/>	COVERED
21015	Resect Face/Scalp Tum < 2 Cm	COVERED
21025	Excision Of Bone Lower Jaw	COVERED
21029	Contour Of Face Bone Lesion	COVERED
21045	Extensive Jaw Surgery	COVERED
21047	Excise Lwr Jaw Cyst W/Repair	COVERED
21049	Excis Uppr Jaw Cyst W/Repair	COVERED
21050	Removal Of Jaw Joint	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21060	Remove Jaw Joint Cartilage	COVERED
21070	Remove Coronoid Process	COVERED
21073	Mnpj Of Tmj W/Anesth	COVERED
21110	Interdental Fixation	COVERED
21116	Injection Jaw Joint X-Ray	COVERED
21120	Genioplasty Augmentation	COVERED
21122	Geniop Sldg Osteot 2/>	COVERED
21123	Geniop Sldg Augmentation	COVERED
21127	Augmentation Mndblr B1 Grf	COVERED
21137	Rdctj Forehead Cntrg Only	COVERED
21138	Rdctj Forehead Cntrg&Prostc	COVERED
21139	Rdctj Forehead Cntrg&Setback	COVERED
21141	Lefort I-1 Piece W/O Graft	COVERED
21142	Lefort I-2 Piece W/O Graft	COVERED
21143	Lefort I-3/> Piece W/O Graft	COVERED
21145	Lefort I-1 Piece W/ Graft	COVERED
21146	Lefort I-2 Piece W/ Graft	COVERED
21147	Lefort I-3/> Piece W/ Graft	COVERED
21150	Lefort Ii Anterior Intrusion	COVERED
21151	Lefort Ii W/Bone Grafts	COVERED
21154	Lefort Iii W/O Lefort I	COVERED
21155	Lefort Iii W/ Lefort I	COVERED
21159	Lefort Iii W/Fhdw/O Lefort I	COVERED
21160	Lefort Iii W/Fhd W/ Lefort I	COVERED
21172	Reconstruct Orbit/Forehead	COVERED
21175	Reconstruct Orbit/Forehead	COVERED
21179	Reconstruct Entire Forehead	COVERED
21180	Reconstruct Entire Forehead	COVERED
21181	Contour Cranial Bone Lesion	COVERED
21182	Reconstruct Cranial Bone	COVERED
21183	Reconstruct Cranial Bone	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21184	Reconstruct Cranial Bone	COVERED
21188	Reconstruction Of Midface	COVERED
21193	Reconst Lwr Jaw W/O Graft	COVERED
21194	Reconst Lwr Jaw W/Graft	COVERED
21195	Reconst Lwr Jaw W/O Fixation	COVERED
21196	Reconst Lwr Jaw W/Fixation	COVERED
21198	Reconstr Lwr Jaw Segment	COVERED
21199	Reconstr Lwr Jaw W/Advance	COVERED
21206	Reconstruct Upper Jaw Bone	COVERED
21208	Augmentation Of Facial Bones	COVERED
21209	Reduction Of Facial Bones	COVERED
21230	Rib Cartilage Graft	COVERED
21242	Reconstruction Of Jaw Joint	COVERED
21243	Reconstruction Of Jaw Joint	COVERED
21244	Reconstruction Of Lower Jaw	COVERED
21245	Reconstruction Of Jaw	COVERED
21246	Reconstruction Of Jaw	COVERED
21247	Reconstruct Lower Jaw Bone	COVERED
21248	Reconstruction Of Jaw	COVERED
21249	Reconstruction Of Jaw	COVERED
21255	Reconstruct Lower Jaw Bone	COVERED
21256	Reconstruction Of Orbit	COVERED
21260	Revise Eye Sockets	COVERED
21261	Revise Eye Sockets	COVERED
21263	Revise Eye Sockets	COVERED
21267	Revise Eye Sockets	COVERED
21268	Revise Eye Sockets	COVERED
21270	Augmentation Cheek Bone	COVERED
21275	Revision Orbitofacial Bones	COVERED
21280	Medial Canthopexy	COVERED
21282	Lateral Canthopexy	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21296	Revision Of Jaw Muscle/Bone	COVERED
21299	Cranio/Maxillofacial Surgery	COVERED
21337	Closed Tx Septal&Nose Fx	COVERED
21338	Open Nasoethmoid Fx W/O Fixj	COVERED
21339	Open Nasoethmoid Fx W/ Fixj	COVERED
21340	Perq Tx Nasoethmoid Fx	COVERED
21343	Open Tx Dprsd Front Sinus Fx	COVERED
21344	Open Tx Compl Front Sinus Fx	COVERED
21345	Closed Tx Nose/Jaw Fx	COVERED
21346	Opn Tx Nasomax Fx W/Fixj	COVERED
21348	Opn Tx Nasomax Fx W/Graft	COVERED
21355	Perq Tx Malar Fracture	COVERED
21356	Opn Tx Dprsd Zygomatic Arch	COVERED
21360	Opn Tx Dprsd Malar Fracture	COVERED
21366	Opn Tx Complx Malar W/Grft	COVERED
21385	Opn Tx Orbit Fx Transantral	COVERED
21390	Opn Tx Orbit Periorbtl Implt	COVERED
21395	Opn Tx Orbit Periorbt W/Grft	COVERED
21401	Closed Tx Orbit W/ Manipulj	COVERED
21408	Opn Tx Orbit Fx W/Bone Grft	COVERED
21421	Cltx Palatal/Max Fx Wire Fix	COVERED
21431	Cltx Craniofacial Separation	COVERED
21432	Optx Cranfcl Sep W/Wiring	COVERED
21433	Optx Cranfcl Sep Comp Mlt	COVERED
21435	Optx Crnfc Sep Comp Int&/Xtr	COVERED
21436	Optx Crnfc Sep Comp Mlt Int	COVERED
21440	Cltx Mndblr/Max Alv Ridge Fx	COVERED
21445	Optx Mndblr/Max Alv Ridge Fx	COVERED
21451	Cltx Mndblr Fx W/Mnpj	COVERED
21452	Perq Tx Mndblr Fx Xtrnl Fixj	COVERED
21454	Optx Mndblr Fx Xtrnl Fixj	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21461	Optx Mndblr Fx Wo Ntrdntl	COVERED
21485	Cltx Tmprmand Dislc Comp	COVERED
21490	Optx Tmprmand Dislocation	COVERED
21497	Interdental Wirg Oth/Thn Fx	COVERED
21499	Head Surgery Procedure	COVERED
21502	I&D Dp Abs/Hmtm Nck Rib Ostc	COVERED
21510	Inc Deep Opng B1 Crtx Thorax	COVERED
21552	Exc Neck Les Sc 3 Cm/>	COVERED
21554	Exc Neck Tum Deep 5 Cm/>	COVERED
21555	Exc Neck Les Sc < 3 Cm	COVERED
21556	Exc Neck Tum Deep < 5 Cm	COVERED
21600	Partial Removal Of Rib	COVERED
21603	Excision Of Chest Wall Tumor Involving Rib(S), With Plastic	COVERED
21610	Partial Removal Of Rib	COVERED
21615	Removal Of Rib	COVERED
21616	Removal Of Rib And Nerves	COVERED
21620	Partial Removal Of Sternum	COVERED
21627	Sternal Debridement	COVERED
21630	Radical Resection Sternum	COVERED
21685	Hyoid Myotomy & Suspension	COVERED
21700	Revision Of Neck Muscle	COVERED
21720	Revision Of Neck Muscle	COVERED
21725	Revision Of Neck Muscle	COVERED
21740	Reconstruction Of Sternum	COVERED
21742	Repair Stern/Nuss W/O Scope	COVERED
21812	Treatment Of Rib Fracture	COVERED
21813	Treatment Of Rib Fracture	COVERED
21820	Treat Sternum Fracture	COVERED
21825	Treat Sternum Fracture	COVERED
21930	Exc Back Les Sc < 3 Cm	COVERED
21931	Exc Back Les Sc 3 Cm/>	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21933	Exc Back Tum Deep 5 Cm/>	COVERED
21935	Resect Back Tum < 5 Cm	COVERED
22100	Remove Part Of Neck Vertebra	COVERED
22102	Remove Part Lumbar Vertebra	COVERED
22103	Remove Extra Spine Segment	COVERED
22110	Remove Part Of Neck Vertebra	COVERED
22112	Remove Part Thorax Vertebra	COVERED
22114	Remove Part Lumbar Vertebra	COVERED
22116	Remove Extra Spine Segment	COVERED
22207	Incis Spine 3 Column Lumbar	COVERED
22208	Incis Spine 3 Column Adl Seg	COVERED
22210	Incis 1 Vertebral Seg Cerv	COVERED
22212	Incis 1 Vertebral Seg Thorac	COVERED
22214	Incis 1 Vertebral Seg Lumbar	COVERED
22216	Incis Addl Spine Segment	COVERED
22222	Incis W/Disectomy Thoracic	COVERED
22224	Incis W/Disectomy Lumbar	COVERED
22315	Closed Tx Vert Fx W/Manj	COVERED
22318	Treat Odontoid Fx W/O Graft	COVERED
22319	Treat Odontoid Fx W/Graft	COVERED
22510	Perq Cervicothoracic Inject	COVERED
22511	Perq Lumbosacral Injection	COVERED
22513	Perq Vertebral Augmentation	COVERED
22514	Perq Vertebral Augmentation	COVERED
22520	Percutaneous Vertebroplsty Thoracic W/Wo Bone Bx	COVERED
22525	Perq Vertebral Augmentation Ea Addl Thrc/Lmbr	COVERED
22532	Lat Thorax Spine Fusion	COVERED
22533	Lat Lumbar Spine Fusion	COVERED
22534	Lat Thor/Lumb Addl Seg	COVERED
22548	Neck Spine Fusion	COVERED
22551	Neck Spine Fuse&Remov Bel C2	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
22552	Addl Neck Spine Fusion	COVERED
22554	Neck Spine Fusion	COVERED
22556	Thorax Spine Fusion	COVERED
22558	Lumbar Spine Fusion	COVERED
22585	Additional Spinal Fusion	COVERED
22586	Prescr1 Fuse W/ Instr L5-S1	COVERED
22590	Spine & Skull Spinal Fusion	COVERED
22595	Neck Spinal Fusion	COVERED
22600	Neck Spine Fusion	COVERED
22610	Thorax Spine Fusion	COVERED
22612	Lumbar Spine Fusion	COVERED
22614	Spine Fusion Extra Segment	COVERED
22630	Lumbar Spine Fusion	COVERED
22632	Spine Fusion Extra Segment	COVERED
22633	Lumbar Spine Fusion Combined	COVERED
22634	Spine Fusion Extra Segment	COVERED
22800	Post Fusion </6 Vert Seg	COVERED
22802	Post Fusion 7-12 Vert Seg	COVERED
22804	Post Fusion 13/> Vert Seg	COVERED
22808	Ant Fusion 2-3 Vert Seg	COVERED
22810	Ant Fusion 4-7 Vert Seg	COVERED
22812	Ant Fusion 8/> Vert Seg	COVERED
22818	Kyphectomy 1-2 Segments	COVERED
22819	Kyphectomy 3 Or More	COVERED
22830	Exploration Of Spinal Fusion	COVERED
22840	Insert Spine Fixation Device	COVERED
22841	Insert Spine Fixation Device	COVERED
22842	Insert Spine Fixation Device	COVERED
22843	Insert Spine Fixation Device	COVERED
22844	Insert Spine Fixation Device	COVERED
22845	Insert Spine Fixation Device	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
22846	Insert Spine Fixation Device	COVERED
22847	Insert Spine Fixation Device	COVERED
22849	Reinsert Spinal Fixation	COVERED
22850	Remove Spine Fixation Device	COVERED
22852	Remove Spine Fixation Device	COVERED
22853	Insj Biomechanical Device	COVERED
22854	Insj Biomechanical Device	COVERED
22855	Remove Spine Fixation Device	COVERED
22856	Cerv Artific Diskectomy	COVERED
22857	Lumbar Artif Diskectomy	COVERED
22858	Second Level Cer Diskectomy	COVERED
22859	Insj Biomechanical Device	COVERED
22860	Tot Disc Arthrp 2Ntrspc Lmbr	COVERED
22861	Revise Cerv Artific Disc	COVERED
22862	Revise Lumbar Artif Disc	COVERED
22864	Remove Cerv Artif Disc	COVERED
22865	Remove Lumb Artif Disc	COVERED
22867	Insertion Of Interlaminar/Interspinous Process	COVERED
22869	Insertion Of Intervertebral Biomechanical	COVERED
22902	Exc Abd Les Sc < 3 Cm	COVERED
22903	Exc Abd Les Sc 3 Cm/>	COVERED
23000	Removal Of Calcium Deposits	COVERED
23031	Drain Shoulder Bursa	COVERED
23035	Drain Shoulder Bone Lesion	COVERED
23040	Exploratory Shoulder Surgery	COVERED
23044	Exploratory Shoulder Surgery	COVERED
23065	Biopsy Shoulder Tissues	COVERED
23071	Exc Shoulder Les Sc 3 Cm/>	COVERED
23077	Resect Shoulder Tumor < 5 Cm	COVERED
23078	Resect Shoulder Tumor 5 Cm/>	COVERED
23100	Biopsy Of Shoulder Joint	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
23105	Remove Shoulder Joint Lining	COVERED
23106	Incision Of Collarbone Joint	COVERED
23107	Explore Treat Shoulder Joint	COVERED
23125	Claviculectomy Total	COVERED
23145	Removal Of Bone Lesion	COVERED
23146	Removal Of Bone Lesion	COVERED
23155	Removal Of Humerus Lesion	COVERED
23156	Removal Of Humerus Lesion	COVERED
23170	Remove Collar Bone Lesion	COVERED
23172	Remove Shoulder Blade Lesion	COVERED
23174	Remove Humerus Lesion	COVERED
23180	Remove Collar Bone Lesion	COVERED
23182	Remove Shoulder Blade Lesion	COVERED
23184	Remove Humerus Lesion	COVERED
23190	Partial Removal Of Scapula	COVERED
23195	Removal Of Head Of Humerus	COVERED
23200	Resect Clavicle Tumor	COVERED
23210	Resect Scapula Tumor	COVERED
23220	Resect Prox Humerus Tumor	COVERED
23334	Shoulder Prosthesis Removal	COVERED
23397	Muscle Transfers	COVERED
23400	Fixation Of Shoulder Blade	COVERED
23405	Incision Of Tendon & Muscle	COVERED
23410	Repair Rotator Cuff Acute	COVERED
23415	Release Of Shoulder Ligament	COVERED
23440	Remove/Transplant Tendon	COVERED
23450	Repair Shoulder Capsule	COVERED
23455	Repair Shoulder Capsule	COVERED
23470	Reconstruct Shoulder Joint	COVERED
23480	Revision Of Collar Bone	COVERED
23490	Reinforce Clavicle	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
23491	Reinforce Shoulder Bones	COVERED
23520	Treat Clavicle Dislocation	COVERED
23532	Treat Clavicle Dislocation	COVERED
23616	Treat Humerus Fracture	COVERED
23625	Treat Humerus Fracture	COVERED
23670	Treat Dislocation/Fracture	COVERED
23675	Treat Dislocation/Fracture	COVERED
23800	Fusion Of Shoulder Joint	COVERED
23802	Fusion Of Shoulder Joint	COVERED
23900	Amputation Of Arm & Girdle	COVERED
23920	Amputation At Shoulder Joint	COVERED
23921	Amputation Follow-Up Surgery	COVERED
23935	Drain Arm/Elbow Bone Lesion	COVERED
24071	Exc Arm/Elbow Les Sc 3 Cm/>	COVERED
24075	Exc Arm/Elbow Les Sc < 3 Cm	COVERED
24077	Resect Arm/Elbow Tum < 5 Cm	COVERED
24079	Resect Arm/Elbow Tum 5 Cm/>	COVERED
24100	Biopsy Elbow Joint Lining	COVERED
24101	Explore/Treat Elbow Joint	COVERED
24102	Remove Elbow Joint Lining	COVERED
24110	Remove Humerus Lesion	COVERED
24115	Remove/Graft Bone Lesion	COVERED
24120	Remove Elbow Lesion	COVERED
24125	Remove/Graft Bone Lesion	COVERED
24126	Remove/Graft Bone Lesion	COVERED
24130	Removal Of Head Of Radius	COVERED
24134	Removal Of Arm Bone Lesion	COVERED
24136	Remove Radius Bone Lesion	COVERED
24138	Remove Elbow Bone Lesion	COVERED
24140	Partial Removal Of Arm Bone	COVERED
24145	Partial Removal Of Radius	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
24147	Partial Removal Of Elbow	COVERED
24149	Radical Resection Of Elbow	COVERED
24150	Resect Distal Humerus Tumor	COVERED
24152	Resect Radius Tumor	COVERED
24160	Remove Elbow Joint Implant	COVERED
24301	Muscle/Tendon Transfer	COVERED
24320	Repair Of Arm Tendon	COVERED
24330	Revision Of Arm Muscles	COVERED
24331	Revision Of Arm Muscles	COVERED
24332	Tenolysis Triceps	COVERED
24345	Repr Elbw Med Ligmnt W/Tissu	COVERED
24346	Reconstruct Elbow Med Ligmnt	COVERED
24357	Repair Elbow Perc	COVERED
24360	Reconstruct Elbow Joint	COVERED
24361	Reconstruct Elbow Joint	COVERED
24362	Reconstruct Elbow Joint	COVERED
24365	Reconstruct Head Of Radius	COVERED
24366	Reconstruct Head Of Radius	COVERED
24370	Revise Reconst Elbow Joint	COVERED
24371	Revise Reconst Elbow Joint	COVERED
24410	Revision Of Humerus	COVERED
24420	Revision Of Humerus	COVERED
24470	Revision Of Elbow Joint	COVERED
24495	Decompression Of Forearm	COVERED
24498	Reinforce Humerus	COVERED
24566	Treat Humerus Fracture	COVERED
24577	Treat Humerus Fracture	COVERED
24582	Treat Humerus Fracture	COVERED
24587	Treat Elbow Fracture	COVERED
24615	Treat Elbow Dislocation	COVERED
24800	Fusion Of Elbow Joint	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
24802	Fusion/Graft Of Elbow Joint	COVERED
24925	Amputation Follow-Up Surgery	COVERED
24931	Amputate Upper Arm & Implant	COVERED
24935	Revision Of Amputation	COVERED
24940	Revision Of Upper Arm	COVERED
25001	Incise Flexor Carpi Radialis	COVERED
25031	Drainage Of Forearm Bursa	COVERED
25035	Treat Forearm Bone Lesion	COVERED
25040	Explore/Treat Wrist Joint	COVERED
25071	Exc Forearm Les Sc 3 Cm/>	COVERED
25075	Exc Forearm Les Sc < 3 Cm	COVERED
25077	Resect Forearm/Wrist Tum<3Cm	COVERED
25101	Explore/Treat Wrist Joint	COVERED
25105	Remove Wrist Joint Lining	COVERED
25107	Remove Wrist Joint Cartilage	COVERED
25110	Remove Wrist Tendon Lesion	COVERED
25119	Partial Removal Of Ulna	COVERED
25120	Removal Of Forearm Lesion	COVERED
25125	Remove/Graft Forearm Lesion	COVERED
25126	Remove/Graft Forearm Lesion	COVERED
25130	Removal Of Wrist Lesion	COVERED
25135	Remove & Graft Wrist Lesion	COVERED
25136	Remove & Graft Wrist Lesion	COVERED
25145	Remove Forearm Bone Lesion	COVERED
25170	Resect Radius/Ulnar Tumor	COVERED
25215	Removal Of Wrist Bones	COVERED
25230	Partial Removal Of Radius	COVERED
25240	Partial Removal Of Ulna	COVERED
25248	Remove Forearm Foreign Body	COVERED
25250	Removal Of Wrist Prosthesis	COVERED
25251	Removal Of Wrist Prosthesis	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
25263	Repair Forearm Tendon/Muscle	COVERED
25275	Repair Forearm Tendon Sheath	COVERED
25280	Revise Wrist/Forearm Tendon	COVERED
25301	Fusion Of Tendons At Wrist	COVERED
25310	Transplant Forearm Tendon	COVERED
25315	Revise Palsy Hand Tendon(S)	COVERED
25316	Revise Palsy Hand Tendon(S)	COVERED
25335	Centralization Wrist On Ulna	COVERED
25355	Revision Of Radius	COVERED
25360	Revision Of Ulna	COVERED
25365	Revise Radius & Ulna	COVERED
25370	Revise Radius Or Ulna	COVERED
25375	Revise Radius & Ulna	COVERED
25391	Lengthen Radius Or Ulna	COVERED
25392	Shorten Radius & Ulna	COVERED
25393	Lengthen Radius & Ulna	COVERED
25394	Repair Carpal Bone Shorten	COVERED
25400	Repair Radius Or Ulna	COVERED
25405	Repair/Graft Radius Or Ulna	COVERED
25415	Repair Radius & Ulna	COVERED
25420	Repair/Graft Radius & Ulna	COVERED
25425	Repair/Graft Radius Or Ulna	COVERED
25426	Repair/Graft Radius & Ulna	COVERED
25430	Vasc Graft Into Carpal Bone	COVERED
25431	Repair Nonunion Carpal Bone	COVERED
25440	Repair Nonu Scphd Carpl B1	COVERED
25441	Arthrp W/Prostc Dstl Rds	COVERED
25442	Arthrp W/Prostc Dstl Ulna	COVERED
25443	Arthrp Prostc Dstl Scph Crpl	COVERED
25444	Arthrp W/Prostc Lunate	COVERED
25445	Arthrp W/Prostc Trapezium	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
25446	Arthrp W/Prostc Dst Rds&Crps	COVERED
25447	Arthrp Ntrcrp/Crp/Mtcr Ntrps	COVERED
25448	Arthrp Ntrcrpl/Crp/Mtcrp Ssp	COVERED
25449	Revj Arthrp Wrist Joint	COVERED
25450	Epiphysl Arrst Dstl Rds/Ulna	COVERED
25455	Epiphysl Arrst Dstl Rds&Ulna	COVERED
25490	Prophylactic Tx Radius	COVERED
25491	Prophylactic Tx Ulna	COVERED
25492	Prophylactic Tx Radius&Ulna	COVERED
25685	Optx Trns-Scphprlnr Fx Dislc	COVERED
25800	Arthrd Wrist Complete Wo Grf	COVERED
25805	Arthrd Wrist W/Sliding Graft	COVERED
25810	Arthrd Wrst Iliac/Oth Agrft	COVERED
25830	Arthrd Dst Rad/UI Jt Sgm Rsc	COVERED
25900	Amputation Of Forearm	COVERED
25905	Amputation Of Forearm	COVERED
25907	Amputation Follow-Up Surgery	COVERED
25909	Amputation Follow-Up Surgery	COVERED
25915	Amputation Of Forearm	COVERED
25922	Amputate Hand At Wrist	COVERED
25924	Amputation Follow-Up Surgery	COVERED
25927	Amputation Of Hand	COVERED
25929	Amputation Follow-Up Surgery	COVERED
25931	Amputation Follow-Up Surgery	COVERED
26010	Drainage Of Finger Abscess	COVERED
26025	Drainage Of Palm Bursa	COVERED
26030	Drainage Of Palm Bursas	COVERED
26034	Treat Hand Bone Lesion	COVERED
26040	Release Palm Contracture	COVERED
26060	Incision Of Finger Tendon	COVERED
26100	Biopsy Hand Joint Lining	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
26111	Exc Hand Les Sc 1.5 Cm/>	COVERED
26116	Exc Hand Tum Deep < 1.5 Cm	COVERED
26121	Release Palm Contracture	COVERED
26130	Remove Wrist Joint Lining	COVERED
26135	Revise Finger Joint Each	COVERED
26140	Revise Finger Joint Each	COVERED
26145	Tendon Excision Palm/Finger	COVERED
26185	Remove Finger Bone	COVERED
26205	Remove/Graft Bone Lesion	COVERED
26210	Removal Of Finger Lesion	COVERED
26215	Remove/Graft Finger Lesion	COVERED
26235	Partial Removal Finger Bone	COVERED
26250	Extensive Hand Surgery	COVERED
26260	Resect Prox Finger Tumor	COVERED
26262	Resect Distal Finger Tumor	COVERED
26352	Repair/Graft Hand Tendon	COVERED
26357	Repair Finger/Hand Tendon	COVERED
26373	Repair Finger/Hand Tendon	COVERED
26415	Excision Hand/Finger Tendon	COVERED
26416	Graft Hand Or Finger Tendon	COVERED
26428	Repair/Graft Finger Tendon	COVERED
26434	Repair/Graft Finger Tendon	COVERED
26440	Release Palm/Finger Tendon	COVERED
26449	Release Forearm/Hand Tendon	COVERED
26450	Incision Of Palm Tendon	COVERED
26460	Incise Hand/Finger Tendon	COVERED
26471	Fusion Of Finger Tendons	COVERED
26477	Tendon Shortening	COVERED
26478	Lengthening Of Hand Tendon	COVERED
26479	Shortening Of Hand Tendon	COVERED
26485	Transplant Palm Tendon	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
26489	Transplant/Graft Palm Tendon	COVERED
26492	Tendon Transfer With Graft	COVERED
26494	Hand Tendon/Muscle Transfer	COVERED
26496	Revise Thumb Tendon	COVERED
26497	Finger Tendon Transfer	COVERED
26499	Revision Of Finger	COVERED
26500	Hand Tendon Reconstruction	COVERED
26508	Release Thumb Contracture	COVERED
26510	Thumb Tendon Transfer	COVERED
26516	Fusion Of Knuckle Joint	COVERED
26517	Fusion Of Knuckle Joints	COVERED
26542	Repair Hand Joint With Graft	COVERED
26550	Pollicization Digit	COVERED
26551	Great Toe-Hand Transfer	COVERED
26553	Single Transfer Toe-Hand	COVERED
26554	Double Transfer Toe-Hand	COVERED
26555	Positional Change Of Finger	COVERED
26556	Toe Joint Transfer	COVERED
26560	Repair Of Web Finger	COVERED
26562	Repair Of Web Finger	COVERED
26568	Lengthen Metacarpal/Finger	COVERED
26580	Repair Cleft Hand	COVERED
26590	Repair Finger Deformity	COVERED
26591	Repair Muscles Of Hand	COVERED
26596	Excision Constricting Tissue	COVERED
26665	Treat Thumb Fracture	COVERED
26705	Treat Knuckle Dislocation	COVERED
26820	Thumb Fusion With Graft	COVERED
26841	Fusion Of Thumb	COVERED
26844	Fusion/Graft Of Hand Joint	COVERED
26852	Fusion Of Knuckle With Graft	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
26863	Fuse/Graft Added Joint	COVERED
26991	Drainage Of Pelvis Bursa	COVERED
27001	Incision Of Hip Tendon	COVERED
27003	Incision Of Hip Tendon	COVERED
27005	Incision Of Hip Tendon	COVERED
27027	Buttock Fasciotomy	COVERED
27035	Denervation Of Hip Joint	COVERED
27041	Biopsy Of Soft Tissues	COVERED
27043	Exc Hip Pelvis Les Sc 3 Cm/>	COVERED
27047	Exc Hip/Pelvis Les Sc < 3 Cm	COVERED
27048	Exc Hip/Pelv Tum Deep < 5 Cm	COVERED
27049	Resect Hip/Pelv Tum < 5 Cm	COVERED
27050	Biopsy Of Sacroiliac Joint	COVERED
27052	Biopsy Of Hip Joint	COVERED
27054	Removal Of Hip Joint Lining	COVERED
27057	Buttock Fasciotomy W/Dbdmt	COVERED
27060	Removal Of Ischial Bursa	COVERED
27067	Remove/Graft Hip Bone Lesion	COVERED
27071	Part Removal Hip Bone Deep	COVERED
27075	Resect Hip Tumor	COVERED
27076	Resect Hip Tum Incl Acetabul	COVERED
27077	Resect Hip Tum W/Innom Bone	COVERED
27078	Rsect Hip Tum Incl Femur	COVERED
27080	Removal Of Tail Bone	COVERED
27086	Remove Hip Foreign Body	COVERED
27090	Removal Of Hip Prosthesis	COVERED
27095	Injection For Hip X-Ray	COVERED
27096	Inject Sacroiliac Joint	COVERED
27097	Revision Of Hip Tendon	COVERED
27098	Transfer Tendon To Pelvis	COVERED
27100	Transfer Of Abdominal Muscle	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
27105	Transfer Of Spinal Muscle	COVERED
27110	Transfer Of Iliopsoas Muscle	COVERED
27111	Transfer Of Iliopsoas Muscle	COVERED
27120	Reconstruction Of Hip Socket	COVERED
27122	Reconstruction Of Hip Socket	COVERED
27125	Partial Hip Replacement	COVERED
27130	Total Hip Arthroplasty	COVERED
27134	Revise Hip Joint Replacement	COVERED
27137	Revise Hip Joint Replacement	COVERED
27140	Transplant Femur Ridge	COVERED
27146	Incision Of Hip Bone	COVERED
27147	Revision Of Hip Bone	COVERED
27151	Incision Of Hip Bones	COVERED
27156	Revision Of Hip Bones	COVERED
27158	Revision Of Pelvis	COVERED
27161	Incision Of Neck Of Femur	COVERED
27165	Incision/Fixation Of Femur	COVERED
27170	Repair/Graft Femur Head/Neck	COVERED
27175	Treat Slipped Epiphysis	COVERED
27177	Treat Slipped Epiphysis	COVERED
27178	Treat Slipped Epiphysis	COVERED
27179	Revise Head/Neck Of Femur	COVERED
27181	Treat Slipped Epiphysis	COVERED
27185	Revision Of Femur Epiphysis	COVERED
27198	Closed Treatment Of Posterior Pelvic Ring	COVERED
27202	Treat Tail Bone Fracture	COVERED
27230	Treat Thigh Fracture	COVERED
27232	Treat Thigh Fracture	COVERED
27240	Treat Thigh Fracture	COVERED
27254	Treat Hip Dislocation	COVERED
27256	Treat Hip Dislocation	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
27258	Treat Hip Dislocation	COVERED
27259	Treat Hip Dislocation	COVERED
27267	Cltx Thigh Fx	COVERED
27279	Arthrodesis Sacroiliac Joint	COVERED
27282	Fusion Of Pubic Bones	COVERED
27284	Fusion Of Hip Joint	COVERED
27286	Fusion Of Hip Joint	COVERED
27290	Amputation Of Leg At Hip	COVERED
27295	Amputation Of Leg At Hip	COVERED
27301	Drain Thigh/Knee Lesion	COVERED
27325	Neurectomy Hamstring	COVERED
27326	Neurectomy Popliteal	COVERED
27327	Exc Thigh/Knee Les Sc < 3 Cm	COVERED
27328	Exc Thigh/Knee Tum Deep <5Cm	COVERED
27329	Resect Thigh/Knee Tum < 5 Cm	COVERED
27330	Biopsy Knee Joint Lining	COVERED
27331	Explore/Treat Knee Joint	COVERED
27337	Exc Thigh/Knee Les Sc 3 Cm/>	COVERED
27339	Exc Thigh/Knee Tum Dep 5Cm/>	COVERED
27340	Removal Of Kneecap Bursa	COVERED
27355	Remove Femur Lesion	COVERED
27356	Remove Femur Lesion/Graft	COVERED
27357	Remove Femur Lesion/Graft	COVERED
27358	Remove Femur Lesion/Fixation	COVERED
27381	Repair/Graft Kneecap Tendon	COVERED
27386	Repair/Graft Of Thigh Muscle	COVERED
27390	Incision Of Thigh Tendon	COVERED
27391	Incision Of Thigh Tendons	COVERED
27392	Incision Of Thigh Tendons	COVERED
27393	Lengthening Of Thigh Tendon	COVERED
27394	Lengthening Of Thigh Tendons	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
27395	Lengthening Of Thigh Tendons	COVERED
27396	Transplant Of Thigh Tendon	COVERED
27397	Transplants Of Thigh Tendons	COVERED
27407	Repair Of Knee Ligament	COVERED
27409	Repair Of Knee Ligaments	COVERED
27412	Autochondrocyte Implant Knee	COVERED
27418	Repair Degenerated Kneecap	COVERED
27420	Revision Of Unstable Kneecap	COVERED
27424	Revision/Removal Of Kneecap	COVERED
27428	Reconstruction Knee	COVERED
27429	Reconstruction Knee	COVERED
27437	Revise Kneecap	COVERED
27440	Revision Of Knee Joint	COVERED
27441	Revision Of Knee Joint	COVERED
27443	Revision Of Knee Joint	COVERED
27445	Revision Of Knee Joint	COVERED
27447	Total Knee Arthroplasty	COVERED
27448	Incision Of Thigh	COVERED
27454	Realignment Of Thigh Bone	COVERED
27465	Shortening Of Thigh Bone	COVERED
27466	Lengthening Of Thigh Bone	COVERED
27468	Shorten/Lengthen Thighs	COVERED
27477	Surgery To Stop Leg Growth	COVERED
27486	Revise/Replace Knee Joint	COVERED
27487	Revise/Replace Knee Joint	COVERED
27496	Decompression Of Thigh/Knee	COVERED
27497	Decompression Of Thigh/Knee	COVERED
27499	Decompression Of Thigh/Knee	COVERED
27503	Treatment Of Thigh Fracture	COVERED
27509	Treatment Of Thigh Fracture	COVERED
27517	Treat Thigh Fx Growth Plate	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
27519	Treat Thigh Fx Growth Plate	COVERED
27556	Treat Knee Dislocation	COVERED
27557	Treat Knee Dislocation	COVERED
27558	Treat Knee Dislocation	COVERED
27591	Amputate Leg At Thigh	COVERED
27594	Amputation Follow-Up Surgery	COVERED
27606	Incision Of Achilles Tendon	COVERED
27607	Treat Lower Leg Bone Lesion	COVERED
27612	Exploration Of Ankle Joint	COVERED
27614	Biopsy Lower Leg Soft Tissue	COVERED
27615	Resect Leg/Ankle Tum < 5 Cm	COVERED
27620	Explore/Treat Ankle Joint	COVERED
27626	Remove Ankle Joint Lining	COVERED
27632	Exc Leg/Ankle Les Sc 3 Cm/>	COVERED
27638	Remove/Graft Leg Bone Lesion	COVERED
27640	Partial Removal Of Tibia	COVERED
27641	Partial Removal Of Fibula	COVERED
27646	Resect Fibula Tumor	COVERED
27647	Resect Talus/Calcaneus Tum	COVERED
27656	Repair Leg Fascia Defect	COVERED
27665	Repair Of Leg Tendon Each	COVERED
27676	Repair Lower Leg Tendons	COVERED
27681	Release Of Lower Leg Tendons	COVERED
27686	Revise Lower Leg Tendons	COVERED
27700	Revision Of Ankle Joint	COVERED
27704	Removal Of Ankle Implant	COVERED
27707	Osteotomy Fibula	COVERED
27715	Ostpl Tibfib Lngth/Shrt	COVERED
27722	Repair/Graft Of Tibia	COVERED
27725	Repair Of Lower Leg	COVERED
27727	Repair Of Lower Leg	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
27730	Repair Of Tibia Epiphysis	COVERED
27732	Repair Of Fibula Epiphysis	COVERED
27734	Repair Lower Leg Epiphyses	COVERED
27740	Repair Of Leg Epiphyses	COVERED
27742	Repair Of Leg Epiphyses	COVERED
27745	Reinforce Tibia	COVERED
27802	Treatment Of Closed Tibia And Fibula Fractures, Shafts; With	COVERED
27832	Treat Lower Leg Dislocation	COVERED
27870	Fusion Of Ankle Joint Open	COVERED
27881	Amputation Of Lower Leg	COVERED
27888	Amputation Of Foot At Ankle	COVERED
27892	Decompression Of Leg	COVERED
27893	Decompression Of Leg	COVERED
28008	Incision Of Foot Fascia	COVERED
28020	Exploration Of Foot Joint	COVERED
28035	Decompression Of Tibia Nerve	COVERED
28039	Exc Foot/Toe Tum Sc 1.5 Cm/>	COVERED
28041	Exc Foot/Toe Tum Dep 1.5Cm/>	COVERED
28043	Exc Foot/Toe Tum Sc < 1.5 Cm	COVERED
28046	Resect Foot/Toe Tumor < 3 Cm	COVERED
28047	Resect Foot/Toe Tumor 3 Cm/>	COVERED
28050	Biopsy Of Foot Joint Lining	COVERED
28054	Biopsy Of Toe Joint Lining	COVERED
28055	Neurectomy Foot	COVERED
28060	Partial Removal Foot Fascia	COVERED
28062	Removal Of Foot Fascia	COVERED
28072	Removal Of Foot Joint Lining	COVERED
28088	Excise Foot Tendon Sheath	COVERED
28107	Remove/Graft Foot Lesion	COVERED
28114	Removal Of Metatarsal Heads	COVERED
28119	Removal Of Heel Spur	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
28120	Part Removal Of Ankle/Heel	COVERED
28122	Partial Removal Of Foot Bone	COVERED
28124	Partial Removal Of Toe	COVERED
28130	Removal Of Ankle Bone	COVERED
28153	Partial Removal Of Toe	COVERED
28171	Resect Tarsal Tumor	COVERED
28173	Resect Metatarsal Tumor	COVERED
28175	Resect Phalanx Of Toe Tumor	COVERED
28202	Repair/Graft Of Foot Tendon	COVERED
28222	Release Of Foot Tendons	COVERED
28225	Release Of Foot Tendon	COVERED
28226	Release Of Foot Tendons	COVERED
28240	Release Of Big Toe	COVERED
28260	Release Of Midfoot Joint	COVERED
28262	Revision Of Foot And Ankle	COVERED
28264	Release Of Midfoot Joint	COVERED
28272	Release Of Toe Joint Each	COVERED
28285	Repair Of Hammertoe	COVERED
28289	Repair Hallux Rigidus	COVERED
28291	Hallux Rigidus Correction With Cheilectomy,	COVERED
28292	Correction Of Bunion	COVERED
28295	Correction, Hallux Valgus (Bunionectomy), With	COVERED
28296	Correction Of Bunion	COVERED
28297	Correction Of Bunion	COVERED
28298	Correction Of Bunion	COVERED
28299	Correction Of Bunion	COVERED
28300	Incision Of Heel Bone	COVERED
28302	Incision Of Ankle Bone	COVERED
28304	Incision Of Midfoot Bones	COVERED
28305	Incise/Graft Midfoot Bones	COVERED
28306	Incision Of Metatarsal	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
28307	Incision Of Metatarsal	COVERED
28308	Incision Of Metatarsal	COVERED
28309	Incision Of Metatarsals	COVERED
28312	Revision Of Toe	COVERED
28322	Repair Of Metatarsals	COVERED
28340	Resect Enlarged Toe Tissue	COVERED
28341	Resect Enlarged Toe	COVERED
28345	Repair Webbed Toe(S)	COVERED
28360	Reconstruct Cleft Foot	COVERED
28406	Treatment Of Heel Fracture	COVERED
28420	Treat/Graft Heel Fracture	COVERED
28456	Treat Midfoot Fracture	COVERED
28531	Treat Sesamoid Bone Fracture	COVERED
28540	Treat Foot Dislocation	COVERED
28545	Treat Foot Dislocation	COVERED
28575	Treat Foot Dislocation	COVERED
28576	Treat Foot Dislocation	COVERED
28635	Treat Toe Dislocation	COVERED
28636	Treat Toe Dislocation	COVERED
28705	Arthrodesis Pantalar	COVERED
28715	Arthrodesis Triple	COVERED
28725	Arthrodesis Subtalar	COVERED
28730	Fusion Of Foot Bones	COVERED
28740	Fusion Of Foot Bones	COVERED
28750	Fusion Of Big Toe Joint	COVERED
28755	Fusion Of Big Toe Joint	COVERED
28760	Fusion Of Big Toe Joint	COVERED
28890	Hi Enrgy Eswt Plantar Fascia	COVERED
29000	Application Of Body Cast	COVERED
29010	Application Of Body Cast	COVERED
29015	Application Of Body Cast	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
29035	Application Of Body Cast	COVERED
29040	Application Of Body Cast	COVERED
29044	Application Of Body Cast	COVERED
29046	Application Of Body Cast	COVERED
29049	Application Of Figure Eight	COVERED
29055	Application Of Shoulder Cast	COVERED
29058	Application Of Shoulder Cast	COVERED
29086	Apply Finger Cast	COVERED
29200	Strapping Thorax	COVERED
29305	Application Of Hip Cast	COVERED
29325	Application Of Hip Casts	COVERED
29358	Apply Long Leg Cast Brace	COVERED
29440	Addition Of Walker To Cast	COVERED
29584	Appl Multlay Compr Arm/Hand	COVERED
29710	Removal/Revision Of Cast	COVERED
29730	Windowing Of Cast	COVERED
29740	Wedging Of Cast	COVERED
29750	Wedging Of Clubfoot Cast	COVERED
29800	Jaw Arthroscopy/Surgery	COVERED
29804	Jaw Arthroscopy/Surgery	COVERED
29805	Shoulder Arthroscopy Dx	COVERED
29806	Shoulder Arthroscopy/Surgery	COVERED
29807	Shoulder Arthroscopy/Surgery	COVERED
29820	Shoulder Arthroscopy/Surgery	COVERED
29821	Shoulder Arthroscopy/Surgery	COVERED
29825	Shoulder Arthroscopy/Surgery	COVERED
29830	Elbow Arthroscopy	COVERED
29836	Elbow Arthroscopy/Surgery	COVERED
29837	Elbow Arthroscopy/Surgery	COVERED
29840	Wrist Arthroscopy	COVERED
29844	Wrist Arthroscopy/Surgery	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
29845	Wrist Arthroscopy/Surgery	COVERED
29847	Wrist Arthroscopy/Surgery	COVERED
29850	Knee Arthroscopy/Surgery	COVERED
29856	Tibial Arthroscopy/Surgery	COVERED
29860	Hip Arthroscopy Dx	COVERED
29861	Hip Arthro W/Fb Removal	COVERED
29862	Hip Arthro W/Debridement	COVERED
29863	Hip Arthro W/Synovectomy	COVERED
29866	Autograft Implant Knee W/Scope	COVERED
29867	Allgraft Implant Knee W/Scope	COVERED
29870	Knee Arthroscopy Dx	COVERED
29871	Knee Arthroscopy/Drainage	COVERED
29873	Knee Arthroscopy/Surgery	COVERED
29874	Knee Arthroscopy/Surgery	COVERED
29879	Knee Arthroscopy/Surgery	COVERED
29883	Knee Arthroscopy/Surgery	COVERED
29884	Knee Arthroscopy/Surgery	COVERED
29885	Knee Arthroscopy/Surgery	COVERED
29886	Knee Arthroscopy/Surgery	COVERED
29887	Knee Arthroscopy/Surgery	COVERED
29889	Knee Arthroscopy/Surgery	COVERED
29892	Ankle Arthroscopy/Surgery	COVERED
29893	Scope Plantar Fasciotomy	COVERED
29898	Ankle Arthroscopy/Surgery	COVERED
29899	Ankle Arthroscopy/Surgery	COVERED
29900	Mcp Joint Arthroscopy Dx	COVERED
29901	Mcp Joint Arthroscopy Surg	COVERED
29902	Mcp Joint Arthroscopy Surg	COVERED
29904	Subtalar Arthro W/Fb Rmvl	COVERED
29905	Subtalar Arthro W/Exc	COVERED
29906	Subtalar Arthro W/Deb	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
29907	Subtalar Arthro W/Fusion	COVERED
29914	Hip Arthro W/Femoroplasty	COVERED
29915	Hip Arthro Acetabuloplasty	COVERED
29999	Arthroscopy Of Joint	COVERED
30110	Removal Of Nose Polyp(S)	COVERED
30118	Removal Of Intranasal Lesion	COVERED
30120	Revision Of Nose	COVERED
30150	Rhinectomy Partial	COVERED
30160	Rhinectomy Total	COVERED
30200	Injection Treatment Of Nose	COVERED
30210	Nasal Sinus Therapy	COVERED
30400	Reconstruction Of Nose	COVERED
30410	Reconstruction Of Nose	COVERED
30420	Reconstruction Of Nose	COVERED
30435	Revision Of Nose	COVERED
30450	Revision Of Nose	COVERED
30460	Revision Of Nose	COVERED
30462	Revision Of Nose	COVERED
30465	Repair Nasal Stenosis	COVERED
30468	Rpr Nsl Vlv Collapse Subq/Sbmcsl Lat Wall Implt	COVERED
30469	Rpr Nsl Vlv Collapse W/Rmdlg	COVERED
30540	Repair Nasal Defect	COVERED
30545	Repair Nasal Defect	COVERED
30560	Release Of Nasal Adhesions	COVERED
30620	Intranasal Reconstruction	COVERED
30630	Repair Nasal Septum Defect	COVERED
30915	Ligation Nasal Sinus Artery	COVERED
30920	Ligation Upper Jaw Artery	COVERED
30999	Nasal Surgery Procedure	COVERED
31040	Exploration Behind Upper Jaw	COVERED
31050	Exploration Sphenoid Sinus	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
31051	Sphenoid Sinus Surgery	COVERED
31070	Exploration Of Frontal Sinus	COVERED
31075	Exploration Of Frontal Sinus	COVERED
31080	Removal Of Frontal Sinus	COVERED
31081	Removal Of Frontal Sinus	COVERED
31084	Removal Of Frontal Sinus	COVERED
31085	Removal Of Frontal Sinus	COVERED
31086	Removal Of Frontal Sinus	COVERED
31087	Removal Of Frontal Sinus	COVERED
31090	Exploration Of Sinuses	COVERED
31230	Removal Of Upper Jaw	COVERED
31235	Nasal/Sinus Endoscopy Dx	COVERED
31241	Nsl/Sins Ndsc W/Artery Lig	COVERED
31253	Nsl/Sins Ndsc Total	COVERED
31259	Nsl/Sins Ndsc Sphn Tiss Rmvl	COVERED
31287	Nasal/Sinus Endoscopy Surg	COVERED
31292	Nasal/Sinus Endoscopy Surg	COVERED
31293	Nasal/Sinus Endoscopy Surg	COVERED
31294	Nasal/Sinus Endoscopy Surg	COVERED
31296	Sinus Endo W/Balloon Dil	COVERED
31297	Sinus Endo W/Balloon Dil	COVERED
31300	Removal Of Larynx Lesion	COVERED
31360	Removal Of Larynx	COVERED
31365	Removal Of Larynx	COVERED
31367	Partial Removal Of Larynx	COVERED
31368	Partial Removal Of Larynx	COVERED
31370	Partial Removal Of Larynx	COVERED
31375	Partial Removal Of Larynx	COVERED
31380	Partial Removal Of Larynx	COVERED
31382	Partial Removal Of Larynx	COVERED
31390	Removal Of Larynx & Pharynx	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
31395	Reconstruct Larynx & Pharynx	COVERED
31420	Epiglottidectomy	COVERED
31510	Laryngoscopy With Biopsy	COVERED
31511	Remove Foreign Body Larynx	COVERED
31512	Removal Of Larynx Lesion	COVERED
31513	Injection Into Vocal Cord	COVERED
31515	Laryngoscopy For Aspiration	COVERED
31520	Dx Laryngoscopy Newborn	COVERED
31527	Laryngoscopy For Treatment	COVERED
31531	Laryngoscopy W/Fb & Op Scope	COVERED
31551	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31552	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31553	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31554	Laryngoplasty; For Laryngeal Stenosis,	COVERED
31572	Laryngoscopy, Flexible; With Ablation Or	COVERED
31576	Laryngoscopy With Biopsy	COVERED
31578	Removal Of Larynx Lesion	COVERED
31580	Revision Of Larynx	COVERED
31584	Treat Larynx Fracture	COVERED
31587	Revision Of Larynx	COVERED
31590	Reinnervate Larynx	COVERED
31592	Cricotracheal Resection	COVERED
31611	Constj Trachesophgl Fstl	COVERED
31612	Perq Trchl Pnxr Ttrach Aspir	COVERED
31614	Tracheostoma Revj Complex	COVERED
31626	Bronchoscopy W/Markers	COVERED
31632	Bronchoscopy/Lung Bx Addl	COVERED
31637	Bronchoscopy Stent Add-On	COVERED
31640	Bronchoscopy W/Tumor Excise	COVERED
31643	Diag Bronchoscope/Catheter	COVERED
31647	Bronchial Valve Init Insert	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
31648	Bronchial Valve Remov Init	COVERED
31649	Bronchial Valve Remov Addl	COVERED
31651	Bronchial Valve Addl Insert	COVERED
31660	Bronch Thermoplasty 1 Lobe	COVERED
31661	Bronch Thermoplasty 2/> Lobes	COVERED
31717	Bronchial Brush Biopsy	COVERED
31725	Clearance Of Airways	COVERED
31730	Intro Windpipe Wire/Tube	COVERED
31755	Trachplsty Trchphryngl Fstlj	COVERED
31760	Tracheoplasty Intrathoracic	COVERED
31766	Carinal Reconstruction	COVERED
31770	Repair/Graft Of Bronchus	COVERED
31775	Reconstruct Bronchus	COVERED
31781	Reconstruct Windpipe	COVERED
31785	Remove Windpipe Lesion	COVERED
31786	Remove Windpipe Lesion	COVERED
31800	Repair Of Windpipe Injury	COVERED
31805	Repair Of Windpipe Injury	COVERED
31820	Closure Of Windpipe Lesion	COVERED
32036	Thoracostomy W/Flap Drainage	COVERED
32096	Open Wedge/Bx Lung Infiltr	COVERED
32124	Explore Chest Free Adhesions	COVERED
32140	Removal Of Lung Lesion(S)	COVERED
32141	Remove/Treat Lung Lesions	COVERED
32151	Remove Lung Foreign Body	COVERED
32200	Drain Open Lung Lesion	COVERED
32215	Treat Chest Lining	COVERED
32320	Free/Remove Chest Lining	COVERED
32440	Remove Lung Pneumonectomy	COVERED
32442	Sleeve Pneumonectomy	COVERED
32445	Removal Of Lung Extrapleural	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
32482	Bilobectomy	COVERED
32488	Completion Pneumonectomy	COVERED
32491	Lung Volume Reduction	COVERED
32501	Repair Bronchus Add-On	COVERED
32503	Resect Apical Lung Tumor	COVERED
32504	Resect Apical Lung Tum/Chest	COVERED
32507	Wedge Resect Of Lung Diag	COVERED
32540	Removal Of Lung Lesion	COVERED
32562	Lyse Chest Fibrin Subq Day	COVERED
32604	Thoracoscopy Wbx Sac	COVERED
32606	Thoracoscopy W/Bx Med Space	COVERED
32608	Thoracoscopy W/Bx Nodule	COVERED
32609	Thoracoscopy W/Bx Pleura	COVERED
32654	Thoracoscopy Contrl Bleeding	COVERED
32658	Thoracoscopy W/Sac Fb Remove	COVERED
32659	Thoracoscopy W/Sac Drainage	COVERED
32661	Thoracoscopy W/Pericard Exc	COVERED
32664	Thoracoscopy W/ Th Nrv Exc	COVERED
32665	Thoracoscop W/Esoph Musc Exc	COVERED
32669	Thoracoscopy Remove Segment	COVERED
32670	Thoracoscopy Bilobectomy	COVERED
32671	Thoracoscopy Pneumonectomy	COVERED
32672	Thoracoscopy For Lvrs	COVERED
32673	Thoracoscopy W/Thymus Resect	COVERED
32674	Thoracoscopy Lymph Node Exc	COVERED
32800	Repair Lung Hernia	COVERED
32810	Close Chest After Drainage	COVERED
32815	Close Bronchial Fistula	COVERED
32820	Reconstruct Injured Chest	COVERED
32851	Lung Transplant Single	COVERED
32852	Lung Transplant With Bypass	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
32853	Lung Transplant Double	COVERED
32854	Lung Transplant With Bypass	COVERED
32900	Removal Of Rib(S)	COVERED
32905	Revise & Repair Chest Wall	COVERED
32906	Revise & Repair Chest Wall	COVERED
32940	Revision Of Lung	COVERED
32994	Ablate Pulm Tumor Perq Crybl	COVERED
32998	Perq Rf Ablate Tx Pul Tumor	COVERED
32999	Chest Surgery Procedure	COVERED
33018	Pericardial Drainage With Insertion Of Indwelling Catheter,	COVERED
33019	Pericardial Drainage With Insertion Of Indwelling Catheter,	COVERED
33030	Partial Removal Of Heart Sac	COVERED
33031	Partial Removal Of Heart Sac	COVERED
33050	Resect Heart Sac Lesion	COVERED
33130	Rescj External Cardiac Tumor	COVERED
33203	Insert Epicard Eltrd Endo	COVERED
33210	Insert Electrd/Pm Cath Sngl	COVERED
33211	Insert Card Electrodes Dual	COVERED
33220	Repair Lead Pace-Defib Dual	COVERED
33223	Relocate Pocket For Defib	COVERED
33226	Reposition L Ventric Lead	COVERED
33227	Remove&Replace Pm Gen Sngl	COVERED
33228	Remv&Replc Pm Gen Dual Lead	COVERED
33231	Insrt Pulse Gen W/Mult Leads	COVERED
33236	Remove Electrode/Thoracotomy	COVERED
33237	Remove Electrode/Thoracotomy	COVERED
33238	Remove Electrode/Thoracotomy	COVERED
33241	Remove Pulse Generator	COVERED
33243	Remove Eltrd/Thoracotomy	COVERED
33249	Insj/Rplcmt Defib W/Lead(S)	COVERED
33250	Ablate Heart Dysrhythm Focus	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33251	Ablate Heart Dysrhythm Focus	COVERED
33254	Ablate Atria Lmtd	COVERED
33255	Ablate Atria W/O Bypass Ext	COVERED
33256	Ablate Atria W/Bypass Exten	COVERED
33258	Ablate Atria X10sv Add-On	COVERED
33261	Ablate Heart Dysrhythm Focus	COVERED
33262	Rmvl& Replc Pulse Gen 1 Lead	COVERED
33263	Rmvl & Rplcmt Dfb Gen 2 Lead	COVERED
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	COVERED
33265	Ablate Atria Lmtd Endo	COVERED
33266	Ablate Atria X10sv Endo	COVERED
33267	Exclusion Left Atrial Appendage Open Any Method	COVERED
33269	Exclusion L Atr Appendage Thoracoscopic Any Meth	COVERED
33271	Insj Subq Impltbl Dfb Elctrd	COVERED
33272	Rmvl Of Subq Defibrillator	COVERED
33273	Repos Prev Impltbl Subq Dfb	COVERED
33274	Transcatheter Insertion Or Replacement Of Permanent Leadless	COVERED
33275	Transcatheter Removal Of Permanent Leadless Pacemaker, Right	COVERED
33289	Transcatheter Implantation Of Wireless Pulmonary Artery Pres	COVERED
33300	Repair Of Heart Wound	COVERED
33305	Repair Of Heart Wound	COVERED
33310	Exploratory Heart Surgery	COVERED
33320	Repair Major Blood Vessel(S)	COVERED
33321	Repair Major Vessel	COVERED
33322	Repair Major Blood Vessel(S)	COVERED
33330	Insert Major Vessel Graft	COVERED
33335	Insert Major Vessel Graft	COVERED
33340	Perq Clsr Tcat L Atr Apndge	COVERED
33362	Replace Aortic Valve Open	COVERED
33364	Replace Aortic Valve Open	COVERED
33365	Replace Aortic Valve Open	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33366	Trcath Replace Aortic Valve	COVERED
33367	Replace Aortic Valve W/Byp	COVERED
33368	Replace Aortic Valve W/Byp	COVERED
33369	Replace Aortic Valve W/Byp	COVERED
33390	Valvuloplasty Aortic Valve	COVERED
33391	Valvuloplasty Aortic Valve	COVERED
33404	Prepare Heart-Aorta Conduit	COVERED
33405	Replacement Of Aortic Valve	COVERED
33406	Replacement Of Aortic Valve	COVERED
33410	Replacement Of Aortic Valve	COVERED
33412	Replacement Of Aortic Valve	COVERED
33413	Replacement Of Aortic Valve	COVERED
33414	Repair Of Aortic Valve	COVERED
33417	Repair Of Aortic Valve	COVERED
33418	Repair Tcat Mitral Valve	COVERED
33419	Repair Tcat Mitral Valve	COVERED
33420	Revision Of Mitral Valve	COVERED
33422	Revision Of Mitral Valve	COVERED
33440	Replacement, Aortic Valve; By Translocation Of Autologous Pu	COVERED
33460	Revision Of Tricuspid Valve	COVERED
33464	Valvuloplasty Tricuspid	COVERED
33468	Revision Of Tricuspid Valve	COVERED
33474	Revision Of Pulmonary Valve	COVERED
33478	Revision Of Heart Chamber	COVERED
33496	Repair Prosth Valve Clot	COVERED
33500	Repair Heart Vessel Fistula	COVERED
33501	Repair Heart Vessel Fistula	COVERED
33503	Coronary Artery Graft	COVERED
33504	Coronary Artery Graft	COVERED
33505	Repair Artery W/Tunnel	COVERED
33506	Repair Artery Translocation	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33514	Cabg Vein Five	COVERED
33516	Cabg Vein Six Or More	COVERED
33522	Cabg Artery-Vein Five	COVERED
33523	Cabg Art-Vein Six Or More	COVERED
33535	Cabg Arterial Three	COVERED
33536	Cabg Arterial Four Or More	COVERED
33542	Removal Of Heart Lesion	COVERED
33545	Repair Of Heart Damage	COVERED
33548	Restore/Remodel Ventricle	COVERED
33572	Open Coronary Endarterectomy	COVERED
33600	Closure Of Valve	COVERED
33602	Closure Of Valve	COVERED
33606	Anastomosis/Artery-Aorta	COVERED
33610	Repair By Enlargement	COVERED
33611	Repair Double Ventricle	COVERED
33612	Repair Double Ventricle	COVERED
33615	Repair Modified Fontan	COVERED
33617	Repair Single Ventricle	COVERED
33620	Apply R&L Pulm Art Bands	COVERED
33621	Transthor Cath For Stent	COVERED
33622	Redo Compl Cardiac Anomaly	COVERED
33645	Revision Of Heart Veins	COVERED
33647	Repair Heart Septum Defects	COVERED
33660	Repair Of Heart Defects	COVERED
33665	Repair Of Heart Defects	COVERED
33670	Repair Of Heart Chambers	COVERED
33675	Close Mult Vsd	COVERED
33676	Close Mult Vsd W/Resection	COVERED
33677	CI Mult Vsd W/Rem Pul Band	COVERED
33684	Clsr 1 Vsd W/Wo Patch W/Vlvt	COVERED
33688	Clsr 1Vsd W/Wo Ptch Rmvl Bnd	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33690	Banding Pulmonary Artery	COVERED
33692	Comp Rpr ToF Wo Pulm Atresia	COVERED
33694	Cmp Rpr ToF Wo Plm Atrs Ptch	COVERED
33697	Compl Rpr ToF W/Pulm Atresia	COVERED
33702	Repair Of Heart Defects	COVERED
33710	Repair Of Heart Defects	COVERED
33720	Repair Of Heart Defect	COVERED
33724	Repair Venous Anomaly	COVERED
33726	Repair Pul Venous Stenosis	COVERED
33730	Repair Heart-Vein Defect(S)	COVERED
33732	Repair Heart-Vein Defect	COVERED
33735	Revision Of Heart Chamber	COVERED
33741	Tas Congenital Cardiac Anomalies Any Method	COVERED
33745	Tis Crtj St Congenital Cardiac Anomal 1St Shunt	COVERED
33746	Tis Crtj St Congenital Cardiac Anomal Ea Addl	COVERED
33750	Shunt Subclavian To Pulm Art	COVERED
33762	Shunt Desc Aorta To Pulm Art	COVERED
33766	Shunt Supr V/C P-Art 1 Lung	COVERED
33767	Shunt Supr V/C P-Art Bth Lng	COVERED
33768	Anast Cavopulm Sec Sup V/C	COVERED
33770	Rpr Tga W/O Surg Enlgmnt Vsd	COVERED
33771	Rpr Tga W/Surg Enlgmnt Vsd	COVERED
33774	Rpr Tga Atrial Baffle Px	COVERED
33775	Rpr Tga Atr Bfl Rmvl Plm Bnd	COVERED
33776	Rpr Tga Atr Bfl Clsr Vsd	COVERED
33777	Rpr Tga Bfl Rpr Sbpulm Obstr	COVERED
33778	Rpr Tga Aortic Pulm Art Rcns	COVERED
33779	Rpr Tga Rcnstj Rmvl Plm Bnd	COVERED
33780	Rpr Tga Rcnstj Clsr Vsd	COVERED
33781	Rpr Tga Rcnstj Rpr Sbpl Obst	COVERED
33782	Nikaidoh Proc	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33783	Nikaidoh Proc W/Ostia Implt	COVERED
33786	Repair Arterial Trunk	COVERED
33788	Revision Of Pulmonary Artery	COVERED
33800	Aortic Suspension	COVERED
33802	Division Aberrant Vessel	COVERED
33803	Div Aberrant Vsl W/Reanast	COVERED
33814	Obltrj A-Pulm Sep Def W/Byp	COVERED
33824	Repair Pda Div 18 Yrs&Older	COVERED
33840	Exc Coa W/Direct Anastomosis	COVERED
33845	Excision Coa W/Graft	COVERED
33851	Exc Coa Rpr L Subcl Art/Prst	COVERED
33852	Rpr Hypopl A-Arch Wo Byp	COVERED
33853	Rpr Hypopl A-Arch W/Byp	COVERED
33866	Aortic Hemiarch Graft Including Isolation And Control Of The	COVERED
33871	Transverse Aortic Arch Graft, With Cardiopulmonary Bypass, W	COVERED
33875	Thoracic Aortic Graft	COVERED
33877	Thoracoabdominal Graft	COVERED
33884	Endovasc Prosth Taa Add-On	COVERED
33886	Endovasc Prosth Delayed	COVERED
33889	Artery Transpose/Endovas Taa	COVERED
33891	Car-Car Bp Grft/Endovas Taa	COVERED
33894	Evasc St Rpr Coarcj Thrc/Aa Acrs Maj Side Brnch	COVERED
33895	Evasc St Rpr Coarcj Thrc/Aa Xcrsg Maj Side Brnch	COVERED
33897	Perq Transluminal Angioplasty Native/Recr Coa	COVERED
33900	Perq P-Art Revsc 1 Nm Nt Uni	COVERED
33901	Perq P-Art Revsc 1 Nm Nt Bi	COVERED
33902	Perq P-Art Revsc 1 Abnor Uni	COVERED
33903	Perq P-Art Revsc 1 Abnor Bi	COVERED
33904	Perq P-Art Revsc Each Addl	COVERED
33910	Remove Lung Artery Emboli	COVERED
33915	Remove Lung Artery Emboli	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33916	Surgery Of Great Vessel	COVERED
33920	Repair Pulmonary Atresia	COVERED
33922	Transect Pulmonary Artery	COVERED
33925	Rpr Pul Art Unifocal W/O Cpb	COVERED
33926	Repr Pul Art Unifocal W/Cpb	COVERED
33947	Ecmo/Ecls Initiation Artery	COVERED
33951	Ecmo/Ecls Insj Prph Cannula	COVERED
33952	Ecmo/Ecls Insj Prph Cannula	COVERED
33953	Ecmo/Ecls Insj Prph Cannula	COVERED
33954	Ecmo/Ecls Insj Prph Cannula	COVERED
33955	Ecmo/Ecls Insj Ctr Cannula	COVERED
33956	Ecmo/Ecls Insj Ctr Cannula	COVERED
33963	Ecmo/Ecls Repos Perph Cnula	COVERED
33964	Ecmo/Ecls Repos Perph Cnula	COVERED
33970	Aortic Circulation Assist	COVERED
33971	Aortic Circulation Assist	COVERED
33973	Insert Balloon Device	COVERED
33974	Remove Intra-Aortic Balloon	COVERED
33975	Implant Ventricular Device	COVERED
33976	Implant Ventricular Device	COVERED
33977	Remove Ventricular Device	COVERED
33978	Remove Ventricular Device	COVERED
33979	Insert Intracorporeal Device	COVERED
33980	Remove Intracorporeal Device	COVERED
33981	Replace Vad Pump Ext	COVERED
33982	Replace Vad Intra W/O Bp	COVERED
33983	Replace Vad Intra W/Bp	COVERED
33985	Ecmo/Ecls Rmvl Ctr Cannula	COVERED
33986	Ecmo/Ecls Rmvl Ctr Cannula	COVERED
33988	Insertion Of Left Heart Vent	COVERED
33989	Removal Of Left Heart Vent	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
33991	Insert Vad Art&Vein Access	COVERED
33995	Insj Perq Vad W/Rs&l R Heart Venous Access Only	COVERED
34001	Removal Of Artery Clot	COVERED
34101	Removal Of Artery Clot	COVERED
34401	Removal Of Vein Clot	COVERED
34421	Removal Of Vein Clot	COVERED
34451	Removal Of Vein Clot	COVERED
34471	Removal Of Vein Clot	COVERED
34490	Removal Of Vein Clot	COVERED
34501	Repair Valve Femoral Vein	COVERED
34510	Transposition Of Vein Valve	COVERED
34520	Cross-Over Vein Graft	COVERED
34530	Leg Vein Fusion	COVERED
34701	Evasc Rpr A-Ao Ndgft	COVERED
34702	Evasc Rpr A-Ao Ndgft Rpt	COVERED
34703	Evasc Rpr A-Unilac Ndgft	COVERED
34704	Evasc Rpr A-Unilac Ndgft Rpt	COVERED
34705	Evac Rpr A-Biiliac Ndgft	COVERED
34706	Evasc Rpr A-Biiliac Rpt	COVERED
34707	Evasc Rpr Ilio-Iliac Ndgft	COVERED
34708	Evasc Rpr Ilio-Iliac Rpt	COVERED
34710	Dlyd Plmt Xtn Prosth 1St Vsl	COVERED
34712	Tcat Dlvr Enhncd Fixj Dev	COVERED
34714	Opn Fem Art Expos Cndt Crjt	COVERED
34715	Opn Ax/Subcla Art Expos	COVERED
34717	Endovascular Repair Of Iliac Artery At The Time Of Aorto-Ili	COVERED
34718	Endovascular Repair Of Iliac Artery, Not Associated With Pla	COVERED
34808	Endovas Iliac A Device Addon	COVERED
34813	Femoral Endovas Graft Add-On	COVERED
34820	Xpose For Endoprosth Iliac	COVERED
34830	Open Aortic Tube Prosth Repr	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
34832	Open Aortofemor Prosth Repr	COVERED
34833	Xpose For Endoprosth Iliac	COVERED
34839	Plnning Pt Spec Fenest Graft	COVERED
34841	Endovasc Visc Aorta 1 Graft	COVERED
34842	Endovasc Visc Aorta 2 Graft	COVERED
34843	Endovasc Visc Aorta 3 Graft	COVERED
34844	Endovasc Visc Aorta 4 Graft	COVERED
34845	Visc & Infraren Abd 1 Prosth	COVERED
34846	Visc & Infraren Abd 2 Prosth	COVERED
35002	Repair Artery Rupture Neck	COVERED
35005	Repair Defect Of Artery	COVERED
35011	Repair Defect Of Artery	COVERED
35013	Repair Artery Rupture Arm	COVERED
35021	Repair Defect Of Artery	COVERED
35022	Repair Artery Rupture Chest	COVERED
35081	Repair Defect Of Artery	COVERED
35082	Repair Artery Rupture Aorta	COVERED
35091	Repair Defect Of Artery	COVERED
35092	Repair Artery Rupture Aorta	COVERED
35102	Repair Defect Of Artery	COVERED
35103	Repair Artery Rupture Aorta	COVERED
35111	Repair Defect Of Artery	COVERED
35112	Repair Artery Rupture Spleen	COVERED
35121	Repair Defect Of Artery	COVERED
35122	Repair Artery Rupture Belly	COVERED
35131	Repair Defect Of Artery	COVERED
35142	Repair Artery Rupture Thigh	COVERED
35180	Rpr Cgen Av Fistula Head&Nck	COVERED
35182	Rpr Cgen Av Fistula Thrx&Abd	COVERED
35184	Rpr Cgen Av Fistula Xtr	COVERED
35188	Rpr Acq Av Fistula Head&Neck	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
35189	Rpr Acq Av Fistula Thr&Abd	COVERED
35207	Rpr Bld Vsl Dir Hand Finger	COVERED
35231	Repair Blvsl Vn Grf Neck	COVERED
35236	Repair Blvsl Vn Grf Uxtr	COVERED
35241	Rpr Blvsl Vn Grf Ntrthrc W/B	COVERED
35251	Rpr Blvsl Vn Grf Intra-Abdl	COVERED
35261	Rpr Blvsl Grf Oth/Thn Vn Nck	COVERED
35266	Rpr Blvsl Grf Oth/Th Vn Uxtr	COVERED
35271	Rpr Blvs Gr Ot/Th Vn Ntrth W	COVERED
35276	Rpr Blvs Gr Ot/T Vn Ntrth Wo	COVERED
35281	Rpr Blvsl Gr Ot/Th Vn Ntr-Ab	COVERED
35286	Rpr Blvsl Grf Oth/Th Vn Lxtr	COVERED
35306	Rechanneling Of Artery	COVERED
35311	Rechanneling Of Artery	COVERED
35321	Rechanneling Of Artery	COVERED
35331	Rechanneling Of Artery	COVERED
35341	Rechanneling Of Artery	COVERED
35351	Rechanneling Of Artery	COVERED
35363	Rechanneling Of Artery	COVERED
35390	Reoperation Carotid Add-On	COVERED
35400	Angioscopy	COVERED
35500	Harvest Vein For Bypass	COVERED
35501	Art Byp Grft Ipsilat Carotid	COVERED
35506	Art Byp Grft Subclav-Carotid	COVERED
35508	Art Byp Grft Carotid-Vertbrl	COVERED
35509	Art Byp Grft Contral Carotid	COVERED
35510	Art Byp Grft Carotid-Brchial	COVERED
35511	Art Byp Grft Subclav-Subclav	COVERED
35512	Art Byp Grft Subclav-Brchial	COVERED
35515	Art Byp Grft Subclav-Vertbrl	COVERED
35516	Art Byp Grft Subclav-Axilary	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
35518	Art Byp Grft Axillary-Axilry	COVERED
35521	Art Byp Grft Axill-Femoral	COVERED
35522	Art Byp Grft Axill-Brachial	COVERED
35523	Art Byp Grft Brchl-Ulnr-Rdl	COVERED
35526	Art Byp Grft Aor/Carot/Innom	COVERED
35531	Art Byp Grft Aorcel/Aormesen	COVERED
35533	Art Byp Grft Axill/Fem/Fem	COVERED
35535	Art Byp Grft Hepatorenal	COVERED
35536	Art Byp Grft Splenorenal	COVERED
35538	Art Byp Grft Aortobi-Iliac	COVERED
35539	Art Byp Grft Aortofemoral	COVERED
35540	Art Byp Grft Aortbifemoral	COVERED
35558	Art Byp Grft Fem-Femoral	COVERED
35560	Art Byp Grft Aortorenal	COVERED
35563	Art Byp Grft Ilioiliac	COVERED
35565	Art Byp Grft Iliofemoral	COVERED
35570	Art Byp Tibial-Tib/Peroneal	COVERED
35572	Harvest Femoropopliteal Vein	COVERED
35583	Vein Byp Grft Fem-Popliteal	COVERED
35600	Harvest Art For Cabg Add-On	COVERED
35601	Art Byp Common Ipsi Carotid	COVERED
35612	Art Byp Subclav-Subclavian	COVERED
35616	Art Byp Subclav-Axillary	COVERED
35621	Art Byp Axillary-Femoral	COVERED
35623	Art Byp Axillary-Pop-Tibial	COVERED
35626	Art Byp Aorsubcl/Carot/Innom	COVERED
35632	Art Byp Ilio-Celiac	COVERED
35633	Art Byp Ilio-Mesenteric	COVERED
35634	Art Byp Iliorenal	COVERED
35636	Art Byp Spenorenal	COVERED
35637	Art Byp Aortoiliac	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
35638	Art Byp Aortobi-Iliac	COVERED
35642	Art Byp Carotid-Vertebral	COVERED
35645	Art Byp Subclav-Vertebral	COVERED
35647	Art Byp Aortofemoral	COVERED
35650	Art Byp Axillary-Axillary	COVERED
35671	Art Byp Pop-Tibi-Pri-Other	COVERED
35681	Composite Byp Grft Pros&Vein	COVERED
35682	Composite Byp Grft 2 Veins	COVERED
35683	Composite Byp Grft 3/> Segmt	COVERED
35685	Bypass Graft Patency/Patch	COVERED
35686	Bypass Graft/Av Fist Patency	COVERED
35691	Art Trnsposj Vertbrl Carotid	COVERED
35693	Art Trnsposj Subclavian	COVERED
35694	Art Trnsposj Subclav Carotid	COVERED
35695	Art Trnsposj Carotid Subclav	COVERED
35870	Repair Vessel Graft Defect	COVERED
35875	Removal Of Clot In Graft	COVERED
35883	Revise Graft W/Nonauto Graft	COVERED
35884	Revise Graft W/Vein	COVERED
35901	Excision Graft Neck	COVERED
35905	Excision Graft Thorax	COVERED
36100	Establish Access To Artery	COVERED
36218	Place Catheter In Artery	COVERED
36222	Place Cath Carotid/Inom Art	COVERED
36225	Place Cath Subclavian Art	COVERED
36254	Ins Cath Ren Art 2Nd+ Bilat	COVERED
36261	Revision Of Infusion Pump	COVERED
36299	Vessel Injection Procedure	COVERED
36405	Vnpxr<3Yrs Phy/Qhp Scalp Vn	COVERED
36420	Vein Access Cutdown < 1 Yr	COVERED
36425	Vein Access Cutdown > 1 Yr	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
36440	BI Push Transfuse 2 Yr/<	COVERED
36450	BI Exchange/Transfuse Nb	COVERED
36456	Prtl Exchange Transfuse Nb	COVERED
36460	Transfusion Service Fetal	COVERED
36465	Njx Noncmpnd Scrsnt 1 Vein	COVERED
36466	Njx Noncmpnd Scrsnt Mlt Vn	COVERED
36471	Injection Therapy Of Veins	COVERED
36473	Endovenous Ablation Therapy Of Incompetent Vein, Extremity,	COVERED
36475	Endovenous Rf 1St Vein	COVERED
36476	Endovenous Rf Vein Add-On	COVERED
36478	Endovenous Laser 1St Vein	COVERED
36479	Endovenous Laser Vein Addon	COVERED
36481	Insertion Of Catheter Vein	COVERED
36482	Endoven Ther Chem Adhes 1St	COVERED
36483	Endoven Ther Chem Adhes Sbsq	COVERED
36512	Apheresis Rbc	COVERED
36513	Apheresis Platelets	COVERED
36516	Apheresis Selective	COVERED
36522	Photopheresis	COVERED
36565	Insert Tunneled Cv Cath	COVERED
36566	Insert Tunneled Cv Cath	COVERED
36568	Insert Picc Cath	COVERED
36583	Replace Tunneled Cv Cath	COVERED
36585	Replace Picvad Cath	COVERED
36593	Declot Vascular Device	COVERED
36596	Mech Remov Tunneled Cv Cath	COVERED
36597	Reposition Venous Catheter	COVERED
36640	Insertion Catheter Artery	COVERED
36660	Insertion Catheter Artery	COVERED
36810	Insertion Of Cannula	COVERED
36815	Insertion Of Cannula	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
36823	Insertion Of Cannula(S)	COVERED
36835	Insertion Thomas Shunt	COVERED
36836	Prq Av Fstl Crtj Uxtr 1 Acs	COVERED
36837	Prq Av Fstl Crt Uxtr Sep Acs	COVERED
36838	Dist Revas Ligation Hemo	COVERED
36860	External Cannula Declotting	COVERED
36861	Cannula Declotting	COVERED
36904	Percutaneous Transluminal Mechanical Thrombectomy	COVERED
36906	Percutaneous Transluminal Mechanical Thrombectomy	COVERED
37140	Revision Of Circulation	COVERED
37145	Revision Of Circulation	COVERED
37160	Revision Of Circulation	COVERED
37180	Revision Of Circulation	COVERED
37181	Splice Spleen/Kidney Veins	COVERED
37188	Venous M-Thrombectomy Add-On	COVERED
37192	Redo Endovas Vena Cava Filtr	COVERED
37202	Transcatheter Therapy Infuse	COVERED
37212	Thrombolytic Venous Therapy	COVERED
37216	Transcath Stent Cca W/O Eps	COVERED
37217	Stent Placemt Retro Carotid	COVERED
37218	Stent Placemt Ante Carotid	COVERED
37224	Fem/Popl Revas W/Tla	COVERED
37225	Fem/Popl Revas W/Ather	COVERED
37226	Fem/Popl Revasc W/Stent	COVERED
37227	Fem/Popl Revasc Stnt & Ather	COVERED
37229	Tib/Per Revasc W/Ather	COVERED
37230	Tib/Per Revasc W/Stent	COVERED
37234	Revasc Opn/Prq Tib/Pero Stent	COVERED
37235	Tib/Per Revasc Stnt & Ather	COVERED
37246	Transluminal Balloon Angioplasty (Except Lower Extremity	COVERED
37247	Trluml Balo Angiop Addl Art	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
37249	Trluml Balo Angiop Addl Vein	COVERED
37250	Iv Us First Vessel Add-On	COVERED
37251	Iv Us Each Add Vessel Add-On	COVERED
37500	Endoscopy Ligate Perf Veins	COVERED
37501	Vascular Endoscopy Procedure	COVERED
37605	Ligation Int/Com Carotid Art	COVERED
37606	Lig Int/Com Carotid Art Occl	COVERED
37650	Ligation Of Femoral Vein	COVERED
37660	Ligation Common Iliac Vein	COVERED
37718	Lig Div&Strpg Short Saph Vn	COVERED
37722	Lig Div&Strpg Long Saph Vein	COVERED
37735	Lig&Div&Compl Strpg Saph Vn	COVERED
37760	Lig Prfratr Vn Radical 1 Leg	COVERED
37761	Ligate Leg Veins Open	COVERED
37765	Stab Phleb Veins Xtr 10-20	COVERED
37766	Phleb Veins - Extrem 20+	COVERED
38129	Laparoscope Proc Spleen	COVERED
38200	Injection For Spleen X-Ray	COVERED
38205	Harvest Allogeneic Stem Cell	COVERED
38208	Thaw Preserved Stem Cells	COVERED
38209	Wash Harvest Stem Cells	COVERED
38210	T-Cell Depletion Of Harvest	COVERED
38211	Tumor Cell Deplete Of Harvst	COVERED
38213	Platelet Deplete Of Harvest	COVERED
38215	Harvest Stem Cell Concentrte	COVERED
38230	Bone Marrow Harvest Allogen	COVERED
38232	Bone Marrow Harvest Autolog	COVERED
38242	Transplt Allo Lymphocytes	COVERED
38243	Transplj Hematopoietic Boost	COVERED
38300	Drainage Lymph Node Lesion	COVERED
38305	Drainage Lymph Node Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
38380	Thoracic Duct Procedure	COVERED
38382	Thoracic Duct Procedure	COVERED
38520	Biopsy/Removal Lymph Nodes	COVERED
38531	Biopsy Or Excision Of Lymph Node(S); Open, Inguinofemoral No	COVERED
38542	Explore Deep Node(S) Neck	COVERED
38555	Removal Neck/Armpit Lesion	COVERED
38589	Laparoscope Proc Lymphatic	COVERED
38700	Removal Of Lymph Nodes Neck	COVERED
38780	Remove Abdomen Lymph Nodes	COVERED
38790	Inject For Lymphatic X-Ray	COVERED
38794	Access Thoracic Lymph Duct	COVERED
38999	Blood/Lymph System Procedure	COVERED
39000	Exploration Of Chest	COVERED
39200	Resect Mediastinal Cyst	COVERED
39400	Mediastinoscopy Incl Biopsy	COVERED
39404	Mediastinoscopy W/Lmph Nod Bx	COVERED
39499	Chest Procedure	COVERED
39503	Repair Of Diaphragm Hernia	COVERED
39541	Repair Of Diaphragm Hernia	COVERED
39545	Revision Of Diaphragm	COVERED
39560	Resect Diaphragm Simple	COVERED
40500	Partial Excision Of Lip	COVERED
40510	Partial Excision Of Lip	COVERED
40527	Reconstruct Lip With Flap	COVERED
40530	Partial Removal Of Lip	COVERED
40702	Repair Cleft Lip/Nasal	COVERED
40720	Repair Cleft Lip/Nasal	COVERED
40761	Repair Cleft Lip/Nasal	COVERED
40805	Removal Foreign Body Mouth	COVERED
40814	Excise/Repair Mouth Lesion	COVERED
40820	Treatment Of Mouth Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
40830	Repair Mouth Laceration	COVERED
40831	Repair Mouth Laceration	COVERED
40842	Reconstruction Of Mouth	COVERED
40843	Reconstruction Of Mouth	COVERED
40844	Reconstruction Of Mouth	COVERED
41000	Drainage Of Mouth Lesion	COVERED
41005	Drainage Of Mouth Lesion	COVERED
41006	Drainage Of Mouth Lesion	COVERED
41007	Drainage Of Mouth Lesion	COVERED
41015	Drainage Of Mouth Lesion	COVERED
41016	Drainage Of Mouth Lesion	COVERED
41017	Drainage Of Mouth Lesion	COVERED
41019	Place Needles H&N For Rt	COVERED
41135	Tongue And Neck Surgery	COVERED
41140	Removal Of Tongue	COVERED
41145	Tongue Removal Neck Surgery	COVERED
41153	Tongue Mouth Neck Surgery	COVERED
41155	Tongue Jaw & Neck Surgery	COVERED
41510	Tongue To Lip Surgery	COVERED
41512	Tongue Suspension	COVERED
41530	Tongue Base Vol Reduction	COVERED
41805	Removal Foreign Body Gum	COVERED
41821	Excision Of Gum Flap	COVERED
41822	Excision Of Gum Lesion	COVERED
41823	Excision Of Gum Lesion	COVERED
41828	Excision Of Gum Lesion	COVERED
41830	Removal Of Gum Tissue	COVERED
41850	Treatment Of Gum Lesion	COVERED
41870	Periodontal Mucosal Grafting	COVERED
41872	Gingivoplasty Each Quadrant	COVERED
41899	Dental Surgery Procedure	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
42106	Excision Lesion Mouth Roof	COVERED
42107	Excision Lesion Mouth Roof	COVERED
42145	Repair Palate Pharynx/Uvula	COVERED
42160	Treatment Mouth Roof Lesion	COVERED
42180	Repair Palate	COVERED
42182	Repair Palate	COVERED
42220	Reconstruct Cleft Palate	COVERED
42226	Lengthening Of Palate	COVERED
42227	Lengthening Of Palate	COVERED
42235	Repair Palate	COVERED
42260	Repair Nose To Lip Fistula	COVERED
42280	Preparation Palate Mold	COVERED
42281	Insertion Palate Prosthesis	COVERED
42299	Palate/Uvula Surgery	COVERED
42310	Drainage Of Salivary Gland	COVERED
42320	Drainage Of Salivary Gland	COVERED
42335	Removal Of Salivary Stone	COVERED
42340	Removal Of Salivary Stone	COVERED
42405	Biopsy Of Salivary Gland	COVERED
42408	Excision Of Salivary Cyst	COVERED
42425	Excise Parotid Gland/Lesion	COVERED
42426	Excise Parotid Gland/Lesion	COVERED
42507	Parotid Duct Diversion	COVERED
42509	Parotid Duct Diversion	COVERED
42510	Parotid Duct Diversion	COVERED
42550	Injection For Salivary X-Ray	COVERED
42600	Closure Of Salivary Fistula	COVERED
42650	Dilation Of Salivary Duct	COVERED
42660	Dilation Of Salivary Duct	COVERED
42665	Ligation Of Salivary Duct	COVERED
42699	Salivary Surgery Procedure	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
42806	Biopsy Of Upper Nose/Throat	COVERED
42836	Removal Of Adenoids	COVERED
42842	Extensive Surgery Of Throat	COVERED
42844	Extensive Surgery Of Throat	COVERED
42845	Extensive Surgery Of Throat	COVERED
42860	Excision Of Tonsil Tags	COVERED
42892	Revision Of Pharyngeal Walls	COVERED
42900	Repair Throat Wound	COVERED
42953	Repair Throat Esophagus	COVERED
42955	Surgical Opening Of Throat	COVERED
42961	Control Throat Bleeding	COVERED
42971	Control Nose/Throat Bleeding	COVERED
43020	Incision Of Esophagus	COVERED
43030	Cricopharyngeal Myotomy	COVERED
43045	Esophagotomy Thrc Rmvl Fb	COVERED
43100	Excision Of Esophagus Lesion	COVERED
43101	Excision Of Esophagus Lesion	COVERED
43107	Removal Of Esophagus	COVERED
43108	Removal Of Esophagus	COVERED
43112	Removal Of Esophagus	COVERED
43113	Removal Of Esophagus	COVERED
43116	Partial Removal Of Esophagus	COVERED
43118	Partial Removal Of Esophagus	COVERED
43121	Partial Removal Of Esophagus	COVERED
43122	Partial Removal Of Esophagus	COVERED
43123	Partial Removal Of Esophagus	COVERED
43124	Removal Of Esophagus	COVERED
43130	Removal Of Esophagus Pouch	COVERED
43135	Removal Of Esophagus Pouch	COVERED
43180	Esophagoscopy Rigid Trnso	COVERED
43192	Esophagoscp Rig Trnso Inject	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
43193	Esophagoscp Rig Trnso Biopsy	COVERED
43195	Esophagoscopy Rigid Balloon	COVERED
43196	Esophagoscp Guide Wire Dilat	COVERED
43197	Esophagoscopy Flex Dx Brush	COVERED
43198	Esophagosc Flex Trnsn Biopsy	COVERED
43201	Esoph Scope W/Submucous Inj	COVERED
43204	Esoph Scope W/Sclerosis Inj	COVERED
43206	Esoph Optical Endomicroscopy	COVERED
43210	Egd Esophagogastrc Endoplsty	COVERED
43211	Esophagoscp Mucosal Resect	COVERED
43215	Esophagoscopy Flex Remove Fb	COVERED
43217	Esophagoscopy Snare Les Remv	COVERED
43226	Esoph Endoscopy Dilation	COVERED
43232	Esophagoscopy W/Us Needle Bx	COVERED
43252	Egd Optical Endomicroscopy	COVERED
43257	Egd W/Thrml Txmnt Gerd	COVERED
43263	Ercp Sphincter Pressure Meas	COVERED
43280	Laparoscopy Fundoplasty	COVERED
43282	Lap Paraesoph Her Rpr W/Mesh	COVERED
43285	Removal Of Esophageal Sphincter Augmentation Device	COVERED
43286	Esphg Tot W/Laps Moblj	COVERED
43287	Esphg Dstl 2/3 W/Laps Moblj	COVERED
43288	Esphg Thrsc Moblj	COVERED
43290	Egd Flx Trnsorl Dplmnt Balo	COVERED
43291	Egd Flx Trnsorl Rmvl Balo	COVERED
43305	Repair Esophagus And Fistula	COVERED
43310	Repair Of Esophagus	COVERED
43312	Repair Esophagus And Fistula	COVERED
43313	Esophagoplasty Congenital	COVERED
43314	Tracheo-Esophagoplasty Cong	COVERED
43320	Fuse Esophagus & Stomach	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
43325	Revise Esophagus & Stomach	COVERED
43327	Esoph Fundoplasty Lap	COVERED
43328	Esoph Fundoplasty Thor	COVERED
43330	Esophagomyotomy Abdominal	COVERED
43331	Esophagomyotomy Thoracic	COVERED
43332	Transab Esoph Hiat Hern Rpr	COVERED
43335	Transthor Diaphrag Hern Rpr	COVERED
43336	Thorabd Diaphr Hern Repair	COVERED
43337	Thorabd Diaphr Hern Repair	COVERED
43338	Esoph Lengthening	COVERED
43340	Fuse Esophagus & Intestine	COVERED
43341	Fuse Esophagus & Intestine	COVERED
43351	Surgical Opening Esophagus	COVERED
43352	Surgical Opening Esophagus	COVERED
43360	Gastrointestinal Repair	COVERED
43361	Gastrointestinal Repair	COVERED
43400	Ligate Esophagus Veins	COVERED
43405	Ligate/Staple Esophagus	COVERED
43420	Repair Esophagus Opening	COVERED
43425	Repair Esophagus Opening	COVERED
43496	Free Jejunum Flap Microvasc	COVERED
43497	Transoral Lower Esophageal Myotomy	COVERED
43502	Surgical Repair Of Stomach	COVERED
43510	Surgical Opening Of Stomach	COVERED
43620	Removal Of Stomach	COVERED
43621	Removal Of Stomach	COVERED
43622	Removal Of Stomach	COVERED
43634	Removal Of Stomach Partial	COVERED
43635	Removal Of Stomach Partial	COVERED
43641	Vagotomy & Pylorus Repair	COVERED
43644	Lap Gastric Bypass/Roux-En-Y	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
43645	Lap Gastr Bypass Incl Smll I	COVERED
43647	Lap Impl Electrode Antrum	COVERED
43648	Lap Revise/Remv Eltrd Antrum	COVERED
43651	Laparoscopy Vagus Nerve	COVERED
43652	Laparoscopy Vagus Nerve	COVERED
43754	Dx Gastr Intub W/Asp Spec	COVERED
43755	Dx Gastr Intub W/Asp Specs	COVERED
43756	Dx Duod Intub W/Asp Spec	COVERED
43757	Dx Duod Intub W/Asp Specs	COVERED
43770	Lap Place Gastr Adj Device	COVERED
43771	Lap Revise Gastr Adj Device	COVERED
43772	Lap Rmvl Gastr Adj Device	COVERED
43773	Lap Replace Gastr Adj Device	COVERED
43774	Lap Rmvl Gastr Adj All Parts	COVERED
43775	Lap Sleeve Gastrectomy	COVERED
43810	Gastroduodenostomy	COVERED
43825	Gastrojejunostomy W/Vagotomy	COVERED
43831	Gastrostomy Open Neonatal	COVERED
43842	V-Band Gastroplasty	COVERED
43843	Gastroplasty W/O V-Band	COVERED
43846	Gastric Bypass For Obesity	COVERED
43847	Gastric Bypass Incl Small I	COVERED
43848	Revision Gastroplasty	COVERED
43865	Revise Stomach-Bowel Fusion	COVERED
43887	Remove Gastric Port Open	COVERED
44010	Incision Of Small Bowel	COVERED
44055	Correct Malrotation Of Bowel	COVERED
44100	Biopsy Of Bowel	COVERED
44110	Excise Intestine Lesion(S)	COVERED
44111	Excision Of Bowel Lesion(S)	COVERED
44126	Enterectomy W/O Taper Cong	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
44127	Enterectomy W/Taper Cong	COVERED
44128	Enterectomy Cong Add-On	COVERED
44135	Intestine Transplnt Cadaver	COVERED
44147	Partial Removal Of Colon	COVERED
44151	Removal Of Colon/Ileostomy	COVERED
44155	Removal Of Colon/Ileostomy	COVERED
44156	Removal Of Colon/Ileostomy	COVERED
44157	Colectomy W/Ileoanal Anast	COVERED
44158	Colectomy W/Neo-Rectum Pouch	COVERED
44203	Lap Resect S/Intestine Addl	COVERED
44316	Devise Bowel Pouch	COVERED
44320	Colostomy	COVERED
44322	Colostomy With Biopsies	COVERED
44361	Small Bowel Endoscopy/Biopsy	COVERED
44370	Small Bowel Endoscopy/Stent	COVERED
44379	S Bowel Endoscope W/Stent	COVERED
44381	Small Bowel Endoscopy Br/Wa	COVERED
44384	Small Bowel Endoscopy	COVERED
44390	Colonoscopy For Foreign Body	COVERED
44391	Colonoscopy For Bleeding	COVERED
44401	Colonoscopy With Ablation	COVERED
44402	Colonoscopy W/Stent Plcmt	COVERED
44403	Colonoscopy W/Resection	COVERED
44405	Colonoscopy W/Dilation	COVERED
44406	Colonoscopy W/Ultrasound	COVERED
44407	Colonoscopy W/Ndl Aspir/Bx	COVERED
44408	Colonoscopy W/Decompression	COVERED
44605	Repair Of Bowel Lesion	COVERED
44615	Intestinal Stricturoplasty	COVERED
44660	Repair Bowel-Bladder Fistula	COVERED
44680	Surgical Revision Intestine	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
44701	Intraop Colon Lavage Add-On	COVERED
44705	Prepare Fecal Microbiota	COVERED
44820	Excision Of Mesentery Lesion	COVERED
44900	Drain Appendix Abscess Open	COVERED
45108	Anorectal Myomectomy	COVERED
45110	Removal Of Rectum	COVERED
45111	Partial Removal Of Rectum	COVERED
45112	Removal Of Rectum	COVERED
45114	Partial Removal Of Rectum	COVERED
45116	Partial Removal Of Rectum	COVERED
45119	Remove Rectum W/Reservoir	COVERED
45120	Removal Of Rectum	COVERED
45121	Removal Of Rectum And Colon	COVERED
45123	Partial Proctectomy	COVERED
45126	Pelvic Exenteration	COVERED
45130	Excision Of Rectal Prolapse	COVERED
45135	Excision Of Rectal Prolapse	COVERED
45136	Excise Ileoanal Reservoir	COVERED
45150	Excision Of Rectal Stricture	COVERED
45160	Excision Of Rectal Lesion	COVERED
45307	Proctosigmoidoscopy Fb	COVERED
45309	Proctosigmoidoscopy Removal	COVERED
45315	Proctosigmoidoscopy Removal	COVERED
45317	Proctosigmoidoscopy Bleed	COVERED
45320	Proctosigmoidoscopy Ablate	COVERED
45321	Proctosigmoidoscopy Volvul	COVERED
45327	Proctosigmoidoscopy W/Stent	COVERED
45340	Sig W/Tndsc Balloon Dilation	COVERED
45350	Sgmdsc W/Band Ligation	COVERED
45355	Colsc Rgd/Flx Tabdl Via Colotomy 1/Mlt	COVERED
45383	Colsc Flx Prox Splenic Flx Abltj Les	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
45387	Colsc Flx Prox Splenic Flxr Tndsc Stent Plmt	COVERED
45500	Repair Of Rectum	COVERED
45520	Treatment Of Rectal Prolapse	COVERED
45540	Correct Rectal Prolapse	COVERED
45550	Repair Rectum/Remove Sigmoid	COVERED
45563	Exploration/Repair Of Rectum	COVERED
45800	Repair Rect/Bladder Fistula	COVERED
45805	Repair Fistula W/Colostomy	COVERED
45820	Repair Rectourethral Fistula	COVERED
45825	Repair Fistula W/Colostomy	COVERED
46070	Incision Anal Septum Infant	COVERED
46601	Diagnostic Anoscopy	COVERED
46607	Diagnostic Anoscopy & Biopsy	COVERED
46608	Anoscopy Remove For Body	COVERED
46610	Anoscopy Remove Lesion	COVERED
46612	Anoscopy Remove Lesions	COVERED
46615	Anoscopy	COVERED
46705	Repair Of Anal Stricture	COVERED
46706	Repr Of Anal Fistula W/Glue	COVERED
46707	Repair Anorectal Fist W/Plug	COVERED
46710	Repr Per/Vag Pouch Sngl Proc	COVERED
46712	Repr Per/Vag Pouch Dbl Proc	COVERED
46715	Rep Perf Anoper Fistu	COVERED
46716	Rep Perf Anoper/Vestib Fistu	COVERED
46730	Construction Of Absent Anus	COVERED
46735	Construction Of Absent Anus	COVERED
46740	Construction Of Absent Anus	COVERED
46742	Repair Of Imperforated Anus	COVERED
46744	Repair Of Cloacal Anomaly	COVERED
46746	Repair Of Cloacal Anomaly	COVERED
46748	Repair Of Cloacal Anomaly	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
46751	Repair Of Anal Sphincter	COVERED
46753	Reconstruction Of Anus	COVERED
46754	Removal Of Suture From Anus	COVERED
46760	Repair Of Anal Sphincter	COVERED
46761	Repair Of Anal Sphincter	COVERED
46917	Laser Surgery Anal Lesions	COVERED
46930	Destroy Internal Hemorrhoids	COVERED
46940	Treatment Of Anal Fissure	COVERED
46942	Treatment Of Anal Fissure	COVERED
47010	Hepatot Opn Drg Absc/Cst 1/2	COVERED
47015	Lapt Aspir&/Njx Hep Prst Cst	COVERED
47125	Partial Removal Of Liver	COVERED
47130	Partial Removal Of Liver	COVERED
47140	Partial Removal Donor Liver	COVERED
47141	Partial Removal Donor Liver	COVERED
47360	Repair Liver Wound	COVERED
47370	Laparo Ablate Liver Tumor Rf	COVERED
47371	Laparo Ablate Liver Cryosurg	COVERED
47380	Open Ablate Liver Tumor Rf	COVERED
47381	Open Ablate Liver Tumor Cryo	COVERED
47383	Perq Abltj Lvr Cryoablation	COVERED
47425	Incision Of Bile Duct	COVERED
47460	Incise Bile Duct Sphincter	COVERED
47480	Incision Of Gallbladder	COVERED
47500	Injection For Liver X-Rays	COVERED
47505	Injection For Liver X-Rays	COVERED
47510	Insert Catheter Bile Duct	COVERED
47511	Insert Bile Duct Drain	COVERED
47525	Change Bile Duct Catheter	COVERED
47530	Revise/Reinsert Bile Tube	COVERED
47538	Perq Plmt Bile Duct Stent	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
47540	Perq Plmt Bile Duct Stent	COVERED
47541	Plmt Access Bil Tree Sm Bwl	COVERED
47552	Biliary Endo Perq Dx W/Speci	COVERED
47555	Biliary Endoscopy Thru Skin	COVERED
47556	Biliary Endoscopy Thru Skin	COVERED
47560	Laparoscopy W/Cholangio	COVERED
47561	Laparo W/Cholangio/Biopsy	COVERED
47570	Laparo Cholecystoenterostomy	COVERED
47610	Removal Of Gallbladder	COVERED
47612	Removal Of Gallbladder	COVERED
47620	Removal Of Gallbladder	COVERED
47630	Remove Bile Duct Stone	COVERED
47700	Exploration Of Bile Ducts	COVERED
47701	Bile Duct Revision	COVERED
47712	Excision Of Bile Duct Tumor	COVERED
47715	Excision Of Bile Duct Cyst	COVERED
47720	Fuse Gallbladder & Bowel	COVERED
47721	Fuse Upper Gi Structures	COVERED
47740	Fuse Gallbladder & Bowel	COVERED
47741	Fuse Gallbladder & Bowel	COVERED
47765	Fuse Liver Ducts & Bowel	COVERED
47900	Suture Bile Duct Injury	COVERED
48000	Drainage Of Abdomen	COVERED
48001	Placement Of Drain Pancreas	COVERED
48020	Removal Of Pancreatic Stone	COVERED
48100	Biopsy Of Pancreas Open	COVERED
48145	Partial Removal Of Pancreas	COVERED
48146	Pancreatectomy	COVERED
48148	Removal Of Pancreatic Duct	COVERED
48152	Pancreatectomy	COVERED
48153	Pancreatectomy	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
48154	Pancreatectomy	COVERED
48155	Removal Of Pancreas	COVERED
48160	Pancreas Removal/Transplant	COVERED
48400	Injection Intraop Add-On	COVERED
48510	Drain Pancreatic Pseudocyst	COVERED
48540	Fuse Pancreas Cyst And Bowel	COVERED
48547	Duodenal Exclusion	COVERED
48550	Donor Pancreatectomy	COVERED
48556	Removal Allograft Pancreas	COVERED
49014	Re-Exploration Of Pelvic Wound With Removal Of Preperitoneal	COVERED
49040	Drain Open Abdom Abscess	COVERED
49062	Drain To Peritoneal Cavity	COVERED
49186	Opn Exc/Dstr Ntra-Abd 5 Cm/<	COVERED
49187	Opn Exc/Dstr Ntra-Abd 5.1-10	COVERED
49188	Opn Exc/Dst Ntra-Abd 10.1-20	COVERED
49189	Opn Exc/Dst Ntra-Abd 20.1-30	COVERED
49190	Opn Exc/Dstr Ntra-Abd >30 Cm	COVERED
49327	Lap Ins Device For Rt	COVERED
49400	Air Injection Into Abdomen	COVERED
49419	Insert Tun Ip Cath W/Port	COVERED
49425	Insert Abdomen-Venous Drain	COVERED
49427	Injection Abdominal Shunt	COVERED
49428	Ligation Of Shunt	COVERED
49429	Removal Of Shunt	COVERED
49435	Insert Subq Exten To Ip Cath	COVERED
49442	Place Cecostomy Tube Perc	COVERED
49496	Rpr Ing Hernia Baby Blocked	COVERED
49540	Repair Lumbar Hernia	COVERED
49555	Rerepair Fem Hernia Reduce	COVERED
49582	Rpr Umbil Hern Block < 5 Yr	COVERED
49600	Repair Umbilical Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
49605	Repair Umbilical Lesion	COVERED
49606	Repair Umbilical Lesion	COVERED
49610	Repair Umbilical Lesion	COVERED
49611	Repair Umbilical Lesion	COVERED
49659	Laparo Proc Hernia Repair	COVERED
49906	Free Omental Flap Microvasc	COVERED
50010	Renal Exploration	COVERED
50020	Drg Perirnl/Renal Absc Open	COVERED
50040	Drainage Of Kidney	COVERED
50045	Exploration Of Kidney	COVERED
50060	Removal Of Kidney Stone	COVERED
50065	Incision Of Kidney	COVERED
50070	Incision Of Kidney	COVERED
50100	Revise Kidney Blood Vessels	COVERED
50120	Exploration Of Kidney	COVERED
50125	Explore And Drain Kidney	COVERED
50130	Removal Of Kidney Stone	COVERED
50225	Removal Kidney Open Complex	COVERED
50236	Removal Of Kidney & Ureter	COVERED
50250	Opn Abltj 1/> Rnl Mas Crysg	COVERED
50280	Exc/Unroofing Cyst Kidney	COVERED
50290	Excision Perinephric Cyst	COVERED
50320	Remove Kidney Living Donor	COVERED
50340	Recipient Nephrectomy	COVERED
50360	Rnl Altrnsplj W/O Rcp Nfrct	COVERED
50380	Rnl Autotrnsplj Rimpltj Kdn	COVERED
50382	Change Ureter Stent Percut	COVERED
50385	Change Stent Via Transureth	COVERED
50391	Instll Rx Agnt Into Rnal Tub	COVERED
50405	Revision Of Kidney/Ureter	COVERED
50433	Plmt Nephroureteral Catheter	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
50437	Dilation Of Existing Tract, Percutaneous, For An Endourologi	COVERED
50520	Close Kidney-Skin Fistula	COVERED
50525	Repair Renal-Abdomen Fistula	COVERED
50526	Repair Renal-Abdomen Fistula	COVERED
50540	Revision Of Horseshoe Kidney	COVERED
50541	Laparo Ablate Renal Cyst	COVERED
50551	Kidney Endoscopy	COVERED
50553	Kidney Endoscopy	COVERED
50555	Kidney Endoscopy & Biopsy	COVERED
50557	Kidney Endoscopy & Treatment	COVERED
50562	Renal Scope W/Tumor Resect	COVERED
50570	Kidney Endoscopy	COVERED
50572	Kidney Endoscopy	COVERED
50574	Kidney Endoscopy & Biopsy	COVERED
50575	Kidney Endoscopy	COVERED
50576	Kidney Endoscopy & Treatment	COVERED
50592	Perc Rf Ablate Renal Tumor	COVERED
50600	Exploration Of Ureter	COVERED
50606	Endoluminal Bx Urtr Rnl Plvs	COVERED
50610	Removal Of Ureter Stone	COVERED
50620	Removal Of Ureter Stone	COVERED
50630	Removal Of Ureter Stone	COVERED
50650	Removal Of Ureter	COVERED
50660	Removal Of Ureter	COVERED
50684	Injection For Ureter X-Ray	COVERED
50686	Measure Ureter Pressure	COVERED
50688	Change Of Ureter Tube/Stent	COVERED
50695	Plmt Ureteral Stent Prq	COVERED
50705	Ureteral Embolization/Occl	COVERED
50725	Release/Revise Ureter	COVERED
50727	Revise Ureter	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
50728	Revise Ureter	COVERED
50740	Fusion Of Ureter & Kidney	COVERED
50750	Fusion Of Ureter & Kidney	COVERED
50770	Splicing Of Ureters	COVERED
50782	Reimplant Ureter In Bladder	COVERED
50783	Reimplant Ureter In Bladder	COVERED
50800	Implant Ureter In Bowel	COVERED
50810	Fusion Of Ureter & Bowel	COVERED
50815	Urine Shunt To Intestine	COVERED
50820	Construct Bowel Bladder	COVERED
50825	Construct Bowel Bladder	COVERED
50830	Revise Urine Flow	COVERED
50840	Replace Ureter By Bowel	COVERED
50845	Appendico-Vesicostomy	COVERED
50860	Transplant Ureter To Skin	COVERED
50900	Repair Of Ureter	COVERED
50920	Closure Ureter/Skin Fistula	COVERED
50930	Closure Ureter/Bowel Fistula	COVERED
50940	Release Of Ureter	COVERED
50945	Laparoscopy Ureterolithotomy	COVERED
50951	Endoscopy Of Ureter	COVERED
50953	Endoscopy Of Ureter	COVERED
50955	Ureter Endoscopy & Biopsy	COVERED
50957	Ureter Endoscopy & Treatment	COVERED
50961	Ureter Endoscopy & Treatment	COVERED
50970	Ureter Endoscopy	COVERED
50972	Ureter Endoscopy & Catheter	COVERED
50974	Ureter Endoscopy & Biopsy	COVERED
50976	Ureter Endoscopy & Treatment	COVERED
50980	Ureter Endoscopy & Treatment	COVERED
51060	Removal Of Ureter Stone	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
51065	Remove Ureter Calculus	COVERED
51080	Drainage Of Bladder Abscess	COVERED
51520	Removal Of Bladder Lesion	COVERED
51530	Removal Of Bladder Lesion	COVERED
51535	Repair Of Ureter Lesion	COVERED
51550	Partial Removal Of Bladder	COVERED
51555	Partial Removal Of Bladder	COVERED
51565	Revise Bladder & Ureter(S)	COVERED
51570	Removal Of Bladder	COVERED
51575	Removal Of Bladder & Nodes	COVERED
51580	Remove Bladder/Revise Tract	COVERED
51585	Removal Of Bladder & Nodes	COVERED
51590	Remove Bladder/Revise Tract	COVERED
51595	Remove Bladder/Revise Tract	COVERED
51597	Removal Of Pelvic Structures	COVERED
51792	Urinary Reflex Study	COVERED
51800	Revision Of Bladder/Urethra	COVERED
51820	Revision Of Urinary Tract	COVERED
51841	Attach Bladder/Urethra	COVERED
51880	Repair Of Bladder Opening	COVERED
51920	Close Bladder-Uterus Fistula	COVERED
51925	Hysterectomy/Bladder Repair	COVERED
51940	Correction Of Bladder Defect	COVERED
51960	Revision Of Bladder & Bowel	COVERED
52007	Cysto Urtrl Cathj Brush Bx	COVERED
52010	Cystoscopy & Duct Catheter	COVERED
52250	Cystoscopy And Radiotracer	COVERED
52265	Cystoscopy And Treatment	COVERED
52270	Cystoscopy & Revise Urethra	COVERED
52275	Cystoscopy & Revise Urethra	COVERED
52277	Cystoscopy And Treatment	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
52305	Cystoscopy And Treatment	COVERED
52325	Cystoscopy Stone Removal	COVERED
52342	Cysto W/Up Stricture Tx	COVERED
52343	Cysto W/Renal Stricture Tx	COVERED
52355	Cystouretero W/Excise Tumor	COVERED
52400	Cystouretero W/Congen Repr	COVERED
52402	Cystourethro Cut Ejacul Duct	COVERED
52441	Cystourethro W/Implant	COVERED
52442	Cystourethro W/Addl Implant	COVERED
52450	Incision Of Prostate	COVERED
52647	Laser Surgery Of Prostate	COVERED
52700	Drainage Of Prostate Abscess	COVERED
53000	Incision Of Urethra	COVERED
53010	Incision Of Urethra	COVERED
53025	Incision Of Urethra	COVERED
53040	Drainage Of Urethra Abscess	COVERED
53080	Drainage Of Urinary Leakage	COVERED
53085	Drainage Of Urinary Leakage	COVERED
53200	Biopsy Of Urethra	COVERED
53210	Removal Of Urethra	COVERED
53215	Removal Of Urethra	COVERED
53220	Treatment Of Urethra Lesion	COVERED
53235	Removal Of Urethra Lesion	COVERED
53240	Surgery For Urethra Pouch	COVERED
53250	Removal Of Urethra Gland	COVERED
53265	Treatment Of Urethra Lesion	COVERED
53420	Reconstruct Urethra Stage 1	COVERED
53431	Reconstruct Urethra/Bladder	COVERED
53440	Male Sling Procedure	COVERED
53442	Remove/Revise Male Sling	COVERED
53444	Insert Tandem Cuff	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
53448	Remov/Replc Ur Sphinctr Comp	COVERED
53451	Periurethral Tprnl Adjtbl Balo Cntnc Dev Bi Insj	COVERED
53452	Periurethrl Tprnl Adjtbl Balo Cntnc Dev Uni Insj	COVERED
53453	Periurethral Tprnl Adjtbl Balo Cbtnc Dev Rmvl Ea	COVERED
53454	Periuethral Tprnl Adjtbl Balo Cntnc Dev Adjmt	COVERED
53502	Repair Of Urethra Injury	COVERED
53505	Repair Of Urethra Injury	COVERED
53510	Repair Of Urethra Injury	COVERED
53515	Repair Of Urethra Injury	COVERED
53621	Dilate Urethra Stricture	COVERED
53665	Dilation Of Urethra	COVERED
53850	Prostatic Microwave Thermotx	COVERED
53852	Prostatic Rf Thermotx	COVERED
53854	Transurethral Destruction Of Prostate Tissue; By Radiofreque	COVERED
53855	Insert Prost Urethral Stent	COVERED
53860	Transurethral Rf Treatment	COVERED
54000	Slitting Of Prepuce	COVERED
54057	Laser Surg Penis Lesion(S)	COVERED
54105	Biopsy Of Penis	COVERED
54110	Treatment Of Penis Lesion	COVERED
54111	Treat Penis Lesion Graft	COVERED
54112	Treat Penis Lesion Graft	COVERED
54125	Removal Of Penis	COVERED
54130	Remove Penis & Nodes	COVERED
54135	Remove Penis & Nodes	COVERED
54161	Circum 28 Days Or Older	COVERED
54163	Repair Of Circumcision	COVERED
54205	Njx Px Peyronie Ds Exps Plaq	COVERED
54230	Njx Corpora Cavernosograpy	COVERED
54240	Penile Plethysmography	COVERED
54250	Nctrnl Pen Tmscn&/Rgidity Tst	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
54300	Revision Of Penis	COVERED
54308	Reconstruction Of Urethra	COVERED
54312	Reconstruction Of Urethra	COVERED
54316	Reconstruction Of Urethra	COVERED
54318	Reconstruction Of Urethra	COVERED
54322	Reconstruction Of Urethra	COVERED
54324	Reconstruction Of Urethra	COVERED
54326	Reconstruction Of Urethra	COVERED
54328	Revise Penis/Urethra	COVERED
54336	Revise Penis/Urethra	COVERED
54340	Secondary Urethral Surgery	COVERED
54344	Secondary Urethral Surgery	COVERED
54348	Secondary Urethral Surgery	COVERED
54352	Reconstruct Urethra/Penis	COVERED
54360	Penis Plastic Surgery	COVERED
54380	Repair Penis	COVERED
54385	Repair Penis	COVERED
54390	Repair Penis And Bladder	COVERED
54400	Insert Semi-Rigid Prosthesis	COVERED
54406	Remove Muti-Comp Penis Pros	COVERED
54408	Repair Multi-Comp Penis Pros	COVERED
54410	Remove/Replace Penis Prosth	COVERED
54411	Remov/Replc Penis Pros Comp	COVERED
54415	Remove Self-Contd Penis Pros	COVERED
54416	Remv/Repl Penis Contain Pros	COVERED
54417	Remv/Replc Penis Pros Compl	COVERED
54435	Revision Of Penis	COVERED
54437	Repair Corporeal Tear	COVERED
54500	Biopsy Of Testis	COVERED
54505	Biopsy Of Testis	COVERED
54522	Orchiectomy Partial	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
54535	Extensive Testis Surgery	COVERED
54560	Exploration For Testis	COVERED
54650	Orchiopexy (Fowler-Stephens)	COVERED
54670	Repair Testis Injury	COVERED
54680	Relocation Of Testis(Es)	COVERED
54699	Laparoscope Proc Testis	COVERED
54800	Biopsy Of Epididymis	COVERED
54861	Removal Of Epididymis	COVERED
54865	Explore Epididymis	COVERED
55120	Removal Of Scrotum Lesion	COVERED
55180	Revision Of Scrotum	COVERED
55200	Incision Of Sperm Duct	COVERED
55300	Prepare Sperm Duct X-Ray	COVERED
55500	Removal Of Hydrocele	COVERED
55540	Revise Hernia & Sperm Veins	COVERED
55550	Laparo Ligate Spermatic Vein	COVERED
55559	Laparo Proc Spermatic Cord	COVERED
55600	Vesiculotomy	COVERED
55605	Vesiculotomy Complicated	COVERED
55650	Remove Sperm Duct Pouch	COVERED
55680	Remove Sperm Pouch Lesion	COVERED
55705	Biopsy Of Prostate	COVERED
55706	Prostate Saturation Sampling	COVERED
55720	Drainage Of Prostate Abscess	COVERED
55725	Drainage Of Prostate Abscess	COVERED
55801	Removal Of Prostate	COVERED
55810	Extensive Prostate Surgery	COVERED
55812	Extensive Prostate Surgery	COVERED
55815	Extensive Prostate Surgery	COVERED
55821	Removal Of Prostate	COVERED
55831	Removal Of Prostate	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
55840	Extensive Prostate Surgery	COVERED
55842	Extensive Prostate Surgery	COVERED
55845	Extensive Prostate Surgery	COVERED
55860	Surgical Exposure Prostate	COVERED
55862	Extensive Prostate Surgery	COVERED
55865	Extensive Prostate Surgery	COVERED
55867	Laps Surg Prst8ect Smpl Stot	COVERED
55874	Tprnl Plmt Biodegrdabl Matr	COVERED
55880	Transrectal Abltj Mal Prst8 Tissue Hifu W/Us	COVERED
56605	Biopsy Of Vulva/Perineum	COVERED
56630	Vulvectomy Radical Partial	COVERED
56631	Vlvctmy Rad Prtl Uni Lymphad	COVERED
56632	Vlvctmy Rad Prtl Bi Lymphad	COVERED
56633	Vulvectomy Radical Complete	COVERED
56634	Vlvctmy Rad Comp Uni Lymphad	COVERED
56637	Vlvctmy Rad Comp Bi Lymphad	COVERED
56640	Vlvctmy Rad Comp W/Lymphadec	COVERED
56740	Exc Bartholins Gland/Cyst	COVERED
57000	Colpotomy W/Exploration	COVERED
57010	Colpotomy Drg Pel Abscess	COVERED
57020	Colpocentesis Sep Px	COVERED
57105	Biopsy Vaginal Mucosa Xtnsv	COVERED
57106	Vagnc Prtl Rmvl Vag Wall	COVERED
57107	Vagnc Compl Rmvl Paravag Tis	COVERED
57109	Vagnc Bi Total Pel Lymphadec	COVERED
57110	Vagnc Compl Rmvl Vag Wall	COVERED
57111	Vagnc Compl Rmvl Paravag Tis	COVERED
57155	Insert Uteri Tandem/Ovoids	COVERED
57180	Treat Vaginal Bleeding	COVERED
57210	Repair Vagina/Perineum	COVERED
57220	Revision Of Urethra	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
57230	Repair Of Urethral Lesion	COVERED
57284	Repair Paravag Defect Open	COVERED
57288	Repair Bladder Defect	COVERED
57289	Repair Bladder & Vagina	COVERED
57291	Construction Of Vagina	COVERED
57296	Revise Vag Graft Open Abd	COVERED
57305	Repair Rectum-Vagina Fistula	COVERED
57307	Fistula Repair & Colostomy	COVERED
57310	Repair Urethrovaginal Lesion	COVERED
57311	Repair Urethrovaginal Lesion	COVERED
57330	Repair Bladder-Vagina Lesion	COVERED
57425	Laparoscopy Surg Colpopexy	COVERED
57465	Computer-Aided Mapg Cervix Uteri Drg Colposcopy	COVERED
57513	Laser Surgery Of Cervix	COVERED
57531	Removal Of Cervix Radical	COVERED
57540	Removal Of Residual Cervix	COVERED
57545	Remove Cervix/Repair Pelvis	COVERED
57550	Removal Of Residual Cervix	COVERED
57556	Remove Cervix Repair Bowel	COVERED
57558	D&C Of Cervical Stump	COVERED
58140	Myomectomy Abdom Method	COVERED
58146	Myomectomy Abdom Complex	COVERED
58200	Extensive Hysterectomy	COVERED
58240	Removal Of Pelvis Contents	COVERED
58270	Vag Hyst W/Enterocoele Repair	COVERED
58285	Extensive Hysterectomy	COVERED
58292	Vag Hyst T/O & Repair Compl	COVERED
58294	Vag Hyst W/Enterocoele Compl	COVERED
58340	Catheter For HysteroGRAPHY	COVERED
58346	Insert Heyman Uteri Capsule	COVERED
58350	Reopen Fallopian Tube	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
58353	Endometr Ablate Thermal	COVERED
58356	Endometrial Cryoablation	COVERED
58541	Lsh Uterus 250 G Or Less	COVERED
58543	Lsh Uterus Above 250 G	COVERED
58548	Lap Radical Hyst	COVERED
58559	Hysteroscopy Lysis	COVERED
58561	Hysteroscopy Remove Myoma	COVERED
58563	Hysteroscopy Ablation	COVERED
58575	Laps Tot Hyst Resj Mal	COVERED
58674	Laps Abltj Uterine Fibroids	COVERED
58800	Drainage Of Ovarian Cyst(S)	COVERED
58820	Drain Ovary Abscess Open	COVERED
58900	Biopsy Of Ovary(S)	COVERED
58920	Partial Removal Of Ovary(S)	COVERED
58943	Removal Of Ovary(S)	COVERED
58952	Resect Ovarian Malignancy	COVERED
58958	Resc Recr Ovr Tbl Pp Utr Mal	COVERED
58999	Genital Surgery Procedure	COVERED
59001	Amniocentesis Therapeutic	COVERED
59012	Fetal Cord Puncture Prenatal	COVERED
59030	Fetal Scalp Blood Sampling	COVERED
59051	Fetal Monitor/Interpret Only	COVERED
59070	Transabdom Amnioinfus W/Us	COVERED
59072	Umbilical Cord Occlud W/Us	COVERED
59074	Fetal Fluid Drainage W/Us	COVERED
59076	Fetal Shunt Placement W/Us	COVERED
59100	Remove Uterus Lesion	COVERED
59412	Antepartum Manipulation	COVERED
59618	Attempted Vbac Delivery	COVERED
59898	Laparo Proc Ob Care/Deliver	COVERED
60270	Removal Of Thyroid	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
60505	Explore Parathyroid Glands	COVERED
60521	Removal Of Thymus Gland	COVERED
60522	Removal Of Thymus Gland	COVERED
60540	Explore Adrenal Gland	COVERED
60605	Remove Carotid Body Lesion	COVERED
60659	Laparo Proc Endocrine	COVERED
60699	Endocrine Surgery Procedure	COVERED
61000	Remove Cranial Cavity Fluid	COVERED
61001	Remove Cranial Cavity Fluid	COVERED
61105	Tdh Sdrl/Ventr Pnxr	COVERED
61108	Tdh Pnxr Evac&/Drg Sdrl Hmta	COVERED
61120	Burr Hole For Ventr Puncture	COVERED
61150	Bur Hol/Trph Drg Brn Abs/Cst	COVERED
61151	Burr Hole/Treph Sbsq Tapping	COVERED
61156	Burr Hol Aspir Hmtm/Cst Icer	COVERED
61253	Burr Hole Treph Ittl Uni/Bi	COVERED
61305	Crnec/Crnot Expl Infratntorl	COVERED
61316	Inc&Subq Plmt Crnl Bone Grf	COVERED
61321	Crnec/Crnot Drg Icr Abs Ittl	COVERED
61323	Crnec/Crnot Dcmprv W/Lobec	COVERED
61333	Expl Orbit W/Removal Lesion	COVERED
61340	Subtemporal Cranial Dcmprn	COVERED
61345	Oth Cranial Dcmprn Pst Fossa	COVERED
61450	Crnec Stpl Sctj Cmprn/Dcmprn	COVERED
61460	Crnec Sopl Sctj 1+Crnl Nrv	COVERED
61500	Crnec Exc Tum/Bone Les Skull	COVERED
61501	Craniectomy F/Osteomyelitis	COVERED
61514	Crnec Treph Exc Brn Abs Sttl	COVERED
61516	Crnec Treph Exc Cyst Sttl	COVERED
61522	Removal Of Brain Abscess	COVERED
61524	Removal Of Brain Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
61530	Removal Of Brain Lesion	COVERED
61531	Implant Brain Electrodes	COVERED
61534	Removal Of Brain Lesion	COVERED
61536	Removal Of Brain Lesion	COVERED
61538	Removal Of Brain Tissue	COVERED
61540	Removal Of Brain Tissue	COVERED
61541	Incision Of Brain Tissue	COVERED
61543	Removal Of Brain Tissue	COVERED
61544	Remove & Treat Brain Lesion	COVERED
61545	Excision Of Brain Tumor	COVERED
61550	Release Of Skull Seams	COVERED
61552	Release Of Skull Seams	COVERED
61556	Incise Skull/Sutures	COVERED
61557	Incise Skull/Sutures	COVERED
61558	Excision Of Skull/Sutures	COVERED
61559	Excision Of Skull/Sutures	COVERED
61563	Excision Of Skull Tumor	COVERED
61564	Excision Of Skull Tumor	COVERED
61566	Removal Of Brain Tissue	COVERED
61567	Incision Of Brain Tissue	COVERED
61570	Remove Foreign Body Brain	COVERED
61571	Incise Skull For Brain Wound	COVERED
61575	Skull Base/Brainstem Surgery	COVERED
61576	Skull Base/Brainstem Surgery	COVERED
61581	Craniofacial Approach Skull	COVERED
61585	Orbitocranial Approach/Skull	COVERED
61586	Resect Nasopharynx Skull	COVERED
61591	Infratemporal Approach/Skull	COVERED
61592	Orbitocranial Approach/Skull	COVERED
61598	Transpetrosal Approach/Skull	COVERED
61600	Resect/Excise Cranial Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
61607	Resect/Excise Cranial Lesion	COVERED
61608	Resect/Excise Cranial Lesion	COVERED
61611	Transect Artery Sinus	COVERED
61613	Remove Aneurysm Sinus	COVERED
61615	Resect/Excise Lesion Skull	COVERED
61619	Repair Dura	COVERED
61630	Intracranial Angioplasty	COVERED
61640	Dilate Ic Vasospasm Init	COVERED
61641	Dilate Ic Vasospasm Add-On	COVERED
61642	Dilate Ic Vasospasm Add-On	COVERED
61684	Intracranial Vessel Surgery	COVERED
61690	Intracranial Vessel Surgery	COVERED
61692	Intracranial Vessel Surgery	COVERED
61698	Brain Aneurysm Repr Complx	COVERED
61700	Brain Aneurysm Repr Simple	COVERED
61702	Inner Skull Vessel Surgery	COVERED
61705	Revise Circulation To Head	COVERED
61708	Revise Circulation To Head	COVERED
61710	Revise Circulation To Head	COVERED
61715	Mrgfus Strtctc Ablt Trgt Icr	COVERED
61720	Incise Skull/Brain Surgery	COVERED
61735	Incise Skull/Brain Surgery	COVERED
61736	Litt Les Icr Single Trajectory 1 Simple Lesion	COVERED
61737	Litt Les Icr Mlt Trajectories Mlt/Cptlx Lesions	COVERED
61770	Incise Skull For Treatment	COVERED
61790	Treat Trigeminal Nerve	COVERED
61791	Treat Trigeminal Tract	COVERED
61797	Srs Cran Les Simple Addl	COVERED
61867	Implant Neuroelectrode	COVERED
61868	Implant Neuroelectrde Addl	COVERED
61885	Insrt/Redo Neurostim 1 Array	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
61886	Implant Neurostim Arrays	COVERED
62000	Treat Skull Fracture	COVERED
62005	Treat Skull Fracture	COVERED
62010	Treatment Of Head Injury	COVERED
62115	Reduction Of Skull Defect	COVERED
62117	Reduction Of Skull Defect	COVERED
62120	Repair Skull Cavity Lesion	COVERED
62121	Incise Skull Repair	COVERED
62146	Repair Of Skull With Graft	COVERED
62147	Repair Of Skull With Graft	COVERED
62148	Retr Bone Flap To Fix Skull	COVERED
62161	Dissect Brain W/Scope	COVERED
62162	Remove Colloid Cyst W/Scope	COVERED
62164	Remove Brain Tumor W/Scope	COVERED
62180	Establish Brain Cavity Shunt	COVERED
62190	Establish Brain Cavity Shunt	COVERED
62192	Establish Brain Cavity Shunt	COVERED
62194	Replace/Irrigate Catheter	COVERED
62200	Establish Brain Cavity Shunt	COVERED
62263	Epidural Lysis Mult Sessions	COVERED
62264	Epidural Lysis On Single Day	COVERED
62268	Drain Spinal Cord Cyst	COVERED
62280	Treat Spinal Cord Lesion	COVERED
62281	Treat Spinal Cord Lesion	COVERED
62282	Treat Spinal Canal Lesion	COVERED
62287	Percutaneous Discectomy	COVERED
62290	Inject For Spine Disk X-Ray	COVERED
62291	Inject For Spine Disk X-Ray	COVERED
62292	Injection Chemonucleolysis Lmbr	COVERED
62294	Injection Into Spinal Artery	COVERED
62302	Myelography Lumbar Injection	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
62303	Myelography Lumbar Injection	COVERED
62304	Myelography Lumbar Injection	COVERED
62305	Myelography Lumbar Injection	COVERED
62321	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62323	Injection(S), Of Diagnostic Or Therapeutic	COVERED
62328	Spinal Puncture, Lumbar, Diagnostic; With Fluoroscopic Or Ct	COVERED
62360	Insert Spine Infusion Device	COVERED
62361	Implant Spine Infusion Pump	COVERED
62365	Remove Spine Infusion Device	COVERED
62380	Endoscopic Decompression Of Spinal Cord, Nerve	COVERED
63001	Remove Spine Lamina 1/2 Crvl	COVERED
63003	Remove Spine Lamina 1/2 Thrc	COVERED
63005	Remove Spine Lamina 1/2 Lmbr	COVERED
63011	Remove Spine Lamina 1/2 Scrl	COVERED
63012	Remove Lamina/Facets Lumbar	COVERED
63015	Remove Spine Lamina >2 Crvcl	COVERED
63016	Remove Spine Lamina >2 Thrc	COVERED
63017	Remove Spine Lamina >2 Lmbr	COVERED
63020	Neck Spine Disk Surgery	COVERED
63030	Low Back Disk Surgery	COVERED
63035	Spinal Disk Surgery Add-On	COVERED
63040	Laminotomy Single Cervical	COVERED
63042	Laminotomy Single Lumbar	COVERED
63043	Laminotomy Addl Cervical	COVERED
63044	Laminotomy Addl Lumbar	COVERED
63045	Remove Spine Lamina 1 Crvl	COVERED
63046	Remove Spine Lamina 1 Thrc	COVERED
63047	Remove Spine Lamina 1 Lmbr	COVERED
63048	Remove Spinal Lamina Add-On	COVERED
63050	Cervical Laminoplasty 2/> Seg	COVERED
63051	C-Laminoplasty W/Graft/Plate	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
63052	Lam Facetec/Foramot Drg Arthrd Lmbr 1 Vert Sgm	COVERED
63053	Lam Facetec/Foramot Drg Arthrd Lmbr Ea Addl Sgm	COVERED
63055	Decompress Spinal Cord Thrc	COVERED
63056	Decompress Spinal Cord Lmbr	COVERED
63057	Decompress Spine Cord Add-On	COVERED
63064	Decompress Spinal Cord Thrc	COVERED
63066	Decompress Spine Cord Add-On	COVERED
63075	Neck Spine Disk Surgery	COVERED
63077	Spine Disk Surgery Thorax	COVERED
63078	Spine Disk Surgery Thorax	COVERED
63082	Remove Vertebral Body Add-On	COVERED
63085	Remove Vert Body Dcmprn Thrc	COVERED
63086	Remove Vertebral Body Add-On	COVERED
63087	Remov Vertbr Dcmprn Thrclmbr	COVERED
63088	Remove Vertebral Body Add-On	COVERED
63090	Remove Vert Body Dcmprn Lmbr	COVERED
63091	Remove Vertebral Body Add-On	COVERED
63101	Remove Vert Body Dcmprn Thrc	COVERED
63102	Remove Vert Body Dcmprn Lmbr	COVERED
63103	Remove Vertebral Body Add-On	COVERED
63170	Incise Spinal Cord Tract(S)	COVERED
63172	Drainage Of Spinal Cyst	COVERED
63173	Drainage Of Spinal Cyst	COVERED
63185	Incise Spine Nrv Half Segmnt	COVERED
63190	Incise Spine Nrv >2 Segmnts	COVERED
63191	Incise Spine Accessory Nerve	COVERED
63197	Incise Spine&Cord 2 Trx Thrc	COVERED
63200	Release Spinal Cord Lumbar	COVERED
63250	Revise Spinal Cord VsIs Crvl	COVERED
63251	Revise Spinal Cord VsIs Thrc	COVERED
63252	Revise Spine Cord Vsl ThrImb	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
63265	Excise Intraspinal Lesion Cerv	COVERED
63266	Excise Intraspinal Lesion Thrac	COVERED
63267	Excise Intraspinal Lesion Lmbr	COVERED
63268	Excise Intraspinal Lesion Scrl	COVERED
63270	Excise Intraspinal Lesion Cervl	COVERED
63271	Excise Intraspinal Lesion Thrac	COVERED
63272	Excise Intraspinal Lesion Lmbr	COVERED
63273	Excise Intraspinal Lesion Scrl	COVERED
63275	Bx/Exc Xdrl Spine Lesn Cervl	COVERED
63276	Bx/Exc Xdrl Spine Lesn Thrac	COVERED
63277	Bx/Exc Xdrl Spine Lesn Lmbr	COVERED
63278	Bx/Exc Xdrl Spine Lesn Scrl	COVERED
63280	Bx/Exc Idrl Spine Lesn Cervl	COVERED
63283	Bx/Exc Idrl Spine Lesn Scrl	COVERED
63285	Bx/Exc Idrl lmed Lesn Cervl	COVERED
63286	Bx/Exc Idrl lmed Lesn Thrac	COVERED
63287	Bx/Exc Idrl lmed Lesn ThrImb	COVERED
63290	Bx/Exc Xdrl/Idrl Lsn Any Lvl	COVERED
63295	Repair Laminectomy Defect	COVERED
63300	Remove Vert Xdrl Body Cervl	COVERED
63301	Remove Vert Xdrl Body Thrac	COVERED
63302	Remove Vert Xdrl Body ThrImb	COVERED
63303	Remov Vert Xdrl Bdy Lmbr/Sac	COVERED
63304	Remove Vert Idrl Body Cervl	COVERED
63305	Remove Vert Idrl Body Thrac	COVERED
63306	Remov Vert Idrl Bdy Thrclmbr	COVERED
63307	Remov Vert Idrl Bdy Lmbr/Sac	COVERED
63308	Remove Vertebral Body Add-On	COVERED
63600	Remove Spinal Cord Lesion	COVERED
63610	Stimulation Of Spinal Cord	COVERED
63620	Srs Spinal Lesion	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
63621	Srs Spinal Lesion Addl	COVERED
63650	Implant Neuroelectrodes	COVERED
63655	Implant Neuroelectrodes	COVERED
63661	Remove Spine Eltrd Perq Array	COVERED
63662	Remove Spine Eltrd Plate	COVERED
63663	Revise Spine Eltrd Perq Array	COVERED
63664	Revise Spine Eltrd Plate	COVERED
63685	Insrt/Redo Spine N Generator	COVERED
63688	Revise/Remove Neuroreceiver	COVERED
63700	Repair Of Spinal Herniation	COVERED
63702	Repair Of Spinal Herniation	COVERED
63704	Repair Of Spinal Herniation	COVERED
63706	Repair Of Spinal Herniation	COVERED
63740	Install Spinal Shunt	COVERED
63741	Install Spinal Shunt	COVERED
63744	Revision Of Spinal Shunt	COVERED
63746	Removal Of Spinal Shunt	COVERED
64400	N Block Inj Trigeminal	COVERED
64405	N Block Inj Occipital	COVERED
64415	N Block Inj Brachial Plexus	COVERED
64421	N Block Inj Intercost Mlt	COVERED
64445	N Block Inj Sciatic Sng	COVERED
64446	N Blk Inj Sciatic Cont Inf	COVERED
64447	N Block Inj Fem Single	COVERED
64448	N Block Inj Fem Cont Inf	COVERED
64450	N Block Other Peripheral	COVERED
64463	Pvb Thoracic Cont Infusion	COVERED
64466	Thrc Fascial Pln Blk Uni Njx	COVERED
64467	Thrc Fascial Pln Blk Uni Nfs	COVERED
64468	Thrc Fascial Pln Blk Bi Njx	COVERED
64469	Thrc Fascial Pln Blk Bi Nfs	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
64473	Lwr Xtr Fscl Pln Blk Uni Njx	COVERED
64474	Lwr Xtr Fscl Pln Blk Uni Nfs	COVERED
64479	Inj Foramen Epidural C/T	COVERED
64480	Inj Foramen Epidural Add-On	COVERED
64483	Inj Foramen Epidural L/S	COVERED
64484	Inj Foramen Epidural Add-On	COVERED
64489	Tap Block Bi By Infusion	COVERED
64490	Inj Paravert F Jnt C/T 1 Lev	COVERED
64491	Inj Paravert F Jnt C/T 2 Lev	COVERED
64492	Inj Paravert F Jnt C/T 3 Lev	COVERED
64493	Inj Paravert F Jnt L/S 1 Lev	COVERED
64494	Inj Paravert F Jnt L/S 2 Lev	COVERED
64495	Inj Paravert F Jnt L/S 3 Lev	COVERED
64520	N Block Lumbar/Thoracic	COVERED
64553	Implant Neuroelectrodes	COVERED
64561	Implant Neuroelectrodes	COVERED
64568	Inc For Vagus N Elect Impl	COVERED
64569	Revise/Repl Vagus N Eltrd	COVERED
64570	Remove Vagus N Eltrd	COVERED
64575	Implant Neuroelectrodes	COVERED
64581	Implant Neuroelectrodes	COVERED
64582	Open Impltj Hpplsl Nrv Nstim Ra Pg&Respir Sensor	COVERED
64583	Revj/Rplcmt Hpplsl Nerve Nstim Ra Pg&Respir Snr	COVERED
64584	Removal Hypoglossal Nerve Nstim Ra Pg&Respir Snr	COVERED
64585	Revise/Remove Neuroelectrode	COVERED
64595	Revise/Rmv Pn/Gastr Stimul	COVERED
64600	Injection Treatment Of Nerve	COVERED
64605	Injection Treatment Of Nerve	COVERED
64610	Injection Treatment Of Nerve	COVERED
64615	Chemodenerv Musc Migraine	COVERED
64624	Destruction By Neurolytic Agent, Genicular Nerve Branches In	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
64625	Radiofrequency Ablation, Nerves Innervating The Sacroiliac J	COVERED
64628	Thermal Dstrj Intraosseous Bvn 1St Lmbr/Sac	COVERED
64630	Injection Treatment Of Nerve	COVERED
64633	Destroy Cerv/Thor Facet Jnt	COVERED
64634	Destroy C/Th Facet Jnt Addl	COVERED
64681	Injection Treatment Of Nerve	COVERED
64714	Revise Low Back Nerve(S)	COVERED
64732	Incision Of Brow Nerve	COVERED
64734	Incision Of Cheek Nerve	COVERED
64736	Incision Of Chin Nerve	COVERED
64738	Incision Of Jaw Nerve	COVERED
64742	Incision Of Facial Nerve	COVERED
64744	Incise Nerve Back Of Head	COVERED
64746	Incise Diaphragm Nerve	COVERED
64755	Incision Of Stomach Nerves	COVERED
64760	Incision Of Vagus Nerve	COVERED
64763	Incise Hip/Thigh Nerve	COVERED
64771	Sever Cranial Nerve	COVERED
64778	Digit Nerve Surgery Add-On	COVERED
64783	Limb Nerve Surgery Add-On	COVERED
64786	Remove Sciatic Nerve Lesion	COVERED
64787	Implant Nerve End	COVERED
64795	Biopsy Of Nerve	COVERED
64802	Sympathectomy Cervical	COVERED
64804	Sympathectomy Cervicothorac	COVERED
64809	Sympathectomy Thoracolumbar	COVERED
64818	Sympathectomy Lumbar	COVERED
64820	Sympathectomy Digital Artery	COVERED
64821	Sympathectomy Radial Artery	COVERED
64822	Sympathectomy Ulnar Artery	COVERED
64823	Sympathectomy Supfc Palmar	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
64837	Repair Nerve Add-On	COVERED
64840	Repair Of Leg Nerve	COVERED
64856	Repair/Transpose Nerve	COVERED
64858	Repair Sciatic Nerve	COVERED
64859	Nerve Surgery	COVERED
64861	Repair Of Arm Nerves	COVERED
64862	Repair Of Low Back Nerves	COVERED
64865	Repair Of Facial Nerve	COVERED
64866	Fusion Of Facial/Other Nerve	COVERED
64872	Subsequent Repair Of Nerve	COVERED
64874	Repair & Revise Nerve Add-On	COVERED
64876	Repair Nerve/Shorten Bone	COVERED
64885	Nerve Graft Head/Neck </4 Cm	COVERED
64890	Nerve Graft Hand/Foot </4 Cm	COVERED
64892	Nerve Graft Arm/Leg <4 Cm	COVERED
64893	Nerve Graft Arm/Leg >4 Cm	COVERED
64895	Nerve Graft Hand/Foot </4 Cm	COVERED
64896	Nerve Graft Hand/Foot >4 Cm	COVERED
64897	Nerve Graft Arm/Leg </4 Cm	COVERED
64898	Nerve Graft Arm/Leg >4 Cm	COVERED
64901	Nerve Graft Add-On	COVERED
64902	Nerve Graft Add-On	COVERED
64905	Nerve Pedicle Transfer	COVERED
64907	Nerve Pedicle Transfer	COVERED
64911	Neurorrhaphy W/Vein Autograft	COVERED
64912	Nrv Rpr W/Nrv Algrft 1St	COVERED
65091	Revise Eye	COVERED
65101	Removal Of Eye	COVERED
65110	Removal Of Eye	COVERED
65112	Remove Eye/Revise Socket	COVERED
65114	Remove Eye/Revise Socket	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
65125	Revise Ocular Implant	COVERED
65130	Insert Ocular Implant	COVERED
65135	Insert Ocular Implant	COVERED
65140	Attach Ocular Implant	COVERED
65150	Revise Ocular Implant	COVERED
65155	Reinsert Ocular Implant	COVERED
65175	Removal Of Ocular Implant	COVERED
65270	Repair Of Eye Wound	COVERED
65272	Repair Of Eye Wound	COVERED
65273	Repair Of Eye Wound	COVERED
65275	Repair Of Eye Wound	COVERED
65290	Repair Of Eye Socket Wound	COVERED
65410	Biopsy Of Cornea	COVERED
65436	Curette/Treat Cornea	COVERED
65450	Treatment Of Corneal Lesion	COVERED
65600	Revision Of Cornea	COVERED
65710	Corneal Transplant	COVERED
65730	Corneal Transplant	COVERED
65750	Corneal Transplant	COVERED
65755	Corneal Transplant	COVERED
65757	Prep Corneal Endo Allograft	COVERED
65779	Cover Eye W/Membrane Suture	COVERED
65780	Ocular Reconst Transplant	COVERED
65781	Ocular Reconst Transplant	COVERED
65782	Ocular Reconst Transplant	COVERED
65785	Impltj Ntrstrml Crnl Rng Seg	COVERED
65810	Drainage Of Eye	COVERED
65850	Trabeculotomy Ab Externo	COVERED
65860	Severing Ads Ant Sgm Laser	COVERED
65900	Remove Eye Lesion	COVERED
66150	Glaucoma Surgery	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
66155	Glaucoma Surgery	COVERED
66160	Glaucoma Surgery	COVERED
66170	Glaucoma Surgery	COVERED
66225	Repair/Graft Eye Lesion	COVERED
66505	Incision Of Iris	COVERED
66600	Remove Iris And Lesion	COVERED
66605	Removal Of Iris	COVERED
66635	Removal Of Iris	COVERED
66682	Repair Iris & Ciliary Body	COVERED
66683	Implantation Iris Prosthesis	COVERED
66700	Destruction Ciliary Body	COVERED
66711	Ciliary Endoscopic Ablation	COVERED
66740	Destruction Ciliary Body	COVERED
66770	Removal Of Inner Eye Lesion	COVERED
66830	Removal Of Lens Lesion	COVERED
66850	Removal Of Lens Material	COVERED
66920	Extraction Of Lens	COVERED
66930	Extraction Of Lens	COVERED
66983	Cataract Surg W/Iol 1 Stage	COVERED
66984	Cataract Surg W/Iol 1 Stage	COVERED
66987	Extracapsular Cataract Removal With Insertion Of Intraocular	COVERED
66988	Extracapsular Cataract Removal With Insertion Of Intraocular	COVERED
66989	Xcapsl Ctrc Rmvl Insj Io Lens Prsth Cptlx Insj 1+	COVERED
66990	Ophthalmic Endoscope Add-On	COVERED
66991	Xcapsl Ctrc Rmvl Insj Io Lens Prosth Insj 1+	COVERED
67027	Implant Eye Drug System	COVERED
67030	Incise Inner Eye Strands	COVERED
67041	Vit For Macular Pucker	COVERED
67042	Vit For Macular Hole	COVERED
67101	Repair Detached Retina	COVERED
67112	Rerepair Detached Retina	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
67115	Release Encircling Material	COVERED
67141	Treatment Of Retina	COVERED
67208	Treatment Of Retinal Lesion	COVERED
67218	Treatment Of Retinal Lesion	COVERED
67225	Eye Photodynamic Ther Add-On	COVERED
67227	Treatment Of Retinal Lesion	COVERED
67299	Eye Surgery Procedure	COVERED
67316	Revise Two Eye Muscles	COVERED
67318	Revise Eye Muscle(S)	COVERED
67334	Revise Eye Muscle W/Suture	COVERED
67340	Revise Eye Muscle Add-On	COVERED
67343	Release Eye Tissue	COVERED
67345	Destroy Nerve Of Eye Muscle	COVERED
67346	Biopsy Eye Muscle	COVERED
67399	Unlisted Px Extraocular Musc	COVERED
67413	Explore/Treat Eye Socket	COVERED
67430	Explore/Treat Eye Socket	COVERED
67440	Explore/Drain Eye Socket	COVERED
67445	Explr/Decompress Eye Socket	COVERED
67505	Inject/Treat Eye Socket	COVERED
67550	Insert Eye Socket Implant	COVERED
67570	Decompress Optic Nerve	COVERED
67599	Orbit Surgery Procedure	COVERED
67835	Revise Eyelashes	COVERED
67880	Revision Of Eyelid	COVERED
67882	Revision Of Eyelid	COVERED
67900	Repair Brow Defect	COVERED
67901	Repair Eyelid Defect	COVERED
67902	Repair Eyelid Defect	COVERED
67903	Repair Eyelid Defect	COVERED
67904	Repair Eyelid Defect	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
67906	Repair Eyelid Defect	COVERED
67908	Repair Eyelid Defect	COVERED
67909	Revise Eyelid Defect	COVERED
67911	Revise Eyelid Defect	COVERED
67914	Repair Eyelid Defect	COVERED
67915	Repair Eyelid Defect	COVERED
67916	Repair Eyelid Defect	COVERED
67917	Repair Eyelid Defect	COVERED
67921	Repair Eyelid Defect	COVERED
67922	Repair Eyelid Defect	COVERED
67923	Repair Eyelid Defect	COVERED
67924	Repair Eyelid Defect	COVERED
67950	Revision Of Eyelid	COVERED
67961	Revision Of Eyelid	COVERED
67966	Revision Of Eyelid	COVERED
67973	Reconstruction Of Eyelid	COVERED
67974	Reconstruction Of Eyelid	COVERED
67975	Reconstruction Of Eyelid	COVERED
67999	Revision Of Eyelid	COVERED
68020	Incise/Drain Eyelid Lining	COVERED
68040	Treatment Of Eyelid Lesions	COVERED
68130	Exc Les Conjunctiva Adj Scl	COVERED
68135	Destruction Les Conjunctiva	COVERED
68325	Revise/Graft Eyelid Lining	COVERED
68335	Revise/Graft Eyelid Lining	COVERED
68360	Revise Eyelid Lining	COVERED
68371	Harvest Eye Tissue Alograft	COVERED
68399	Eyelid Lining Surgery	COVERED
68400	I&D Lacrimal Gland	COVERED
68420	I&D Lacrimal Sac	COVERED
68505	Partial Removal Tear Gland	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
68530	Clearance Of Tear Duct	COVERED
68540	Remove Tear Gland Lesion	COVERED
68550	Remove Tear Gland Lesion	COVERED
68700	Repair Tear Ducts	COVERED
68705	Revise Tear Duct Opening	COVERED
68745	Create Tear Duct Drain	COVERED
68760	Close Tear Duct Opening	COVERED
68770	Close Tear System Fistula	COVERED
68850	Injection For Tear Sac X-Ray	COVERED
68899	Tear Duct System Surgery	COVERED
69140	Remove Ear Canal Lesion(S)	COVERED
69150	Extensive Ear Canal Surgery	COVERED
69155	Extensive Ear/Neck Surgery	COVERED
69300	Revise External Ear	COVERED
69320	Rebuild Outer Ear Canal	COVERED
69450	Eardrum Revision	COVERED
69501	Mastoidectomy	COVERED
69505	Remove Mastoid Structures	COVERED
69530	Extensive Mastoid Surgery	COVERED
69550	Exc Aurl Glomus Tum Trnscanl	COVERED
69552	Exc Aurl Glomus Tum Trnsmstd	COVERED
69554	Exc Aurl Glomus Tum Extended	COVERED
69602	Rev Mstdc Rslt Mod Rad Mstdc	COVERED
69635	Repair Eardrum Structures	COVERED
69636	Rebuild Eardrum Structures	COVERED
69650	Stapes Mobilization	COVERED
69660	Revise Middle Ear Bone	COVERED
69661	Revise Middle Ear Bone	COVERED
69662	Revise Middle Ear Bone	COVERED
69666	Repair Middle Ear Structures	COVERED
69667	Repair Middle Ear Structures	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
69670	Remove Mastoid Air Cells	COVERED
69676	Remove Middle Ear Nerve	COVERED
69700	Close Mastoid Fistula	COVERED
69705	Surg Nasopharyngoscopy Dilat Eustachian Tube Uni	COVERED
69706	Surg Nasopharyngoscopy Dilat Eustachian Tube Bi	COVERED
69710	Implant/Replace Hearing Aid	COVERED
69711	Remove/Repair Hearing Aid	COVERED
69716	Impltj Oi Implt Skull Mag Tc Attachment Esp	COVERED
69717	Temple Bone Implant Revision	COVERED
69719	Revj/Rplcmt Oi Implt Skull Mag Tc Attachment Esp	COVERED
69725	Release Facial Nerve	COVERED
69726	Removal Oi Implt Skull Perq Tc Attachment Esp	COVERED
69727	Removal Oi Implt Skull Mag Tc Attachment Esp	COVERED
69728	Rmv Ntr Oi Imp Sk Tc Esp>=100	COVERED
69729	Impl Oi Implt Sk Tc Esp>=100	COVERED
69730	Rplcm Oi Implt Sk Tc Esp>=100	COVERED
69740	Repair Facial Nerve	COVERED
69745	Repair Facial Nerve	COVERED
69801	Incise Inner Ear	COVERED
69805	Explore Inner Ear	COVERED
69806	Explore Inner Ear	COVERED
69910	Remove Inner Ear & Mastoid	COVERED
69915	Incise Inner Ear Nerve	COVERED
69930	Implant Cochlear Device	COVERED
69949	Inner Ear Surgery Procedure	COVERED
69950	Incise Inner Ear Nerve	COVERED
69955	Release Facial Nerve	COVERED
69960	Release Inner Ear Canal	COVERED
69970	Remove Inner Ear Lesion	COVERED
69979	Temporal Bone Surgery	COVERED
70010	Contrast X-Ray Of Brain	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
70134	X-Ray Exam Of Middle Ear	COVERED
70170	X-Ray Exam Of Tear Duct	COVERED
70240	X-Ray Exam Pituitary Saddle	COVERED
70332	X-Ray Exam Of Jaw Joint	COVERED
70370	Throat X-Ray & Fluoroscopy	COVERED
70380	X-Ray Exam Of Salivary Gland	COVERED
70390	X-Ray Exam Of Salivary Duct	COVERED
70480	Ct Orbit/Ear/Fossa W/O Dye	COVERED
70481	Ct Orbit/Ear/Fossa W/Dye	COVERED
70486	Ct Maxillofacial W/O Dye	COVERED
70487	Ct Maxillofacial W/Dye	COVERED
70488	Ct Maxillofacial W/O & W/Dye	COVERED
70490	Ct Soft Tissue Neck W/O Dye	COVERED
70491	Ct Soft Tissue Neck W/Dye	COVERED
70492	Ct Sft Tsue Nck W/O & W/Dye	COVERED
70496	Ct Angiography Head	COVERED
70498	Ct Angiography Neck	COVERED
70540	Mri Orbit/Face/Neck W/O Dye	COVERED
70542	Mri Orbit/Face/Neck W/Dye	COVERED
70543	Mri Orbt/Fac/Nck W/O & W/Dye	COVERED
70544	Mr Angiography Head W/O Dye	COVERED
70545	Mr Angiography Head W/Dye	COVERED
70546	Mr Angiograph Head W/O&W/Dye	COVERED
70547	Mr Angiography Neck W/O Dye	COVERED
70548	Mr Angiography Neck W/Dye	COVERED
70549	Mr Angiograph Neck W/O&W/Dye	COVERED
70554	Fmri Brain By Tech	COVERED
70557	Mri Brain W/O Dye	COVERED
70558	Mri Brain W/Dye	COVERED
70559	Mri Brain W/O & W/Dye	COVERED
71275	Ct Angiography Chest	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
71550	Mri Chest W/O Dye	COVERED
71551	Mri Chest W/Dye	COVERED
71552	Mri Chest W/O & W/Dye	COVERED
71555	Mri Angio Chest W Or W/O Dye	COVERED
72125	Ct Neck Spine W/O Dye	COVERED
72126	Ct Neck Spine W/Dye	COVERED
72127	Ct Neck Spine W/O & W/Dye	COVERED
72128	Ct Chest Spine W/O Dye	COVERED
72129	Ct Chest Spine W/Dye	COVERED
72130	Ct Chest Spine W/O & W/Dye	COVERED
72132	Ct Lumbar Spine W/Dye	COVERED
72133	Ct Lumbar Spine W/O & W/Dye	COVERED
72141	Mri Neck Spine W/O Dye	COVERED
72142	Mri Neck Spine W/Dye	COVERED
72146	Mri Chest Spine W/O Dye	COVERED
72147	Mri Chest Spine W/Dye	COVERED
72148	Mri Lumbar Spine W/O Dye	COVERED
72149	Mri Lumbar Spine W/Dye	COVERED
72156	Mri Neck Spine W/O & W/Dye	COVERED
72157	Mri Chest Spine W/O & W/Dye	COVERED
72158	Mri Lumbar Spine W/O & W/Dye	COVERED
72159	Mr Angio Spine W/O&W/Dye	COVERED
72191	Ct Angiograph Pelv W/O&W/Dye	COVERED
72195	Mri Pelvis W/O Dye	COVERED
72196	Mri Pelvis W/Dye	COVERED
72197	Mri Pelvis W/O & W/Dye	COVERED
72198	Mr Angio Pelvis W/O & W/Dye	COVERED
72240	Myelography Neck Spine	COVERED
72265	Myelography L-S Spine	COVERED
72285	Discography Cerv/Thor Spine	COVERED
73085	Contrast X-Ray Of Elbow	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
73200	Ct Upper Extremity W/O Dye	COVERED
73201	Ct Upper Extremity W/Dye	COVERED
73202	Ct Uppr Extremity W/O&W/Dye	COVERED
73206	Ct Angio Uptr Extrm W/O&W/Dye	COVERED
73225	Mr Angio Uptr Extr W/O&W/Dye	COVERED
73615	Contrast X-Ray Of Ankle	COVERED
73706	Ct Angio Lwr Extr W/O&W/Dye	COVERED
73725	Mr Ang Lwr Ext W Or W/O Dye	COVERED
74174	Cta Abd&Plvs W/Contrast	COVERED
74175	Cta Abdomen W/Contrast	COVERED
74181	Mri Abdomen W/O Contrast	COVERED
74182	Mri Abdomen W/Contrast	COVERED
74183	Mri Abd W/O Cntr Flwd Cntr	COVERED
74185	Mra Abd W Or W/O Cntrst	COVERED
74190	Peritoneogram Rs&I	COVERED
74230	Cine/Vid X-Ray Throat/Esoph	COVERED
74235	Remove Esophagus Obstruction	COVERED
74248	Radiologic Small Intestine Follow-Through Study, Including M	COVERED
74261	Ct Colonography Dx	COVERED
74262	Ct Colonography Dx W/Dye	COVERED
74263	Ct Colonography Screening	COVERED
74290	Contrast X-Ray Gallbladder	COVERED
74301	X-Rays At Surgery Add-On	COVERED
74355	X-Ray Guide Intestinal Tube	COVERED
74410	Contrst X-Ray Urinary Tract	COVERED
74415	Contrst X-Ray Urinary Tract	COVERED
74440	X-Ray Male Genital Tract	COVERED
74445	X-Ray Exam Of Penis	COVERED
74470	X-Ray Exam Of Kidney Lesion	COVERED
74485	X-Ray Guide Gu Dilation	COVERED
74712	Mri Fetal Sngl/1St Gestation	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
74775	X-Ray Exam Of Perineum	COVERED
75561	Cardiac Mri For Morph W/Dye	COVERED
75563	Card Mri W/Stress Img & Dye	COVERED
75571	Ct Hrt W/O Dye W/Ca Test	COVERED
75572	Ct Hrt W/3D Image	COVERED
75573	Ct Hrt W/3D Image Congen	COVERED
75574	Ct Angio Hrt W/3D Image	COVERED
75635	Ct Angio Abdominal Arteries	COVERED
75731	Artery X-Rays Adrenal Gland	COVERED
75733	Artery X-Rays Adrenals	COVERED
75756	Artery X-Rays Chest	COVERED
75801	Lymph Vessel X-Ray Arm/Leg	COVERED
75803	Lymph Vessel X-Ray Arms/Legs	COVERED
75805	Lymph Vessel X-Ray Trunk	COVERED
75807	Lymph Vessel X-Ray Trunk	COVERED
75809	Nonvascular Shunt X-Ray	COVERED
75810	Vein X-Ray Spleen/Liver	COVERED
75833	Vein X-Ray Kidneys	COVERED
75840	Vein X-Ray Adrenal Gland	COVERED
75842	Vein X-Ray Adrenal Glands	COVERED
75870	Vein X-Ray Skull	COVERED
75872	Vein X-Ray Skull Epidural	COVERED
75880	Vein X-Ray Eye Socket	COVERED
75902	Remove Cva Lumen Obstruct	COVERED
75958	Xray Place Prox Ext Thor Ao	COVERED
75959	Xray Place Dist Ext Thor Ao	COVERED
75989	Abscess Drainage Under X-Ray	COVERED
76014	Mr Sfty Implt&/Fb Asmt Stf 1	COVERED
76015	Mr Sfty Mplt&/Fb Asmt Stf Ea	COVERED
76016	Mr Safety Deter Phys/Qhp	COVERED
76017	Mr Sfty Med Physics Xm Cstmz	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
76018	Mr Safety Implant Elec Prepj	COVERED
76019	Mr Safety Implt Pos&/Immoblj	COVERED
76120	Cine/Video X-Rays	COVERED
76145	Medical Physics Dose Eval Radiation Expos W/Rprt	COVERED
76380	Cat Scan Follow-Up Study	COVERED
76391	Magnetic Resonance (Eg, Vibration) Elastography	COVERED
76498	Mri Procedure	COVERED
76529	Echo Exam Of Eye	COVERED
76811	Ob Us Detailed Sngl Fetus	COVERED
76812	Ob Us Detailed Addl Fetus	COVERED
76827	Echo Exam Of Fetal Heart	COVERED
76828	Echo Exam Of Fetal Heart	COVERED
76883	Us Nrv&Acc Strux 1Xtr Compre	COVERED
76941	Echo Guide For Transfusion	COVERED
76978	Ultrasound, Targeted Dynamic Microbubble Sonographic Contr	COVERED
76979	Ultrasound, Targeted Dynamic Microbubble Sonographic Contr	COVERED
76982	Ultrasound, Elastography; First Target Lesion	COVERED
77022	Mri For Tissue Ablation	COVERED
77047	Magnetic Resonance Imaging, Breast, Without Contrast Materia	COVERED
77048	Magnetic Resonance Imaging, Breast, Without And With Contr	COVERED
77049	Magnetic Resonance Imaging, Breast, Without And With Contr	COVERED
77054	X-Ray Of Mammary Ducts	COVERED
77299	Radiation Therapy Planning	COVERED
77307	Telethx Isodose Plan Cplx	COVERED
77317	Brachytx Isodose Intermed	COVERED
77318	Brachytx Isodose Complex	COVERED
77385	Ntsty Modul Rad Tx Dlvr Smpl	COVERED
77387	Guidance For Radiaj Tx Dlvr	COVERED
77399	External Radiation Dosimetry	COVERED
77412	Radiation Tx Delivery Complx	COVERED
77423	Neutron Beam Tx Complex	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
77424	Io Rad Tx Delivery By X-Ray	COVERED
77425	Io Rad Tx Deliver By Elctrns	COVERED
77469	Io Radiation Tx Management	COVERED
77499	Radiation Therapy Management	COVERED
77520	Proton Trmt Simple W/O Comp	COVERED
77522	Proton Trmt Simple W/Comp	COVERED
77523	Proton Trmt Intermediate	COVERED
77525	Proton Treatment Complex	COVERED
77610	Hyperthermia Ntrstl Prb 5/<	COVERED
77615	Hyperthermia Ntrstl Prb>5	COVERED
77750	Infuse Radioactive Materials	COVERED
77761	Apply Intrcav Radiat Simple	COVERED
77762	Apply Intrcav Radiat Interm	COVERED
77763	Apply Intrcav Radiat Compl	COVERED
77768	Hdr Rdncl Skn Surf Brachytx	COVERED
77770	Hdr Rdncl Ntrstl/lcav Brchtx	COVERED
77771	Hdr Rdncl Ntrstl/lcav Brchtx	COVERED
77789	Apply Surface Radiation	COVERED
77790	Radiation Handling	COVERED
77799	Radium/Radioisotope Therapy	COVERED
78071	Parathyrd Planar W/Wo Subtrj	COVERED
78072	Parathyrd Planar W/Spect&Ct	COVERED
78103	Bone Marrow Imaging Mult	COVERED
78104	Bone Marrow Imaging Body	COVERED
78110	Plasma Volume Single	COVERED
78111	Plasma Volume Multiple	COVERED
78120	Red Cell Mass Single	COVERED
78121	Red Cell Mass Multiple	COVERED
78122	Whl Bld Volume Determination	COVERED
78140	Red Cell Sequestration	COVERED
78191	Platelet Survival Study	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
78195	Lymph System Imaging	COVERED
78199	Blood/Lymph Nuclear Exam	COVERED
78226	Hepatobiliary System Imaging	COVERED
78227	Hepatobil Syst Image W/Drug	COVERED
78265	Gastric Emptying Imag Study	COVERED
78266	Gastric Emptying Imag Study	COVERED
78282	Gi Protein Loss Exam	COVERED
78299	Gi Nuclear Procedure	COVERED
78306	Bone Imaging Whole Body	COVERED
78399	Musculoskeletal Nuclear Exam	COVERED
78428	Cardiac Shunt Imaging	COVERED
78431	Myocardial Imaging, Positron Emission Tomography (Pet), Perf	COVERED
78434	Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Posi	COVERED
78451	Ht Muscle Image Spect Sing	COVERED
78452	Ht Muscle Image Spect Mult	COVERED
78454	Ht Musc Image Planar Mult	COVERED
78473	Gated Heart Multiple	COVERED
78499	Cardiovascular Nuclear Exam	COVERED
78579	Lung Ventilation Imaging	COVERED
78599	Respiratory Nuclear Exam	COVERED
78609	Brain Imaging (Pet)	COVERED
78699	Nervous System Nuclear Exam	COVERED
78701	Kidney Imaging With Flow	COVERED
78725	Kidney Function Study	COVERED
78799	Genitourinary Nuclear Exam	COVERED
78800	Tumor Imaging Limited Area	COVERED
78802	Tumor Imaging Whole Body	COVERED
78804	Tumor Imaging Whole Body	COVERED
78808	Iv Inj Ra Drug Dx Study	COVERED
78830	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED
78831	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
78832	Radiopharmaceutical Localization Of Tumor, Inflammatory Proc	COVERED
78999	Nuclear Diagnostic Exam	COVERED
79200	Nuclear Rx Intracav Admin	COVERED
79300	Nuclr Rx Interstit Colloid	COVERED
79403	Hematopoietic Nuclear Tx	COVERED
79440	Nuclear Rx Intra-Articular	COVERED
79999	Nuclear Medicine Therapy	COVERED
80154	Drug Screen Qualitative Benzodiazepines	COVERED
80163	Assay Of Digoxin Free	COVERED
80199	Drug Screen Quant Tiagabine	COVERED
80412	Crh Stimulation Panel	COVERED
80418	Pituitary Evaluation Panel	COVERED
80504	Pathology Clinical Counsultatation Mod Mdm 21-40 Min	COVERED
80505	Pathology Clinical Counsultatation Hi Mdm 41-60 Min	COVERED
80506	Pathology Clinical Consult J Prolong Svc Ea Addl 30	COVERED
81099	Urinalysis Test Procedure	COVERED
81105	Hpa-1 Genotyping	COVERED
81106	Hpa-2 Genotyping	COVERED
81107	Hpa-3 Genotyping	COVERED
81108	Hpa-4 Genotyping	COVERED
81109	Hpa-5 Genotyping	COVERED
81110	Hpa-6 Genotyping	COVERED
81111	Hpa-9 Genotyping	COVERED
81112	Hpa-15 Genotyping	COVERED
81120	Idh1 Common Variants	COVERED
81121	Idh2 Common Variants	COVERED
81161	Dmd Dup/Delet Analysis	COVERED
81162	Brca1&2 Seq & Full Dup/Del	COVERED
81163	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repa	COVERED
81164	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repa	COVERED
81170	Abl1 Gene	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81171	Aff2 (Af4/Fmr2 Family, Member 2 [Fmr2]) (Eg, Fragile X Menta	COVERED
81173	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrop	COVERED
81175	Asxl1 Full Gene Sequence	COVERED
81177	Atn1 (Atrophin 1) (Eg, Dentatorubral-Pallidoluysian Atrophy)	COVERED
81178	Atxn1 (Ataxin 1) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81179	Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81180	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph	COVERED
81181	Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis,	COVERED
81182	Atxn8os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Sp	COVERED
81183	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysi	COVERED
81184	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg	COVERED
81185	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg	COVERED
81189	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Ana	COVERED
81191	Ntrk1 Translocation Analysis	COVERED
81192	Ntrk2 Translocation Analysis	COVERED
81194	Ntrk Translocation Analysis	COVERED
81201	Apc Gene Full Sequence	COVERED
81202	Apc Gene Known Fam Variants	COVERED
81203	Apc Gene Dup/Delet Variants	COVERED
81206	Bcr/Abl1 Gene Major Bp	COVERED
81207	Bcr/Abl1 Gene Minor Bp	COVERED
81208	Bcr/Abl1 Gene Other Bp	COVERED
81210	Braf Gene	COVERED
81212	Brca1&2 185&5385&6174 Var	COVERED
81216	Brca2 Gene Full Sequence	COVERED
81218	Cebpa Gene Full Sequence	COVERED
81219	Calr Gene Com Variants	COVERED
81220	Cftr Gene Com Variants	COVERED
81222	Cftr Gene Dup/Delet Variants	COVERED
81223	Cftr Gene Full Sequence	COVERED
81225	Cyp2c19 Gene Com Variants	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81233	Btk (Bruton's Tyrosine Kinase) (Eg, Chronic Lymphocytic Leuk	COVERED
81234	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Ge	COVERED
81235	Egfr Gene Com Variants	COVERED
81236	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subu	COVERED
81238	F9 Full Gene Sequence	COVERED
81243	Fmr1 Gene Detection	COVERED
81245	Flt3 Gene	COVERED
81246	Flt3 Gene Analysis	COVERED
81250	G6pc Gene	COVERED
81256	Hfe Gene	COVERED
81257	Hba1/Hba2 Gene	COVERED
81258	Hba1/Hba2 Gene Fam Vrnt	COVERED
81259	Hba1/Hba2 Full Gene Sequence	COVERED
81260	Ikbkap Gene	COVERED
81266	Str Markers Spec Anal Addl	COVERED
81267	Chimerism Anal No Cell Selec	COVERED
81268	Chimerism Anal W/Cell Select	COVERED
81269	Hba1/Hba2 Gene Dup/Del Vrnts	COVERED
81270	Jak2 Gene	COVERED
81271	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Eva	COVERED
81272	Kit Gene Targeted Seq Analys	COVERED
81274	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Cha	COVERED
81275	Kras Gene	COVERED
81276	Kras Gene Addl Variants	COVERED
81277	Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis, Int	COVERED
81279	Jak2 Targeted Sequence Analysis	COVERED
81286	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Full G	COVERED
81288	MLh1 Gene	COVERED
81292	MLh1 Gene Full Seq	COVERED
81294	MLh1 Gene Dup/Delete Variant	COVERED
81295	Msh2 Gene Full Seq	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81297	Msh2 Gene Dup/Delete Variant	COVERED
81298	Msh6 Gene Full Seq	COVERED
81300	Msh6 Gene Dup/Delete Variant	COVERED
81301	Microsatellite Instability	COVERED
81305	Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Wal	COVERED
81306	Nudt15 (Nudix Hydrolase 15) (Eg, Drug Metabolism) Gene Analy	COVERED
81309	Pik3ca (Phosphatidylinositol-4, 5-Biphosphate 3-Kinase, Cata	COVERED
81310	Npm1 Gene	COVERED
81311	Nras Gene Variants Exon 2&3	COVERED
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg, Oculopharyng	COVERED
81314	Pdgfra Gene	COVERED
81315	Pml/Raralpha Com Breakpoints	COVERED
81317	Pms2 Gene Full Seq Analysis	COVERED
81319	Pms2 Gene Dup/Delet Variants	COVERED
81320	Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leu	COVERED
81321	Pten Gene Full Sequence	COVERED
81323	Pten Gene Dup/Delet Variant	COVERED
81329	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Mus	COVERED
81331	Snrpn/Ube3a Gene	COVERED
81334	Runx1 Gene Targeted Seq Alys	COVERED
81335	Tpmt Gene Com Variants	COVERED
81336	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Mus	COVERED
81338	Mpl Gene Analysis Common Variants	COVERED
81339	Mpl Gene Analysis Sequence Analysis Exon 10	COVERED
81340	Trb@ Gene Rearrange Amplify	COVERED
81342	Trg Gene Rearrangement Anal	COVERED
81343	Ppp2r2b (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg	COVERED
81344	Tbp (Tata Box Binding Protein) (Eg, Spinocerebellar Ataxia)	COVERED
81345	Tert (Telomerase Reverse Transcriptase) (Eg, Thyroid Carcino	COVERED
81351	Tp53 Gene Analysis Full Gene Sequence	COVERED
81352	Tp53 Gene Analysis Targeted Sequence Analysis	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81361	Hbb Gene Com Variants	COVERED
81362	Hbb Gene Known Fam Variant	COVERED
81364	Hbb Full Gene Sequence	COVERED
81370	Hla I & li Typing Lr	COVERED
81371	Hla I & li Type Verify Lr	COVERED
81373	Hla I Typing 1 Locus Lr	COVERED
81374	Hla I Typing 1 Antigen Lr	COVERED
81376	Hla li Typing 1 Locus Lr	COVERED
81377	Hla li Type 1 Ag Equiv Lr	COVERED
81378	Hla I & li Typing Hr	COVERED
81379	Hla I Typing Complete Hr	COVERED
81380	Hla I Typing 1 Locus Hr	COVERED
81381	Hla I Typing 1 Allele Hr	COVERED
81382	Hla li Typing 1 Loc Hr	COVERED
81383	Hla li Typing 1 Allele Hr	COVERED
81400	Mopath Procedure Level 1	COVERED
81401	Mopath Procedure Level 2	COVERED
81403	Mopath Procedure Level 4	COVERED
81404	Mopath Procedure Level 5	COVERED
81405	Mopath Procedure Level 6	COVERED
81406	Mopath Procedure Level 7	COVERED
81407	Mopath Procedure Level 8	COVERED
81408	Mopath Procedure Level 9	COVERED
81412	Ashkenazi Jewish Assoc Dis	COVERED
81413	Car Ion Chnnlpath Inc 10 Gns	COVERED
81414	Car Ion Chnnlpath Inc 2 Gns	COVERED
81419	Epilepsy Genomic Sequence Analysis Panel	COVERED
81420	Fetal Chrmoml Aneuploidy	COVERED
81432	Hrdtry Brst Ca-Rlatd Do 5+	COVERED
81434	Hered Rta Do Gen Seq 15	COVERED
81435	Hered Colon Ca-Rlatd Do 5+	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81439	Inherited Cardmyopathy 5 Gns	COVERED
81445	Targeted Genomic Seq Analys	COVERED
81448	Hrdtry Perph Neurphy Panel	COVERED
81455	Targeted Genomic Seq Analys	COVERED
81500	Onco (Ovar) Two Proteins	COVERED
81503	Onco (Ovar) Five Proteins	COVERED
81507	Fetal Aneuploidy Trisom Risk	COVERED
81508	Ftl Cgen Abnor Two Proteins	COVERED
81509	Ftl Cgen Abnor 3 Proteins	COVERED
81511	Ftl Cgen Abnor Four Anal	COVERED
81515	Nfct Ds Bv&Vaginitis Dna Alg	COVERED
81518	Oncology (Breast), Mrna, Gene Expression Profiling By Real-T	COVERED
81519	Onc Breast Mrna 58 Genes	COVERED
81520	Onc Breast Mrna 58 Genes	COVERED
81521	Onc Breast Mrna 70 Genes	COVERED
81522	Oncology (Breast), Mrna, Gene Expression Profiling By Rt-Pcr	COVERED
81523	Onc Brst Mrna Next Enrj Seq Gen Xprsn 70 Cnt&31	COVERED
81528	Oncology Colorectal Scr	COVERED
81541	Onc Prostate Mrna 46 Genes	COVERED
81542	Oncology (Prostate), Mrna, Microarray Gene Expression Profil	COVERED
81546	Onc Thyr Mrna 10,196 Genes Fine Ndl Aspirate Alg	COVERED
81552	Oncology (Uveal Melanoma), Mrna, Gene Expression Profiling B	COVERED
81560	Trnspli Ped Lvr & Bwl Mes Cd154+T Cll Whl Prph Bld	COVERED
81595	Cardiology Hrt Trnspl Mrna	COVERED
82013	Acetylcholinesterase Assay	COVERED
82030	Assay Of Adp & Amp	COVERED
82045	Albumin Ischemia Modified	COVERED
82077	Assay Of Alcohol (Ethanol) Spec Xcp Ur&Breath Ia	COVERED
82127	Amino Acid Single Qual	COVERED
82128	Amino Acids Mult Qual	COVERED
82143	Amniotic Fluid Scan	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
82145	Amphetamine/Methamphetamine	COVERED
82154	Androstenediol Glucuronide	COVERED
82163	Assay Of Angiotensin Ii	COVERED
82166	Assay Anti-Mullerian Horm	COVERED
82233	Beta-Amyloid 1-40 (Abeta 40)	COVERED
82234	Beta-Amyloid 1-42 (Abeta 42)	COVERED
82240	Bile Acids Cholyglycine	COVERED
82252	Fecal Bilirubin Test	COVERED
82286	Assay Of Bradykinin	COVERED
82331	Calcium Infusion Test	COVERED
82355	Calculus Analysis Qual	COVERED
82360	Calculus Assay Quant	COVERED
82370	X-Ray Assay Calculus	COVERED
82376	Assay Carboxyhb Qual	COVERED
82383	Assay Blood Catecholamines	COVERED
82387	Assay Of Cathepsin-D	COVERED
82415	Assay Of Chloramphenicol	COVERED
82441	Test For Chlorohydrocarbons	COVERED
82485	Assay Chondroitin Sulfate	COVERED
82486	Gas/Liquid Chromatography	COVERED
82487	Paper Chromatography	COVERED
82488	Paper Chromatography	COVERED
82489	Thin Layer Chromatography	COVERED
82492	Chromotography Quant Mult	COVERED
82520	Cocaine/Metabolite	COVERED
82528	Assay Of Corticosterone	COVERED
82541	Column Chromotography Qual	COVERED
82543	Column Chromotograph/Isotope	COVERED
82544	Column Chromotograph/Isotope	COVERED
82554	Creatine Isoforms	COVERED
82585	Assay Of Cryofibrinogen	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
82638	Assay Of Dibucaine Number	COVERED
82658	Enzyme Cell Activity Ra	COVERED
82664	Electrophoretic Test	COVERED
82696	Assay Of Etiocholanolone	COVERED
82715	Assay Of Fecal Fat	COVERED
82735	Assay Of Fluoride	COVERED
82759	Assay Of Rbc Galactokinase	COVERED
82760	Assay Of Galactose	COVERED
82775	Assay Galactose Transferase	COVERED
82930	Gastric Analy W/Ph Ea Spec	COVERED
82938	Gastrin Test	COVERED
82963	Assay Of Glucosidase	COVERED
82965	Assay Of Gdh Enzyme	COVERED
82978	Assay Of Glutathione	COVERED
82979	Assay Rbc Glutathione	COVERED
83009	H Pylori (C-13) Blood	COVERED
83012	Assay Of Haptoglobins	COVERED
83015	Heavy Metal Screen	COVERED
83026	Hemoglobin Copper Sulfate	COVERED
83060	Blood Sulfhemoglobin Assay	COVERED
83065	Assay Of Hemoglobin Heat	COVERED
83068	Hemoglobin Stability Screen	COVERED
83069	Assay Of Urine Hemoglobin	COVERED
83500	Assay Free Hydroxyproline	COVERED
83505	Assay Total Hydroxyproline	COVERED
83528	Assay Of Intrinsic Factor	COVERED
83570	Assay Of Idh Enzyme	COVERED
83586	Assay 17- Ketosteroids	COVERED
83593	Fractionation Ketosteroids	COVERED
83632	Placental Lactogen	COVERED
83633	Test Urine For Lactose	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
83661	L/S Ratio Fetal Lung	COVERED
83662	Foam Stability Fetal Lung	COVERED
83663	Fluoro Polarize Fetal Lung	COVERED
83664	Lamellar Bdy Fetal Lung	COVERED
83670	Assay Of Lap Enzyme	COVERED
83701	Lipoprotein Bld Hr Fraction	COVERED
83719	Assay Of Blood Lipoprotein	COVERED
83722	Lipoprotein, Direct Measurement; Small Dense Ldl Cholesterol	COVERED
83775	Assay Malate Dehydrogenase	COVERED
83857	Assay Of Methemalbumin	COVERED
83937	Assay Of Osteocalcin	COVERED
83987	Exhaled Breath Condensate	COVERED
84035	Assay Of Phenylketones	COVERED
84060	Assay Acid Phosphatase	COVERED
84078	Assay Alkaline Phosphatase	COVERED
84081	Assay Phosphatidylglycerol	COVERED
84085	Assay Of Rbc Pg6d Enzyme	COVERED
84106	Test For Porphobilinogen	COVERED
84119	Test Urine For Porphyrins	COVERED
84126	Assay Of Feces Porphyrins	COVERED
84135	Assay Of Pregnanediol	COVERED
84138	Assay Of Pregnanetriol	COVERED
84145	Procalcitonin (Pct)	COVERED
84203	Test Rbc Protoporphyrin	COVERED
84228	Assay Of Quinine	COVERED
84233	Assay Of Estrogen	COVERED
84234	Assay Of Progesterone	COVERED
84235	Assay Of Endocrine Hormone	COVERED
84275	Assay Of Sialic Acid	COVERED
84285	Assay Of Silica	COVERED
84307	Assay Of Somatostatin	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
84375	Chromatogram Assay Sugars	COVERED
84377	Sugars Multiple Qual	COVERED
84379	Sugars Multiple Quant	COVERED
84393	Tau Phosphorylated Ea	COVERED
84394	Total Tau	COVERED
84430	Assay Of Thiocyanate	COVERED
84437	Assay Of Neonatal Thyroxine	COVERED
84485	Assay Duodenal Fluid Trypsin	COVERED
84490	Assay Of Feces For Trypsin	COVERED
84510	Assay Of Tyrosine	COVERED
84525	Urea Nitrogen Semi-Quant	COVERED
84577	Assay Of Feces/Urobilinogen	COVERED
84578	Test Urine Urobilinogen	COVERED
84580	Assay Of Urine Urobilinogen	COVERED
84583	Assay Of Urine Urobilinogen	COVERED
84620	Xylose Tolerance Test	COVERED
85002	Bleeding Time Test	COVERED
85009	Manual Diff Wbc Count B-Coat	COVERED
85170	Blood Clot Retraction	COVERED
85175	Blood Clot Lysis Time	COVERED
85292	Clot Factor Fletcher Fact	COVERED
85293	Clot Factor Wght Kininogen	COVERED
85337	Thrombomodulin	COVERED
85345	Coagulation Time Lee & White	COVERED
85348	Coagulation Time Otr Method	COVERED
85366	Fibrinogen Test	COVERED
85370	Fibrinogen Test	COVERED
85400	Fibrinolytic Plasmin	COVERED
85421	Fibrinolytic Plasminogen	COVERED
85441	Heinz Bodies Direct	COVERED
85445	Heinz Bodies Induced	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
85475	Hemolysin Acid	COVERED
85547	Rbc Mechanical Fragility	COVERED
85557	Rbc Osmotic Fragility	COVERED
85612	Viper Venom Prothrombin Time	COVERED
85675	Thrombin Time Titer	COVERED
86155	Chemotaxis Assay	COVERED
86277	Growth Hormone Antibody	COVERED
86280	Hemagglutination Inhibition	COVERED
86294	Immunoassay Tumor Qual	COVERED
86310	Heterophile Antibody Absrbj	COVERED
86320	Serum Immunelectrophoresis	COVERED
86343	Leukocyte Histamine Release	COVERED
86344	Leukocyte Phagocytosis	COVERED
86384	Nitroblue Tetrazolium Dye	COVERED
86408	Neutralizing Antibody, Severe Acute Respiratory Syndrome Cor	COVERED
86409	Neutralizing Antibody, Severe Acute Respiratory Syndrome Co	COVERED
86485	Skin Test Candida	COVERED
86581	Strptcs Pneum Antb Serot Ia	COVERED
86590	Streptokinase Antibody	COVERED
86619	Borrelia Antibody	COVERED
86625	Campylobacter Antibody	COVERED
86641	Cryptococcus Antibody	COVERED
86652	Encephaltis East Eqne Anbdy	COVERED
86653	Encephaltis St Louis Antibody	COVERED
86654	Encephaltis West Eqne Antibdy	COVERED
86674	Giardia Lamblia Antibody	COVERED
86687	Htlv-I Antibody	COVERED
86688	Htlv-Ii Antibody	COVERED
86717	Leishmania Antibody	COVERED
86723	Listeria Monocytogenes	COVERED
86727	Lymph Choriomeningitis Ab	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
86732	Mucormycosis Antibody	COVERED
86741	Neisseria Meningitidis	COVERED
86744	Nocardia Antibody	COVERED
86750	Malaria Antibody	COVERED
86756	Respiratory Virus Antibody	COVERED
86771	Shigella Antibody	COVERED
86784	Trichinella Antibody	COVERED
86793	Yersinia Antibody	COVERED
86805	Lymphocytotoxicity Assay	COVERED
86806	Lymphocytotoxicity Assay	COVERED
86807	Cytotoxic Antibody Screening	COVERED
86808	Cytotoxic Antibody Screening	COVERED
86816	Hla Typing Dr/Dq	COVERED
86821	Lymphocyte Culture Mixed	COVERED
86826	Hla X-Match Noncytotoxc Addl	COVERED
86829	Hla Class I/li Antibody Qual	COVERED
86834	Hla Class I Semiquant Panel	COVERED
86904	Blood Typing Patient Serum	COVERED
86931	Frozen Blood Thaw	COVERED
86932	Frozen Blood Freeze/Thaw	COVERED
86940	Hemolysins/Agglutinins Auto	COVERED
86941	Hemolysins/Agglutinins	COVERED
86960	Vol Reduction Of Blood/Prod	COVERED
86972	Rbc Pretx Incubatj W/Density	COVERED
87073	Culture Bacteria Anaerobic	COVERED
87084	Culture Of Specimen By Kit	COVERED
87143	Culture Typing Glc/Hplc	COVERED
87152	Culture Type Pulse Field Gel	COVERED
87168	Macroscopic Exam Arthropod	COVERED
87187	Microbe Susceptible Mlc	COVERED
87190	Microbe Suscept Mycobacteri	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
87197	Bactericidal Level Serum	COVERED
87250	Virus Inoculate Eggs/Animal	COVERED
87265	Pertussis Ag If	COVERED
87267	Enterovirus Antibody Dfa	COVERED
87269	Giardia Ag If	COVERED
87271	Cytomegalovirus Dfa	COVERED
87272	Cryptosporidium Ag If	COVERED
87278	Legion Pneumophilia Ag If	COVERED
87283	Rubeola Ag If	COVERED
87290	Varicella Zoster Ag If	COVERED
87301	Adenovirus Ag Eia	COVERED
87320	Chylmd Trach Ag Eia	COVERED
87332	Cytomegalovirus Ag Eia	COVERED
87336	Entamoeb Hist Dispr Ag Eia	COVERED
87391	Hiv-2 Ag Eia	COVERED
87450	Ag Detect Nos Eia Single	COVERED
87451	Ag Detect Polyval Eia Mult	COVERED
87472	Bartonella Dna Quant	COVERED
87475	Lyme Dis Dna Dir Probe	COVERED
87482	Candida Dna Quant	COVERED
87495	Cytomeg Dna Dir Probe	COVERED
87505	Nfct Agent Detection Gi	COVERED
87506	Iadna-Dna/Rna Probe Tq 6-11	COVERED
87507	Iadna-Dna/Rna Probe Tq 12-25	COVERED
87520	Hepatitis C Rna Dir Probe	COVERED
87525	Hepatitis G Dna Dir Probe	COVERED
87526	Hepatitis G Dna Amp Probe	COVERED
87527	Hepatitis G Dna Quant	COVERED
87528	Hsv Dna Dir Probe	COVERED
87531	Hhv-6 Dna Dir Probe	COVERED
87534	Hiv-1 Dna Dir Probe	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
87537	Hiv-2 Dna Dir Probe	COVERED
87539	Hiv-2 Quant&Revrse Trnscripj	COVERED
87540	Legion Pneumo Dna Dir Prob	COVERED
87542	Legion Pneumo Dna Quant	COVERED
87550	Mycobacteria Dna Dir Probe	COVERED
87552	Mycobacteria Dna Quant	COVERED
87555	M.Tuberculo Dna Dir Probe	COVERED
87557	M.Tuberculo Dna Quant	COVERED
87560	M.Avium-Intra Dna Dir Prob	COVERED
87562	M.Avium-Intra Dna Quant	COVERED
87564	Mtb Rifampin Rst Amp Prb Tq	COVERED
87580	M.Pneumon Dna Dir Probe	COVERED
87582	M.Pneumon Dna Quant	COVERED
87592	N.Gonorrhoeae Dna Quant	COVERED
87594	Pneumcysts Jirovecii Amp Prb	COVERED
87626	Hpv Sep Hi-Rsk Typ&Pool Rslt	COVERED
87634	Rsv Dna/Rna Amp Probe	COVERED
87797	Detect Agent Nos Dna Dir	COVERED
87803	Clostridium Toxin A W/Optic	COVERED
87809	Adenovirus Assay W/Optic	COVERED
87850	N. Gonorrhoeae Assay W/Optic	COVERED
87905	Sialidase Enzyme Assay	COVERED
87910	Genotype Cytomegalovirus	COVERED
88106	Cytopath FI Nongyn Filter	COVERED
88125	Forensic Cytopathology	COVERED
88130	Sex Chromatin Identification	COVERED
88140	Sex Chromatin Identification	COVERED
88165	Cytopath Tbs C/V Redo	COVERED
88166	Cytopath Tbs C/V Auto Redo	COVERED
88167	Cytopath Tbs C/V Select	COVERED
88199	Cytopathology Procedure	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
88230	Tissue Culture Lymphocyte	COVERED
88241	Frozen Cell Preparation	COVERED
88245	Chromosome Analysis 20-25	COVERED
88248	Chromosome Analysis 50-100	COVERED
88249	Chromosome Analysis 100	COVERED
88261	Chromosome Analysis 5	COVERED
88263	Chromosome Analysis 45	COVERED
88269	Chromosome Analys Amniotic	COVERED
88272	Cytogenetics 3-5	COVERED
88274	Cytogenetics 25-99	COVERED
88283	Chromosome Banding Study	COVERED
88289	Chromosome Study Additional	COVERED
88299	Cytogenetic Study	COVERED
88347	Immunofluorescent Study	COVERED
88350	Immunofluor Antb Addl Stain	COVERED
88355	Analysis Skeletal Muscle	COVERED
88358	Analysis Tumor	COVERED
88361	Tumor Immunohistochem/Comput	COVERED
88362	Nerve Teasing Preparations	COVERED
88364	Insitu Hybridization (Fish)	COVERED
88365	Insitu Hybridization (Fish)	COVERED
88367	Insitu Hybridization Auto	COVERED
88371	Protein Western Blot Tissue	COVERED
88372	Protein Analysis W/Probe	COVERED
88374	M/Phmtrc Alys Ishquant/Semiq	COVERED
88375	Optical Endomicroscopy Interp	COVERED
88740	Transcutaneous Carboxyhb	COVERED
88741	Transcutaneous Methb	COVERED
88749	In Vivo Lab Service	COVERED
89160	Exam Feces For Meat Fibers	COVERED
89251	Cultr Oocyte/Embryo <4 Days	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
89253	Embryo Hatching	COVERED
89254	Oocyte Identification	COVERED
89257	Sperm Identification	COVERED
89258	Cryopreservation Embryo(S)	COVERED
89259	Cryopreservation Sperm	COVERED
89260	Sperm Isolation Simple	COVERED
89261	Sperm Isolation Complex	COVERED
89264	Identify Sperm Tissue	COVERED
89268	Insemination Of Oocytes	COVERED
89280	Assist Oocyte Fertilization	COVERED
89281	Assist Oocyte Fertilization	COVERED
89290	Biopsy Oocyte Polar Body	COVERED
89291	Biopsy Oocyte Polar Body	COVERED
89322	Semen Anal Strict Criteria	COVERED
89329	Sperm Evaluation Test	COVERED
89330	Evaluation Cervical Mucus	COVERED
89331	Retrograde Ejaculation Anal	COVERED
89335	Cryopreserve Testicular Tiss	COVERED
89342	Storage/Year Embryo(S)	COVERED
89343	Storage/Year Sperm/Semen	COVERED
89344	Storage/Year Reprod Tissue	COVERED
89346	Storage/Year Oocyte(S)	COVERED
89352	Thawing Cryopresrved Embryo	COVERED
89353	Thawing Cryopresrved Sperm	COVERED
89354	Thaw Cryoprsvrd Reprod Tiss	COVERED
89356	Thawing Cryopresrved Oocyte	COVERED
89398	Unlisted Reprod Med Lab Proc	COVERED
90378	Rsv Mab Im 50Mg	COVERED
90385	Rh Ig Minidose Im	COVERED
90386	Rh Ig Iv	COVERED
90396	Varicella-Zoster Ig Im	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
90585	Bcg Vaccine Percut	COVERED
90587	Dengue Vaccine, Quadrivalent, Live, 3 Dose Schedule, For Sub	COVERED
90593	Chikungunya Vacc Recomb Im	COVERED
90676	Rabies Vaccine Id	COVERED
90683	Rsv Vacc Mrna Lipid Nano Im	COVERED
90684	Pcv21 Vaccine Im	COVERED
90690	Typhoid Vaccine Oral	COVERED
90738	Inactivated Je Vacc Im	COVERED
90849	Multiple Family Group Psytch	COVERED
90867	Tcranial Magn Stim Tx Plan	COVERED
90868	Tcranial Magn Stim Tx Deli	COVERED
90869	Tcran Magn Stim Redetermine	COVERED
90880	Hypnotherapy	COVERED
90899	Psychiatric Service/Therapy	COVERED
90940	Hemodialysis Access Study	COVERED
90951	Esrd Serv 4 Visits P Mo <2Yr	COVERED
90952	Esrd Serv 2-3 Vsts P Mo <2Yr	COVERED
90953	Esrd Serv 1 Visit P Mo <2Yrs	COVERED
90954	Esrd Serv 4 Vsts P Mo 2-11	COVERED
90955	Esrd Srv 2-3 Vsts P Mo 2-11	COVERED
90956	Esrd Srv 1 Visit P Mo 2-11	COVERED
90957	Esrd Srv 4 Vsts P Mo 12-19	COVERED
90958	Esrd Srv 2-3 Vsts P Mo 12-19	COVERED
90959	Esrd Serv 1 Vst P Mo 12-19	COVERED
90963	Esrd Home Pt Serv P Mo <2Yrs	COVERED
90964	Esrd Home Pt Serv P Mo 2-11	COVERED
90965	Esrd Home Pt Serv P Mo 12-19	COVERED
90967	Esrd Home Pt Serv P Day <2	COVERED
90968	Esrd Home Pt Srv P Day 2-11	COVERED
90997	Hemoperfusion	COVERED
91013	Esophgl Motil W/Stim/Perfus	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
91020	Gastric Motility Studies	COVERED
91022	Duodenal Motility Study	COVERED
91030	Acid Perfusion Of Esophagus	COVERED
91110	Gi Tract Capsule Endoscopy	COVERED
91111	Esophageal Capsule Endoscopy	COVERED
91113	Gi Tract Imaging Intraluminal Colon I&R	COVERED
91117	Colon Motility 6 Hr Study	COVERED
91132	Electrogastrography	COVERED
91133	Electrogastrography W/Test	COVERED
91302	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	COVERED
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)	COVERED
92137	Cptrz Oph Img Pst Sg Rta Oct	COVERED
92229	Img Retina Detcj/Mntr Ds Poc Auto A/R Uni/Bi	COVERED
92230	Eye Exam With Photos	COVERED
92242	Fluorescein Icg Angiography	COVERED
92260	Ophthalmoscopy/Dynamometry	COVERED
92265	Eye Muscle Evaluation	COVERED
92270	Electro-Oculography	COVERED
92311	Contact Lens Fitting	COVERED
92312	Contact Lens Fitting	COVERED
92314	Prescription Of Contact Lens	COVERED
92316	Rx Cntact Lens Aphakia 2 Eye	COVERED
92317	Rx Corneoscleral Cntact Lens	COVERED
92325	Modification Of Contact Lens	COVERED
92353	Fit Aphakia Spectcl Multifoc	COVERED
92370	Repair & Adjust Spectacles	COVERED
92371	Repair & Adjust Spectacles	COVERED
92507	Tx Sp Lang Voice Comm Indiv	COVERED
92512	Nasal Function Studies	COVERED
92520	Laryngeal Function Studies	COVERED
92521	Evaluation Of Speech Fluency	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
92523	Speech Sound Lang Comprehen	COVERED
92526	Oral Function Therapy	COVERED
92531	Spontaneous Nystagmus Study	COVERED
92532	Positional Nystagmus Test	COVERED
92533	Caloric Vestibular Test	COVERED
92534	Optokinetic Nystagmus Test	COVERED
92538	Caloric Vstblr Test W/Rec	COVERED
92555	Speech Threshold Audiometry	COVERED
92563	Tone Decay Hearing Test	COVERED
92565	Stenger Test Pure Tone	COVERED
92568	Acoustic Refl Threshold Tst	COVERED
92571	Filtered Speech Test	COVERED
92572	Staggered Spondaic Word Test	COVERED
92575	Sensorineural Acuity Lvl Tst	COVERED
92576	Synthetic Sentence Id Test	COVERED
92601	Cochlear Implt F/Up Exam < 7	COVERED
92602	Reprogram Cochlear Implt 7/>	COVERED
92605	Ex For Nonspeech Device Rx	COVERED
92606	Non-Speech Device Service	COVERED
92609	Use Of Speech Device Service	COVERED
92610	Evaluate Swallowing Function	COVERED
92611	Motion Fluoroscopy/Swallow	COVERED
92614	Laryngoscopic Sensory Test	COVERED
92615	Eval Laryngoscopy Sense Tst	COVERED
92618	Ex For Nonspeech Dev Rx Add	COVERED
92620	Auditory Function 60 Min	COVERED
92621	Auditory Function + 15 Min	COVERED
92622	Dx Aly Aud Oi Snd Prcsr 1St	COVERED
92623	Dx Aly Aud Oi Snd Prcsr Each	COVERED
92924	Prq Card Angio/Athrect 1 Art	COVERED
92925	Prq Card Angio/Athrect Addl	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
92938	Prq Revasc Byp Graft Addl	COVERED
92943	Prq Card Revasc Chronic 1Vsl	COVERED
92961	Cardioversion Electric Int	COVERED
92970	Cardioassist Internal	COVERED
92974	Cath Place Cardio Brachytx	COVERED
92975	Dissolve Clot Heart Vessel	COVERED
92986	Revision Of Aortic Valve	COVERED
92987	Revision Of Mitral Valve	COVERED
92990	Revision Of Pulmonary Valve	COVERED
92997	Pul Art Balloon Repr Percut	COVERED
92998	Pul Art Balloon Repr Percut	COVERED
93018	Cardiovascular Stress Test	COVERED
93225	Xtrnl Ecg Rec<48 Hrs Rec	COVERED
93226	Xtrnl Ecg Rec<48 Hr Scan A/R	COVERED
93242	External Ecg Rec>48Hr<7D Recording	COVERED
93247	External Ecg Rec>7D<15D Scanning Alys W/Report	COVERED
93261	Interrogate Subq Defib	COVERED
93278	Ecg/Signal-Averaged	COVERED
93282	Prgrmg Eval Implantable Dfb	COVERED
93283	Prgrmg Eval Implantable Dfb	COVERED
93284	Prgrmg Eval Implantable Dfb	COVERED
93297	Icm Device Interrogat Remote	COVERED
93303	Echo Transthoracic	COVERED
93304	Echo Transthoracic	COVERED
93306	Tte W/Doppler Complete	COVERED
93307	Tte W/O Doppler Complete	COVERED
93308	Tte F-Up Or Lmted	COVERED
93312	Echo Transesophageal	COVERED
93315	Echo Transesophageal	COVERED
93317	Echo Transesophageal	COVERED
93320	Doppler Echo Complete	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
93321	Doppler Echo F-Up/Lmtd Std	COVERED
93350	Stress Tte Only	COVERED
93351	Stress Tte Complete	COVERED
93355	Echo Transesophageal (Tee)	COVERED
93356	Myocardial Strain Imaging Using Speckle Tracking-Derived Ass	COVERED
93451	Right Heart Cath	COVERED
93452	Left Hrt Cath W/Ventrcldgrphy	COVERED
93453	R&L Hrt Cath W/Ventriclgrphy	COVERED
93454	Coronary Artery Angio S&I	COVERED
93456	R Hrt Coronary Artery Angio	COVERED
93458	L Hrt Artery/Ventricle Angio	COVERED
93459	L Hrt Art/Grft Angio	COVERED
93460	R&L Hrt Art/Ventricle Angio	COVERED
93461	R&L Hrt Art/Ventricle Angio	COVERED
93464	Exercise W/Hemodynamic Meas	COVERED
93569	Njx Cth Slct P-Art Angrp Uni	COVERED
93573	Njx Cath Slct P-Art Angrp Bi	COVERED
93574	Njx Cath Slct Pulm Vn Angrph	COVERED
93575	Njx Cath Slct P Angrph Mapca	COVERED
93580	Transcath Closure Of Asd	COVERED
93582	Perq Transcath Closure Pda	COVERED
93590	Percutaneous Transcatheter Closure Of Paravalvular Leak; Ini	COVERED
93591	Percutaneous Transcatheter Closure Of Paravalvular Leak; Ini	COVERED
93592	Under Repair Procedures Of Structural Heart Defect	COVERED
93593	R Hrt Cath Chd W/ Img Cath Trgt Zone Nml Nt Connj	COVERED
93594	R Hrt Cath Chd W/ Img Cath Trgt Zon Nml/Abnl Nt Cnj	COVERED
93595	L Hrt Cath Chd Img Cath Trgt Zon Nml/Abnl Nt Cnj	COVERED
93598	Car Outp Meas Drg Car Cath Eval Cgen Hrt Defect	COVERED
93600	Bundle Of His Recording	COVERED
93602	Intra-Atrial Recording	COVERED
93603	Right Ventricular Recording	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
93609	Intra-Vntr Mapg Tchycar Site	COVERED
93610	Intra-Atrial Pacing	COVERED
93612	Intraventricular Pacing	COVERED
93615	Esophageal Recording	COVERED
93616	Esophageal Recording W/Pacg	COVERED
93620	Comp Ep Evl R At Ven Pac&Rec	COVERED
93621	Comp Ep Evl L Pac&Rec C Sins	COVERED
93622	Comp Ep Eval L Ventr Pac&Rec	COVERED
93624	Ep F-Up Study Pacg&Rec	COVERED
93631	Ntraop Epicar&Endcar Pac&Map	COVERED
93640	Ep Eval 1/2Chmbr Pacg Cvdfb	COVERED
93641	Ep Evl 1/2Chmb Pac Cvdfb Tst	COVERED
93642	Ep Evl 1/2Chmb Trnsvns Cvdfb	COVERED
93644	Ep Eval Subq Impl Dfb	COVERED
93650	Icar Cath Abltj Av Node Func	COVERED
93653	Ep & Ablate Supravent Arrhyt	COVERED
93654	Ep & Ablate Ventric Tachy	COVERED
93655	Ablate Arrhythmia Add On	COVERED
93656	Tx Atrial Fib Pulm Vein Isol	COVERED
93660	Tilt Table Evaluation	COVERED
93662	Intracardiac Ecg (Ice)	COVERED
93724	Elec Alys Antitchycar Pm Sys	COVERED
93745	Set-Up Cardiovert-Defibrill	COVERED
93786	Ambulatory Bp Recording	COVERED
93797	Phys/Qhp Op Car Rhab Wo Ecg	COVERED
93798	Phys/Qhp Op Car Rhab W/Ecg	COVERED
93886	Intracranial Complete Study	COVERED
93888	Intracranial Limited Study	COVERED
93892	Tcd Emboli Detect W/O Inj	COVERED
93896	Vsrctv Std Tcd Icr Art Compl	COVERED
93897	Emboli Detcj Wo Iv Mbubb Nxj	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
93898	Ven-Artl Shunt Det Mbubb Njx	COVERED
93924	Lwr Xtr Vasc StdY Bilat	COVERED
93925	Lower Extremity Study	COVERED
93926	Lower Extremity Study	COVERED
93930	Upper Extremity Study	COVERED
93931	Upper Extremity Study	COVERED
93970	Extremity Study	COVERED
93975	Vascular Study	COVERED
93976	Vascular Study	COVERED
93978	Vascular Study	COVERED
93981	Penile Vascular Study	COVERED
93985	Duplex Scan Of Arterial Inflow And Venous Outflow For Preope	COVERED
93990	Doppler Flow Testing	COVERED
94011	Spirometry Up To 2 Yrs Old	COVERED
94012	Spirimtry W/Brnchdil Inf-2 Yr	COVERED
94015	Patient Recorded Spirometry	COVERED
94450	Hypoxia Response Curve	COVERED
94619	Xers Tst Brncspsm Pre&Post Spmtry&Pls Ox Wo /Ecg	COVERED
94625	Phys/Qhp Svcs Op Plum Rehab W/O Cont Oximtry Mntr	COVERED
94662	Neg Press Ventilation Cnp	COVERED
94772	Breath Recording Infant	COVERED
95052	Photo Patch Tests	COVERED
95056	Photo Tests	COVERED
95060	Oph Mucous Membrane Tests	COVERED
95065	Dir Nsl Mucous Membrane Test	COVERED
95170	Antigen Therapy Services	COVERED
95250	Glucose Monitoring Cont	COVERED
95700	Electroencephalogram (Eeg) Continuous Recording, With Video	COVERED
95706	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95707	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95708	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
95709	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95710	Electroencephalogram (Eeg), Without Video, Review Of Data, T	COVERED
95711	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95712	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95713	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95714	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95715	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95716	Electroencephalogram With Video (Veeg), Review Of Data, Tech	COVERED
95718	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95719	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95720	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95721	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95722	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95723	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95724	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95725	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95726	Electroencephalogram (Eeg), Continuous Recording, Physician	COVERED
95800	Slp Stdy Unattended	COVERED
95805	Multiple Sleep Latency Test	COVERED
95806	Sleep Study Unatt&Resp Effrt	COVERED
95852	Range Of Motion Measurements	COVERED
95857	Cholinesterase Challenge	COVERED
95868	Ndl Emg Cranial Nrv Musc Bi	COVERED
95873	Guide Nerv Destr Elec Stim	COVERED
95875	Limb Exercise Test	COVERED
95905	Motor &/ Sens Nrve Cndj Test	COVERED
95950	Ambulatory Eeg Monitoring	COVERED
95953	Eeg Monitoring/Computer	COVERED
95958	Eeg Monitoring/Function Test	COVERED
95966	Meg Evoked Single	COVERED
95967	Meg Evoked Each Addl	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
95976	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
95984	Electronic Analysis Of Implanted Neurostimulator Pulse Gener	COVERED
96113	Developmental Test Administration (Including Assessment Of F	COVERED
96139	Psychological Or Neuropsychological Test Administration And	COVERED
96202	Mlt Fam Grp Bhv Train 1St 60	COVERED
96203	Mlt Fam Grp Bhv Train Ea Add	COVERED
96369	Sc Ther Infusion Up To 1 Hr	COVERED
96422	Chemo Ia Infusion Up To 1 Hr	COVERED
96423	Chemo Ia Infuse Each Addl Hr	COVERED
96425	Chemotherapy Infusion Method	COVERED
96440	Chemotherapy Intracavitary	COVERED
96450	Chemotherapy Into Cns	COVERED
96567	Photodynamic Tx Skin	COVERED
96570	Photodynmc Tx 30 Min Add-On	COVERED
96571	Photodynamic Tx Addl 15 Min	COVERED
96574	Dbrdmt Prmlg Les W/Pdt	COVERED
96912	Photochemotherapy Puva	COVERED
96913	Photochemotx Sev Dermatoses	COVERED
96920	Laser Tx Skin < 250 Sq Cm	COVERED
96921	Laser Tx Skin 250-500 Sq Cm	COVERED
96922	Laser Tx Skin > 500 Sq Cm	COVERED
97028	Ultraviolet Therapy	COVERED
97034	Contrast Bath Therapy	COVERED
97036	Hydrotherapy	COVERED
97130	Therapeutic Interventions That Focus On Cognitive Function (COVERED
97151	Behavior Identification Assessment, Administered By A Physic	COVERED
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance,	COVERED
97532	Cognitive Skills Development	COVERED
97750	Physical Performance Test	COVERED
98016	Brief Communicatj Tech-Bsd Svc	COVERED
98978	Rem Ther Mntr Dev Sply Cbt	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
99183	Hyperbaric Oxygen Therapy	COVERED
99222	Initial Hospital Care	COVERED
99340	Domicil/R-Home Care Supervis	COVERED
99360	Physician Standby Services	COVERED
99429	Unlisted Preventive Service	COVERED
99452	Interprofessional Telephone/Internet/Electronic Health Recor	COVERED
99453	Remote Monitoring Of Physiologic Parameter(S) (Eg, Weight, B	COVERED
99454	Remote Monitoring Of Physiologic Parameter(S) (Eg, Weight, B	COVERED
99457	Remote Physiologic Monitoring Treatment Management Services,	COVERED
99458	Remote Physiologic Monitoring Treatment Management Services,	COVERED
99468	Neonate Crit Care Initial	COVERED
99469	Neonate Crit Care Subsq	COVERED
99471	Ped Critical Care Initial	COVERED
99472	Ped Critical Care Subsq	COVERED
99474	Self-Measured Blood Pressure Using A Device Validated For CI	COVERED
99475	Ped Crit Care Age 2-5 Init	COVERED
99479	Ic Lbw Inf 1500-2500 G Subsq	COVERED
99480	Ic Inf Pbw 2501-5000 G Subsq	COVERED
99483	Assmt & Care Pln Pt Cog Imp	COVERED
99486	Suprv Interfac Trnsport Addl	COVERED
99501	Home Visit Postnatal	COVERED
99502	Home Visit Nb Care	COVERED
A0080	Noninterest Escort In Non Er	COVERED
A0090	Interest Escort In Non Er	COVERED
A0100	Nonemergency Transport Taxi	COVERED
A0110	Stroke With Motor <22.35 & Age <84.5, Without Comorbidities	COVERED
A0140	Nonemergency Transport Air	COVERED
A0170	Transport Parking Fees/Tolls	COVERED
A0190	Noner Transport Meals Recip	COVERED
A0210	Noner Transport Meals Escort	COVERED
A0384	Bls Defibrillation Supplies	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A0430	Fixed Wing Air Transport	COVERED
A0431	Rotary Wing Air Transport	COVERED
A0433	Als 2	COVERED
A0434	Specialty Care Transport	COVERED
A0435	Fixed Wing Air Mileage	COVERED
A0436	Rotary Wing Air Mileage	COVERED
A2006	Novosorb Synpath Per Sq Cm	COVERED
A2007	Restrata, Per Sq Cm	COVERED
A2008	Theragenesis, Per Sq Cm	COVERED
A2009	Symphony, Per Sq Cm	COVERED
A2010	Apis, Per Square Centimeter	COVERED
A2011	Supra Sdrm, Per Sq Cm	COVERED
A2012	Suprathel, Per Sq Cm	COVERED
A2013	Innovamatrix Fs, Per Sq Cm	COVERED
A2014	Omeza Collagen Matrix Per 100 Mg	COVERED
A2015	Phoenix Wound Matrix Per Sq Cm	COVERED
A2016	Permeaderm B Per Sq Cm	COVERED
A2018	Permeaderm C Per Sq Cm	COVERED
A2019	Kerecis Marigen Shld Sq Cm	COVERED
A2020	Ac5 Wound System	COVERED
A2021	Neomatrix Per Sq Cm	COVERED
A2022	Innovabrn/Innovamatx XI Sqcm	COVERED
A2023	Innovamatrix Pd, 1 Mg	COVERED
A2024	Resolve Matrix Per Sq Cm	COVERED
A2025	Miro3d Per Cubic Cm	COVERED
A2027	Matriderm Per Sq Cm	COVERED
A2028	Micromatrix Flex Per Mg	COVERED
A2029	Mirotract Matrix Sheet	COVERED
A2030	Miro3d Fibers, Per Mg	COVERED
A2031	Mirodry, Per Sq Cm	COVERED
A2032	Myriad Matrix, Per Sq Cm	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A2033	Myriad Morcells, 4 Mg	COVERED
A2034	Found Drs Solo, Per Sq Cm	COVERED
A2035	Corpl P Therac P Allac P Mg	COVERED
A4100	Skin Substitute, Fda-Cleared As A Device, Not Otherwise Spec	COVERED
A4206	1 Cc Sterile Syringe&Needle	COVERED
A4207	2 Cc Sterile Syringe&Needle	COVERED
A4210	Nonneedle Injection Device	COVERED
A4224	Supply Insulin Inf Cath/Wk	COVERED
A4225	Supply Insulin , Ea	COVERED
A4226	Supplies For Maintenance Of Insulin Infusion Pump With Dosag	COVERED
A4244	Alcohol Or Peroxide Per Pint	COVERED
A4245	Alcohol Wipes Per Box	COVERED
A4252	Blood Ketone Test Or Strip	COVERED
A4257	Replace Lensshield Cartridge	COVERED
A4261	Cervical Cap Contraceptive	COVERED
A4264	Intratubal Occlusion Device	COVERED
A4265	Paraffin	COVERED
A4266	Diaphragm	COVERED
A4269	Spermicide	COVERED
A4280	Brst Prsths Adhsv Attchmnt	COVERED
A4300	Cath Impl Vasc Access Portal	COVERED
A4306	Drug Delivery System <=50 Ml	COVERED
A4312	Cath W/O Bag 2-Way Silicone	COVERED
A4313	Catheter W/Bag 3-Way	COVERED
A4316	Cath W/Drainage 3-Way	COVERED
A4321	Cath Therapeutic Irrig Agent	COVERED
A4330	Stool Collection Pouch	COVERED
A4336	Urethral Insert	COVERED
A4360	Disposable Ext Urethral Dev	COVERED
A4361	Ostomy Face Plate	COVERED
A4366	Ostomy Vent	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A4368	Ostomy Filter	COVERED
A4372	Skin Barrier Solid 4X4 Equiv	COVERED
A4375	Drainable Plastic Pch W Fcpl	COVERED
A4376	Drainable Rubber Pch W Fcplt	COVERED
A4377	Drainable Plstic Pch W/O Fp	COVERED
A4378	Drainable Rubber Pch W/O Fp	COVERED
A4379	Urinary Plastic Pouch W Fcpl	COVERED
A4380	Urinary Rubber Pouch W Fcplt	COVERED
A4381	Urinary Plastic Pouch W/O Fp	COVERED
A4382	Urinary Hvy Plstc Pch W/O Fp	COVERED
A4383	Urinary Rubber Pouch W/O Fp	COVERED
A4384	Ostomy Faceplt/Silicone Ring	COVERED
A4387	Ost Clsd Pouch W Att St Barr	COVERED
A4391	Urinary Pouch W Ex Wear Barr	COVERED
A4392	Urinary Pouch W St Wear Barr	COVERED
A4395	Ostomy Pouch Solid Deodorant	COVERED
A4398	Ostomy Irrigation Bag	COVERED
A4399	Ostomy Irrig Cone/Cath W Brs	COVERED
A4404	Ostomy Ring Each	COVERED
A4418	Ost Pch Clsd W/O Bar W Fltr	COVERED
A4420	Ost Pch Clsd For Bar W Lk Fl	COVERED
A4422	Ost Pouch Absorbent Material	COVERED
A4423	Ost Pch For Bar W Lk Fl/Fltr	COVERED
A4426	Ost Pch Drain 2 Piece System	COVERED
A4429	Urine Ost Pouch W Btinconv	COVERED
A4431	Ost Pch Urine W Barrier/Tapv	COVERED
A4434	Ost Pch Urine W Lock Flng/Ft	COVERED
A4436	Irr Supply Sleev Reus Per Mo	COVERED
A4437	Irr Supply Sleev Disp Per Mo	COVERED
A4461	Surgicl Dress Hold Non-Reuse	COVERED
A4463	Surgical Dress Holder Reuse	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A4465	Non-Elastic Extremity Binder	COVERED
A4470	Gravlee Jet Washer	COVERED
A4480	Vabra Aspirator	COVERED
A4481	Tracheostoma Filter	COVERED
A4490	Above Knee Surgical Stocking	COVERED
A4500	Below Knee Surgical Stocking	COVERED
A4510	Full Length Surg Stocking	COVERED
A4553	Nondisp Underpads, All	COVERED
A4558	Conductive Gel Or Paste	COVERED
A4559	Coupling Gel Or Paste	COVERED
A4575	Hyperbaric O2 Chamber Disps	COVERED
A4600	Sleeve, Inter Limb Comp Dev	COVERED
A4601	Lith Ion Non Prosth Recharge	COVERED
A4604	Tubing With Heating Element	COVERED
A4611	Heavy Duty Battery	COVERED
A4612	Battery Cables	COVERED
A4613	Battery Charger	COVERED
A4614	Hand-Held Pefr Meter	COVERED
A4619	Face Tent	COVERED
A4620	Variable Concentration Mask	COVERED
A4626	Tracheostomy Cleaning Brush	COVERED
A4633	Uvl Replacement Bulb	COVERED
A4634	Replacement Bulb Th Lightbox	COVERED
A4635	Underarm Crutch Pad	COVERED
A4636	Handgrip For Cane Etc	COVERED
A4639	Infrared Ht Sys Replcmnt Pad	COVERED
A4642	In111 Satumomab	COVERED
A4650	Implant Radiation Dosimeter	COVERED
A4652	Microcapillary Tube Sealant	COVERED
A4653	Pd Catheter Anchor Belt	COVERED
A4660	Sphyg/Bp App W Cuff And Stet	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A4671	Disposable Cyclor Set	COVERED
A4672	Drainage Ext Line, Dialysis	COVERED
A4673	Ext Line W Easy Lock Connect	COVERED
A4674	Chem/Antisept Solution, 8Oz	COVERED
A4680	Activated Carbon Filter, Ea	COVERED
A4690	Dialyzer, Each	COVERED
A4706	Bicarbonate Conc Sol Per Gal	COVERED
A4707	Bicarbonate Conc Pow Per Pac	COVERED
A4708	Acetate Conc Sol Per Gallon	COVERED
A4709	Acid Conc Sol Per Gallon	COVERED
A4714	Treated Water Per Gallon	COVERED
A4719	"Y Set" Tubing	COVERED
A4720	Dialysat Sol Fld Vol > 249Cc	COVERED
A4721	Dialysat Sol Fld Vol > 999Cc	COVERED
A4722	Dialys Sol Fld Vol > 1999Cc	COVERED
A4723	Dialys Sol Fld Vol > 2999Cc	COVERED
A4724	Dialys Sol Fld Vol > 3999Cc	COVERED
A4725	Dialys Sol Fld Vol > 4999Cc	COVERED
A4726	Dialys Sol Fld Vol > 5999Cc	COVERED
A4728	Dialysate Solution, Non-Dex	COVERED
A4730	Fistula Cannulation Set, Ea	COVERED
A4736	Topical Anesthetic, Per Gram	COVERED
A4737	Inj Anesthetic Per 10 MI	COVERED
A4740	Shunt Accessory	COVERED
A4750	Art Or Venous Blood Tubing	COVERED
A4755	Comb Art/Venous Blood Tubing	COVERED
A4760	Dialysate Sol Test Kit, Each	COVERED
A4765	Dialysate Conc Pow Per Pack	COVERED
A4766	Dialysate Conc Sol Add 10 MI	COVERED
A4770	Blood Collection Tube/Vacuum	COVERED
A4771	Serum Clotting Time Tube	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A4772	Blood Glucose Test Strips	COVERED
A4773	Occult Blood Test Strips	COVERED
A4774	Ammonia Test Strips	COVERED
A4802	Protamine Sulfate Per 50 Mg	COVERED
A4860	Disposable Catheter Tips	COVERED
A4870	Plumb/Elec Wk Hm Hemo Equip	COVERED
A4890	Repair/Maint Cont Hemo Equip	COVERED
A4911	Drain Bag/Bottle	COVERED
A4918	Venous Pressure Clamp	COVERED
A4928	Surgical Mask	COVERED
A4929	Tourniquet For Dialysis, Ea	COVERED
A4930	Sterile, Gloves Per Pair	COVERED
A4931	Reusable Oral Thermometer	COVERED
A4932	Reusable Rectal Thermometer	COVERED
A5051	Pouch Clsd W Barr Attached	COVERED
A5052	Clsd Ostomy Pouch W/O Barr	COVERED
A5053	Clsd Ostomy Pouch Faceplate	COVERED
A5062	Drnble Ostomy Pouch W/O Barr	COVERED
A5071	Urinary Pouch W/Barrier	COVERED
A5072	Urinary Pouch W/O Barrier	COVERED
A5081	Stoma Plug Or Seal, Any Type	COVERED
A5093	Ostomy Accessory Convex Inse	COVERED
A5105	Urinary Suspensory	COVERED
A5113	Latex Leg Strap	COVERED
A5126	Disk/Foam Pad +Or- Adhesive	COVERED
A5503	Diabetic Shoe W/Roller/Rockr	COVERED
A5504	Diabetic Shoe With Wedge	COVERED
A5506	Diabetic Shoe W/Off Set Heel	COVERED
A5510	Compression Form Shoe Insert	COVERED
A6000	Wound Warming Wound Cover	COVERED
A6011	Collagen Gel/Paste Wound Fil	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A6024	Collagen Dsg Wound Filler	COVERED
A6215	Foam Dressing Wound Filler	COVERED
A6217	Non-Sterile Gauze>16<=48 Sq	COVERED
A6221	Gauze > 48 Sq In W/Border	COVERED
A6231	Hydrogel Dsg<=16 Sq In	COVERED
A6232	Hydrogel Dsg>16<=48 Sq In	COVERED
A6233	Hydrogel Dressing >48 Sq In	COVERED
A6236	Hydrocolld Drg > 48 In W/O B	COVERED
A6239	Hydrocolld Drg > 48 In W/Bdr	COVERED
A6241	Hydrocolloid Drg Filler Dry	COVERED
A6244	Hydrogel Drg >48 In W/O Bdr	COVERED
A6245	Hydrogel Drg <= 16 In W/Bdr	COVERED
A6246	Hydrogel Drg >16<=48 In W/B	COVERED
A6247	Hydrogel Drg > 48 Sq In W/B	COVERED
A6254	Absorpt Drg <=16 Sq In W/Bdr	COVERED
A6262	Wound Filler Dry Form / Gram	COVERED
A6410	Sterile Eye Pad	COVERED
A6411	Non-Sterile Eye Pad	COVERED
A6412	Occlusive Eye Patch	COVERED
A6413	Adhesive Bandage, First-Aid	COVERED
A6447	Conform Band S W >=5"/Yd	COVERED
A6455	Self-Adher Band >=5"/Yd	COVERED
A6501	Compres Burngarment Bodysuit	COVERED
A6502	Compres Burngarment Chinstrp	COVERED
A6503	Compres Burngarment Facehood	COVERED
A6506	Cmprsburngrmnt Glove-Axilla	COVERED
A6509	Compres Burn Garment Jacket	COVERED
A6510	Compres Burn Garment Leotard	COVERED
A6513	Compress Burn Mask Face/Neck	COVERED
A6532	Compression Stocking Bk40-50	COVERED
A6535	Gc Stocking Thighlngh 40-50	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A6536	Gc Stocking Full Lngth 18-30	COVERED
A6537	Gc Stocking Full Lngth 30-40	COVERED
A6538	Gc Stocking Full Lngth 40-50	COVERED
A6540	Gc Stocking WaistLngth 30-40	COVERED
A6541	Gc Stocking WaistLngth 40-50	COVERED
A6544	Gc Stocking Garter Belt	COVERED
A6550	Neg Pres Wound Ther Drsg Set	COVERED
A7006	Filtered Nebulizer Admin Set	COVERED
A7008	Disposable Nebulizer Prefill	COVERED
A7009	Nebulizer Reservoir Bottle	COVERED
A7011	Nondispos Corrugated Tubing	COVERED
A7017	Nebulizer Not Used W Oxygen	COVERED
A7021	Suppl And Access Lung Expan	COVERED
A7026	Replace Chst Cmprss Sys Hose	COVERED
A7030	Cpap Full Face Mask	COVERED
A7031	Replacement Facemask Interfa	COVERED
A7032	Replacement Nasal Cushion	COVERED
A7033	Replacement Nasal Pillows	COVERED
A7034	Nasal Application Device	COVERED
A7035	Pos Airway Press Headgear	COVERED
A7036	Pos Airway Press Chinstrap	COVERED
A7037	Pos Airway Pressure Tubing	COVERED
A7038	Pos Airway Pressure Filter	COVERED
A7039	Filter, Non Disposable W Pap	COVERED
A7040	One Way Chest Drain Valve	COVERED
A7045	Repl Exhalation Port For Pap	COVERED
A7046	Repl Water Chamber, Pap Dev	COVERED
A7049	Epap Nasal Valve	COVERED
A7501	Tracheostoma Valve W Diaphra	COVERED
A7502	Replacement Diaphragm/Fplate	COVERED
A7503	Hmes Filter Holder Or Cap	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A7504	Tracheostoma Hmes Filter	COVERED
A7505	Hmes Or Trach Valve Housing	COVERED
A7506	Hmes/Trachvalve Adhesivedisk	COVERED
A7522	Trach/Laryn Tube Stainless	COVERED
A7523	Tracheostomy Shower Protect	COVERED
A7524	Tracheostoma Stent/Stud/Btttn	COVERED
A8003	Hard Protect Helmet Custom	COVERED
A8004	Repl Soft Interface, Helmet	COVERED
A9152	Single Vitamin Nos	COVERED
A9153	Multi-Vitamin Nos	COVERED
A9180	Lice Treatment, Topical	COVERED
A9272	Disp Wound Suct, Drsg/Access	COVERED
A9275	Disp Home Glucose Monitor	COVERED
A9278	External Receiver, Cgm Sys	COVERED
A9279	Monitoring Feature/Devicenoc	COVERED
A9280	Alert Device, Noc	COVERED
A9281	Reaching/Grabbing Device	COVERED
A9282	Wig Any Type	COVERED
A9284	Non-Electronic Spirometer	COVERED
A9300	Exercise Equipment	COVERED
A9501	Technetium Tc-99M Teboroxime	COVERED
A9504	Tc99m Apcitide	COVERED
A9507	In111 Capromab	COVERED
A9508	I131 Iodobenguante, Dx	COVERED
A9513	Lutetium Lu 177, Dotatate, Therapeutic, 1 Mci	COVERED
A9515	Choline C-11	COVERED
A9521	Tc99m Exametazime	COVERED
A9526	Nitrogen N-13 Ammonia	COVERED
A9527	Iodine I-125 Sodium Iodide	COVERED
A9529	I131 Iodide Sol, Dx	COVERED
A9530	I131 Iodide Sol, Rx	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A9531	I131 Max 100Uci	COVERED
A9532	I125 Serum Albumin, Dx	COVERED
A9536	Tc99m Depreotide	COVERED
A9542	In111 Ibritumomab, Dx	COVERED
A9543	Y90 Ibritumomab, Rx	COVERED
A9546	Co57/58	COVERED
A9548	In111 Pentetate	COVERED
A9550	Tc99m Gluceptate	COVERED
A9554	I125 Iothalamate, Dx	COVERED
A9557	Tc99m Bicisate	COVERED
A9558	Xe133 Xenon 10Mci	COVERED
A9564	P32 Chromic Phosphate	COVERED
A9566	Tc99m Fanolesomab	COVERED
A9568	Technetium Tc99m Arcitumomab	COVERED
A9569	Technetium Tc-99M Auto Wbc	COVERED
A9571	Indium In-111 Auto Platelet	COVERED
A9573	Inj, Gadopiclenol, 1 MI	COVERED
A9574	Air Polymer-Type A Intrauterine Foam, 0.1 MI	COVERED
A9576	Inj Prohance Multipack	COVERED
A9577	Inj Multihance	COVERED
A9583	Gadofosveset Trisodium Inj	COVERED
A9585	Gadobutrol Injection	COVERED
A9586	Florbetapir F18	COVERED
A9589	Instillation, Hexaminolevulinate Hydrochloride, 100 Mg	COVERED
A9590	Iodine I-131, Iobenguane, 1 Mci	COVERED
A9591	Fluoroestradiol F 18	COVERED
A9595	Piflu F-18, Dia 1 Millicurie	COVERED
A9596	Gallium Ga-68 Gozetotide, Diagnostic, (Illuccix), 1 Mci	COVERED
A9597	Pet, Dx, For Tumor Id, Noc	COVERED
A9598	Pet Dx For Non-Tumor Id, Noc	COVERED
A9600	Sr89 Strontium	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A9601	Flortaucipir F 18 Injection, Diagnostic, 1 Mci	COVERED
A9602	Fluorodopa F-18 Diagnostic Per Mci	COVERED
A9603	Injection, Pafolacianine, 0.1 Mg	COVERED
A9604	Sm 153 Lexidronam	COVERED
A9606	Radium Ra223 Dichloride Ther	COVERED
A9610	Xe129 Xenon, Diagnostic	COVERED
A9611	Flurpiridaz F18, Diag, 1 Mci	COVERED
A9615	Inj, Pegulicianine, 1 Mg	COVERED
A9697	Inj, Magtrace Per Study Dose	COVERED
A9800	Gallium Ga-68 Gozetotide Diagnostic 1 Mci	COVERED
B4083	Enteral Stomach Tube Levine	COVERED
B4100	Food Thickener Oral	COVERED
B4104	Additive For Enteral Formula	COVERED
B4149	Ef Blenderized Foods	COVERED
B4157	Ef Special Metabolic Inherit	COVERED
B4158	Ef Ped Complete Intact Nut	COVERED
B4159	Ef Ped Complete Soy Based	COVERED
B4162	Ef Ped Specmetabolic Inherit	COVERED
B4168	Parenteral Sol Amino Acid 3.	COVERED
B4172	Parenteral Sol Amino Acid 5.	COVERED
B4176	Parenteral Sol Amino Acid 7-	COVERED
B4178	Parenteral Sol Amino Acid >	COVERED
B4180	Parenteral Sol Carb > 50%	COVERED
B4185	Parenteral Sol 10 Gm Lipids	COVERED
B4187	Omegaven, 10 G Lipids	COVERED
B4189	Parenteral Sol Amino Acid &	COVERED
B4193	Parenteral Sol 52-73 Gm Prot	COVERED
B4199	Parenteral Sol > 100Gm Prote	COVERED
B4216	Parenteral Nutrition Additiv	COVERED
B4220	Parenteral Supply Kit Premix	COVERED
B4222	Parenteral Supply Kit Homemi	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
B4224	Parenteral Administration Ki	COVERED
B5100	Parenteral Sol Hepatic-Fream	COVERED
B9006	Parenteral Infus Pump Statio	COVERED
B9999	Parenteral Supp Not Othrws C	COVERED
C1062	Intravertebral Fx Aug Impl	COVERED
C1715	Brachytherapy Needle	COVERED
C1716	Brachytx, Non-Str, Gold-198	COVERED
C1719	Brachytx, Ns, Non-Hdrir-192	COVERED
C1728	Cath, Brachytx Seed Adm	COVERED
C1734	Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or S	COVERED
C1749	Endo, Colon, Retro Imaging	COVERED
C1754	Catheter, Intradiscal	COVERED
C1756	Cath, Pacing, Transesoph	COVERED
C1770	Imaging Coil, Mr, Insertable	COVERED
C1813	Prosthesis, Penile, Inflatab	COVERED
C1816	Receiver/Transmitter, Neuro	COVERED
C1821	Interspinous Implant	COVERED
C1823	Generator, Neurostimulator (Implantable), Non-Rechargeable,	COVERED
C1824	Generator, Cardiac Contractility Modulation (Implantable)	COVERED
C1832	Auto Cell Process Sys	COVERED
C1833	Cardiac Monitor Sys	COVERED
C1839	Iris Prosthesis	COVERED
C1840	Telescopic Intraocular Lens	COVERED
C1841	Retinal Prosth Int/Ext Comp	COVERED
C1842	Retinal Prosthesis, Includes All Internal And External Compo	COVERED
C1849	Skin Substitute, Synthetic, Resorbable, Per Square Centimete	COVERED
C1875	Stent, Coated/Cov W/O Del Sy	COVERED
C1884	Embolization Protect Syst	COVERED
C1891	Infusion Pump,Non-Prog, Perm	COVERED
C1899	Lead, Pmkr/Aicd Combination	COVERED
C1982	Catheter, Pressure Generating, One-Way Valve, Intermittently	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C2596	Probe, Image Guided, Robotic, Waterjet Ablation	COVERED
C2614	Probe, Perc Lumb Disc	COVERED
C2615	Sealant, Pulmonary, Liquid	COVERED
C2619	Pmkr, Dual, Non Rate-Resp	COVERED
C2620	Pmkr, Single, Non Rate-Resp	COVERED
C2622	Prosthesis, Penile, Non-Inf	COVERED
C2624	Wireless Pressure Sensor	COVERED
C2626	Infusion Pump, Non-Prog,Temp	COVERED
C2634	Brachytx, Non-Str, Ha, I-125	COVERED
C2635	Brachytx, Non-Str, Ha, P-103	COVERED
C2636	Brachy Linear, Non-Str,P-103	COVERED
C2637	Brachy,Non-Str,Ytterbium-169	COVERED
C2638	Brachytx, Stranded, I-125	COVERED
C2640	Brachytx, Stranded, P-103	COVERED
C2641	Brachytx, Non-Stranded,P-103	COVERED
C2642	Brachytx, Stranded, C-131	COVERED
C2644	Brachytx Cesium-131 Chloride	COVERED
C2645	Brachytx Planar, P-103	COVERED
C2698	Brachytx, Stranded, Nos	COVERED
C2699	Brachytx, Non-Stranded, Nos	COVERED
C5273	Low Cost Skin Substitute App	COVERED
C5274	Low Cost Skin Substitute App	COVERED
C5276	Low Cost Skin Substitute App	COVERED
C5277	Low Cost Skin Substitute App	COVERED
C5278	Low Cost Skin Substitute App	COVERED
C7563	TrlumI Ballo Angiop All Art	COVERED
C7564	Vein Mech Throm W/Intrvas Us	COVERED
C7565	Rpr Aa Hrn < 3 Rdc W/ Rmvl	COVERED
C8001	3D Anat Seg Imaging Preop	COVERED
C8002	Prep Skin Cell Susp, Automtd	COVERED
C8003	Imp Extar Knee Shck Absrb	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C8004	Sim Ang W/Prs Cath Rad Emb	COVERED
C8901	Mra W/O Cont, Abd	COVERED
C8903	Mri W/Cont, Breast, Uni	COVERED
C8905	Mri W/O Fol W/Cont, Brst, Un	COVERED
C8907	Mri W/O Cont, Breast, Bi	COVERED
C8909	Mra W/Cont, Chest	COVERED
C8911	Mra W/O Fol W/Cont, Chest	COVERED
C8913	Mra W/O Cont, Lwr Ext	COVERED
C8918	Mra W/Cont, Pelvis	COVERED
C8920	Mra W/O Fol W/Cont, Pelvis	COVERED
C8922	Tte W Or W/O Fol W/Cont, F/U	COVERED
C8923	2D Tte W Or W/O Fol W/Con,Co	COVERED
C8926	Tee W Or W/O Fol W/Cont,Cong	COVERED
C8927	Tee W Or W/O Fol W/Cont, Mon	COVERED
C8930	Tte W Or W/O Contr, Cont Ecg	COVERED
C8932	Mra, W/O Dye, Spinal Canal	COVERED
C8934	Mra, W/Dye, Upper Extremity	COVERED
C8936	Mra, W/O&W/Dye, Upper Extr	COVERED
C8957	Prolonged Iv Inf, Req Pump	COVERED
C9015	C-1 Esterase, Haegarda	COVERED
C9024	Inj, Daunorubicin-Cytarabine	COVERED
C9029	Injection, Guselkumab	COVERED
C9030	Injection, Copanlisib, 1 Mg	COVERED
C9031	Lutetium Lu 177, Dotatate, Therapeutic, 1 Mci	COVERED
C9034	Injection, Dexamethasone 9%,	COVERED
C9047	Injection, Caplacizumab-Yhdp, 1 Mg	COVERED
C9072	Inj, Imm Glob Asceniv	COVERED
C9079	Injection, Evinacumab-Dgnb, 5 Mg	COVERED
C9080	Injection, Melphalan Flufenamide Hcl, 1 Mg	COVERED
C9087	Inj Cyclophosphamd Auromedic	COVERED
C9088	Instill, Bupivac And Meloxic	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C9089	Bupivacaine Implant, 1 Mg	COVERED
C9101	Injection Oliceridine 0.1 Mg	COVERED
C9136	Factor Viii (Eloctate)	COVERED
C9145	Inj, Aponvie, 1 Mg	COVERED
C9250	Artiss Fibrin Sealant	COVERED
C9275	Hexaminolevulinate Hcl	COVERED
C9293	Injection, Glucarpidase	COVERED
C9353	Neurawrap Nerve Protector,Cm	COVERED
C9355	Neuromatrix Nerve Cuff, Cm	COVERED
C9358	Surgimend, Fetal	COVERED
C9451	Injection, Peramivir, 1 Mg	COVERED
C9455	Injection, Siltuximab, 10 Mg	COVERED
C9459	Flutemetamol F18	COVERED
C9460	Injection, Cangrelor	COVERED
C9462	Injection, Delafloxacin, 1 Mg	COVERED
C9463	Injection, Aprepitant, 1 Mg	COVERED
C9464	Injection, Rolapitant, 0.5 Mg	COVERED
C9466	Injection, Benralizumab, 1 Mg	COVERED
C9488	Injection, Conivaptan Hydrochloride, 1	COVERED
C9492	Injection, Durvalumab	COVERED
C9497	Loxapine, Inhalation Powder	COVERED
C9507	Fresh Frozen Plasma, High Titer Covid-19 Convalescent, Froze	COVERED
C9603	Perc D-E Cor Stent Ather Br	COVERED
C9605	Perc D-E Cor Revasc T Cabg B	COVERED
C9606	Perc D-E Cor Revasc W Ami S	COVERED
C9608	Perc D-E Cor Revasc Chro Add	COVERED
C9724	Eps Stomach Plic	COVERED
C9725	Place Endorectal App	COVERED
C9727	Insert Palate Implants	COVERED
C9728	Place Device/Marker, Non Pro	COVERED
C9738	Blue Light Cysto Imag Agent	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C9739	Cystoscopy Prostatic Imp 1-3	COVERED
C9743	Bulking/Spacer Material Impl	COVERED
C9744	Ultrasound, Abdominal, With Contrast	COVERED
C9748	Prostatic Rf Water Vapor Tx	COVERED
C9751	Bronchoscopy, Rigid Or Flexible, Transbronchial Ablation Of	COVERED
C9756	Intraoperative Near-Infrared Fluorescence Lymphatic Mapping	COVERED
C9757	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Ro	COVERED
C9759	Transcatheter Intraoperative Blood Vessel Microinfusion(S) (COVERED
C9761	Cysto, Litho, Vacuum Kidney	COVERED
C9765	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9766	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9767	Revascularization, Endovascular, Open Or Percutaneous, Any V	COVERED
C9772	Revasc Lithotrip Tibi/Perone	COVERED
C9773	Revasc Lithotr-Stent Tib/Per	COVERED
C9774	Revasc Lithotr-Ather Tib/Per	COVERED
C9775	Revasc Lith-Sten-Ath Tib/Per	COVERED
C9779	Esd Endoscopy Or Colonoscopy	COVERED
C9780	Insertion Of Central Venous Catheter Through Central Venous	COVERED
C9789	Instill Pharm Renal Pelvis	COVERED
C9791	Mri Hyperpolarized Xenon129	COVERED
C9898	Inpnt Stay Radiolabeled Item	COVERED
C9899	Inpt Implant Pros Dev,No Cov	COVERED
D0140	Limit Oral Eval Problm Focus	COVERED
D0150	Comprehensve Oral Evaluation	COVERED
D0160	Extensv Oral Eval Prob Focus	COVERED
D0170	Re-Eval,Est Pt,Problem Focus	COVERED
D0180	Comp Periodontal Evaluation	COVERED
D0210	Intraor Complete Rad Image Series	COVERED
D0220	Intraoral Periapical First Image	COVERED
D0230	Intraoral Periapical Each Add Image	COVERED
D0240	Intraoral Occlusal Radiograph Image	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D0250	Extraoral First Radiographic Image	COVERED
D0260	Extraoral Ea Add Radiographic Image	COVERED
D0270	Bitewing Single Radiographic Image	COVERED
D0272	Bitewings Two Radiographic Images	COVERED
D0273	Bitewings Three Radiographic Images	COVERED
D0274	Bitewings Four Radiographic Images	COVERED
D0277	Vertical Bitewings - Seven To Eight	COVERED
D0310	Dental Saliography	COVERED
D0320	Dental Tmj Arthrogram Incl I	COVERED
D0321	Dental Other Tmj Radiograph Images	COVERED
D0322	Dental Tomographic Survey	COVERED
D0330	Panoramic Radiographic Image	COVERED
D0340	Cephalometric Radiographic Image	COVERED
D0350	2D Oral/Facial Photo Images	COVERED
D0351	3D Photo Image	COVERED
D0364	Cone Beam Ct, Less Than Whole Jaw	COVERED
D0365	Cone Beam, Full Arch - Mandible	COVERED
D0366	Cone Beam, Full Arch - Maxilla	COVERED
D0367	Cone Beam, Both Jaws W/Wo Cranium	COVERED
D0368	Cone Beam, Tmj Series, 2 Or More	COVERED
D0369	Maxillofacial Mri Capture/Interpret	COVERED
D0370	Maxillofacial U/S Capture/Interpret	COVERED
D0371	Sialoendoscopy Capture/Interpret	COVERED
D0380	Cone Beam Ct, Less Than Whole Jaw	COVERED
D0381	Cone Beam, Mandible, Capture Only	COVERED
D0382	Cone Beam, Maxilla, Capture Only	COVERED
D0383	Cone Beam, Both Jaws Capture Only	COVERED
D0384	Cone Beam, Tmj Series, Capture Only	COVERED
D0385	Maxillofacial Mri Capture Only	COVERED
D0386	Maxillofacial U/S Capture Only	COVERED
D0391	Interpret Image Not Assoc W Capture	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D0393	Treatment Simulation 3D Image Vol	COVERED
D0394	Digital Subtract Two Or More Images	COVERED
D0395	Fusion Two Or More 3D Image Volumes	COVERED
D0415	Collection Of Microorganisms	COVERED
D0416	Viral Culture	COVERED
D0417	Collect & Prep Saliva Sample	COVERED
D0418	Analysis Of Saliva Sample	COVERED
D0421	Gen Tst Suscept Oral Disease	COVERED
D0425	Caries Susceptibility Test	COVERED
D0431	Diag Tst Detect Mucos Abnorm	COVERED
D0460	Pulp Vitality Test	COVERED
D0470	Diagnostic Casts	COVERED
D0472	Gross Exam, Prep & Report	COVERED
D0473	Micro Exam, Prep & Report	COVERED
D0474	Micro W Exam Of Surg Margins	COVERED
D0475	Decalcification Procedure	COVERED
D0476	Spec Stains For Microorganis	COVERED
D0477	Spec Stains Not For Microorg	COVERED
D0478	Immunohistochemical Stains	COVERED
D0479	Tissue In-Situ Hybridization	COVERED
D0480	Cytopath Smear Prep & Report	COVERED
D0481	Electron Microscopy	COVERED
D0482	Direct Immunofluorescence	COVERED
D0483	Indirect Immunofluorescence	COVERED
D0484	Consult Slides Prep Elsewher	COVERED
D0485	Consult Inc Prep Of Slides	COVERED
D0486	Accession Of Trans Cyto Sample	COVERED
D0502	Non-Traumatic Spinal Cord Injury With Motor >40.15 & Motor <	COVERED
D0602	Neurological With Motor >37.35 & Motor <47.75.,Comorbidity I	COVERED
D0999	Unspecified Diagnostic Proce	COVERED
D1110	Dental Prophylaxis Adult	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D1208	Topical App Fluoride Excl Varnish	COVERED
D1310	Nutri Counsel-Control Caries	COVERED
D1320	Tobacco Counseling	COVERED
D1351	Dental Sealant Per Tooth	COVERED
D1352	Resin Restore, Prevent, High Risk	COVERED
D1510	Space Maintainer Fxd Unilat	COVERED
D1515	Fixed Bilat Space Maintainer	COVERED
D1520	Remove Unilat Space Maintain	COVERED
D1525	Remove Bilat Space Maintain	COVERED
D1550	Recement/Rebond Space Maintainer	COVERED
D1555	Remove Fix Space Maintainer	COVERED
D1999	Unspec Preventive Procedure	COVERED
D2140	Amalgam One Surface Permanen	COVERED
D2150	Amalgam Two Surfaces Permane	COVERED
D2160	Amalgam Three Surfaces Perma	COVERED
D2161	Amalgam 4 Or > Surfaces Perm	COVERED
D2330	Resin One Surface-Anterior	COVERED
D2331	Resin Two Surfaces-Anterior	COVERED
D2332	Resin Three Surfaces-Anterio	COVERED
D2335	Resin 4/> Surf Or W Incis An	COVERED
D2390	Ant Resin-Based Cmpst Crown	COVERED
D2391	Post 1 Srfc Resinbased Cmpst	COVERED
D2392	Post 2 Srfc Resinbased Cmpst	COVERED
D2393	Post 3 Srfc Resinbased Cmpst	COVERED
D2394	Post >=4Srfc Resinbase Cmpst	COVERED
D2410	Dental Gold Foil One Surface	COVERED
D2420	Dental Gold Foil Two Surface	COVERED
D2430	Dental Gold Foil Three Surfa	COVERED
D2510	Dental Inlay Metalic 1 Surf	COVERED
D2520	Dental Inlay Metallic 2 Surf	COVERED
D2530	Dental Inlay Metl 3/More Sur	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D2542	Dental Onlay Metallic 2 Surf	COVERED
D2543	Dental Onlay Metallic 3 Surf	COVERED
D2544	Dental Onlay Metl 4/More Sur	COVERED
D2610	Inlay Porcelain/Ceramic 1 Su	COVERED
D2620	Inlay Porcelain/Ceramic 2 Su	COVERED
D2630	Dental Onlay Porc 3/More Sur	COVERED
D2642	Dental Onlay Porcelin 2 Surf	COVERED
D2643	Dental Onlay Porcelin 3 Surf	COVERED
D2644	Dental Onlay Porc 4/More Sur	COVERED
D2650	Inlay Composite/Resin One Su	COVERED
D2651	Inlay Composite/Resin Two Su	COVERED
D2652	Dental Inlay Resin 3/Mre Sur	COVERED
D2662	Dental Onlay Resin 2 Surface	COVERED
D2663	Dental Onlay Resin 3 Surface	COVERED
D2664	Dental Onlay Resin 4/Mre Sur	COVERED
D2710	Crown Resin-Based Indirect	COVERED
D2712	Crown 3/4 Resin-Based Compos	COVERED
D2720	Crown Resin W/ High Noble Me	COVERED
D2721	Crown Resin W/ Base Metal	COVERED
D2722	Crown Resin W/ Noble Metal	COVERED
D2740	Crown Porcelain/Ceramic Subs	COVERED
D2750	Crown Porcelain W/ H Noble M	COVERED
D2751	Crown Porcelain Fused Base M	COVERED
D2752	Crown Porcelain W/ Noble Met	COVERED
D2780	Crown 3/4 Cast Hi Noble Met	COVERED
D2781	Crown 3/4 Cast Base Metal	COVERED
D2782	Crown 3/4 Cast Noble Metal	COVERED
D2783	Crown 3/4 Porcelain/Ceramic	COVERED
D2790	Crown Full Cast High Noble M	COVERED
D2791	Crown Full Cast Base Metal	COVERED
D2792	Crown Full Cast Noble Metal	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D2794	Crown-Titanium	COVERED
D2799	Interim Cr-Fur Tx/Compl Dx Nes Pri Final Imp	COVERED
D2910	Recement Inlay Onlay Veneer Or Part	COVERED
D2915	Re-Cement Ind Fab Or Prefab Post	COVERED
D2920	Re-Cement Or Re-Bond Crown	COVERED
D2929	Prefab Porcelain/Ceramic Crown	COVERED
D2930	Prefab Stnlss Steel Crwn Pri	COVERED
D2931	Prefab Stnlss Steel Crown Pe	COVERED
D2932	Prefabricated Resin Crown	COVERED
D2933	Prefab Stainless Steel Crown	COVERED
D2934	Prefab Steel Crown Primary	COVERED
D2940	Protective Restoration	COVERED
D2941	Interim Therapeutic Restoration	COVERED
D2949	Restorative Foundation Indirect	COVERED
D2950	Core Buildup Incl Any Pins	COVERED
D2951	Tooth Pin Retention	COVERED
D2952	Post And Core Cast + Crown	COVERED
D2953	Each Addtnl Cast Post	COVERED
D2954	Prefab Post/Core + Crown	COVERED
D2955	Post Removal	COVERED
D2957	Each Addtnl Prefab Post	COVERED
D2961	Lab Labial Veneer Resin	COVERED
D2962	Lab Labial Veneer Porcelain	COVERED
D2970	Temp Crown (Fractured Tooth)	COVERED
D2971	Add Proc Construct New Crown	COVERED
D2975	Coping	COVERED
D2980	Crown Repair, Material Failure	COVERED
D2981	Inlay Repair, Material Failure	COVERED
D2982	Onlay Repair, Material Failure	COVERED
D2983	Veneer Repair, Material Failure	COVERED
D2990	Resin Infiltration, Smooth Lesions	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D2999	Dental Unspec Restorative Pr	COVERED
D3110	Pulp Cap Direct	COVERED
D3120	Pulp Cap Indirect	COVERED
D3220	Therapeutic Pulpotomy	COVERED
D3221	Gross Pulpal Debridement	COVERED
D3222	Part Pulp For Apexogenesis	COVERED
D3230	Pulpal Therapy Anterior Prim	COVERED
D3240	Pulpal Therapy Posterior Pri	COVERED
D3310	End Thxpy, Anterior Tooth	COVERED
D3320	End Thxpy, Bicuspid Tooth	COVERED
D3330	End Thxpy, Molar	COVERED
D3331	Non-Surg Tx Root Canal Obs	COVERED
D3332	Incomplete Endodontic Tx	COVERED
D3333	Internal Root Repair	COVERED
D3346	Retreat Root Canal Anterior	COVERED
D3347	Retreat Root Canal Bicuspid	COVERED
D3348	Retreat Root Canal Molar	COVERED
D3351	Apexific/Recalc Initial Visit	COVERED
D3352	Apexific/Recalc Interim	COVERED
D3353	Apexification/Recalc Final	COVERED
D3355	Pulpal Regeneration - Initial Visit	COVERED
D3356	Pulpal Regeneration Interim Medi	COVERED
D3357	Pulpal Regeneration Completion Tx	COVERED
D3410	Apicoectomy - Anterior	COVERED
D3421	Apicoectomy - Bicuspid (First Root)	COVERED
D3425	Apicoectomy - Molar (First Root)	COVERED
D3426	Apicoectomy - Each Additional Root	COVERED
D3427	Periradicular Surgery W/Out Apicoec	COVERED
D3428	Bone Graft Conj Periradicular Surg	COVERED
D3429	Bone Graft Conj Perirad Surg Ea Add	COVERED
D3430	Retrograde Filling	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D3431	Biologic Materials To Aid Tissue	COVERED
D3432	Guided Tissue Regeneration	COVERED
D3450	Root Amputation	COVERED
D3460	Endodontic Endosseous Implan	COVERED
D3470	Intentional Replantation	COVERED
D3910	Isolation- Tooth W Rubb Dam	COVERED
D3920	Tooth Splitting	COVERED
D3950	Canal Prep/Fitting Of Dowel	COVERED
D3999	Endodontic Procedure	COVERED
D4210	Gingivectomy/Plasty Per Quad	COVERED
D4211	Gingivectomy/Plasty 1-3 Teeth	COVERED
D4212	Gingivectomy/Plasty Restor Access	COVERED
D4230	Ana Crown Exp 4 Or> Per Quad	COVERED
D4231	Ana Crown Exp 1-3 Per Quad	COVERED
D4240	Gingival Flap Proc W/ Planin	COVERED
D4241	Gngvl Flap W Rootplan 1-3 Th	COVERED
D4245	Apically Positioned Flap	COVERED
D4249	Crown Lengthen Hard Tissue	COVERED
D4260	Osseous Surgery Per Quadrant	COVERED
D4261	Osseous Surgl-3Teethperquad	COVERED
D4263	Bone Replce Graft First Site	COVERED
D4264	Bone Replce Graft Each Add	COVERED
D4265	Bio Mtrls To Aid Soft/Os Reg	COVERED
D4266	Guided Tiss Regen Resorbble	COVERED
D4267	Guided Tiss Regen Nonresorb	COVERED
D4268	Surgical Revision Procedure	COVERED
D4270	Pedicle Soft Tissue Graft Pr	COVERED
D4273	Subepithelial Tissue Graft	COVERED
D4274	Distal/Proximal Wedge Proc	COVERED
D4275	Soft Tissue Allograft	COVERED
D4276	Con Tissue W Dble Ped Graft	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D4277	Free Soft Tissue Graft, First/Edent	COVERED
D4278	Free Soft Tissue Graft, Each Addtn	COVERED
D4342	Periodontal Scaling 1-3Teeth	COVERED
D4355	Full Mouth Debridement	COVERED
D4381	Localized Delivery Antimicro	COVERED
D4910	Periodontal Maint Procedures	COVERED
D4920	Unscheduled Dressing Change	COVERED
D4921	Gingival Irrigation - Per Quadrant	COVERED
D4999	Unspecified Periodontal Proc	COVERED
D5110	Dentures Complete Maxillary	COVERED
D5120	Dentures Complete Mandible	COVERED
D5140	Dentures Immediat Mandible	COVERED
D5211	Dentures Maxill Part Resin	COVERED
D5212	Dentures Mand Part Resin	COVERED
D5213	Dentures Maxill Part Metal	COVERED
D5214	Dentures Mandibl Part Metal	COVERED
D5225	Maxillary Part Denture Flex	COVERED
D5226	Mandibular Part Denture Flex	COVERED
D5281	Removable Partial Denture	COVERED
D5410	Dentures Adjust Cmplt Maxil	COVERED
D5411	Dentures Adjust Cmplt Mand	COVERED
D5421	Dentures Adjust Part Maxill	COVERED
D5422	Dentures Adjust Part Mandbl	COVERED
D5510	Dentur Repr Broken Compl Bas	COVERED
D5520	Replace Denture Teeth Complt	COVERED
D5610	Dentures Repair Resin Base	COVERED
D5620	Rep Part Denture Cast Frame	COVERED
D5630	Rep Partial Denture Clasp	COVERED
D5640	Replace Part Denture Teeth	COVERED
D5650	Add Tooth To Partial Denture	COVERED
D5660	Add Clasp To Partial Denture	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D5670	Replc Tth&Acrlc On Mtl Frmwk	COVERED
D5671	Replc Tth&Acrlc Mandibular	COVERED
D5710	Dentures Rebase Cmplt Maxil	COVERED
D5711	Dentures Rebase Cmplt Mand	COVERED
D5720	Dentures Rebase Part Maxill	COVERED
D5721	Dentures Rebase Part Mandbl	COVERED
D5730	Denture Reln Cmplt Maxil Ch	COVERED
D5731	Denture Reln Cmplt Mand Chr	COVERED
D5740	Denture Reln Part Maxil Chr	COVERED
D5741	Denture Reln Part Mand Chr	COVERED
D5750	Denture Reln Cmplt Max Lab	COVERED
D5751	Denture Reln Cmplt Mand Lab	COVERED
D5760	Denture Reln Part Maxil Lab	COVERED
D5761	Denture Reln Part Mand Lab	COVERED
D5810	Denture Interm Cmplt Maxill	COVERED
D5811	Denture Interm Cmplt Mandbl	COVERED
D5820	Denture Interm Part Maxill	COVERED
D5821	Denture Interm Part Mandbl	COVERED
D5850	Denture Tiss Conditn Maxill	COVERED
D5851	Denture Tiss Condtin Mandbl	COVERED
D5862	Precision Attachment	COVERED
D5863	Overdenture - Complete Maxillary	COVERED
D5864	Overdenture - Partial Maxillary	COVERED
D5865	Overdenture - Complete Mandibular	COVERED
D5866	Overdenture - Partial Mandibular	COVERED
D5867	Replacement Of Precision Att	COVERED
D5875	Prosthesis Modification	COVERED
D5899	Removable Prosthodontic Proc	COVERED
D5911	Facial Moulage Sectional	COVERED
D5912	Facial Moulage Complete	COVERED
D5913	Nasal Prosthesis	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D5914	Auricular Prosthesis	COVERED
D5915	Orbital Prosthesis	COVERED
D5916	Ocular Prosthesis	COVERED
D5919	Facial Prosthesis	COVERED
D5922	Nasal Septal Prosthesis	COVERED
D5923	Ocular Prosthesis Interim	COVERED
D5924	Cranial Prosthesis	COVERED
D5925	Facial Augmentation Implant	COVERED
D5926	Replacement Nasal Prosthesis	COVERED
D5927	Auricular Replacement	COVERED
D5928	Orbital Replacement	COVERED
D5929	Facial Replacement	COVERED
D5931	Surgical Obturator	COVERED
D5932	Postsurgical Obturator	COVERED
D5933	Refitting Of Obturator	COVERED
D5934	Mandibular Flange Prosthesis	COVERED
D5935	Mandibular Denture Prosth	COVERED
D5936	Temp Obturator Prosthesis	COVERED
D5937	Trismus Appliance	COVERED
D5951	Feeding Aid	COVERED
D5952	Pediatric Speech Aid	COVERED
D5953	Adult Speech Aid	COVERED
D5954	Superimposed Prosthesis	COVERED
D5955	Palatal Lift Prosthesis	COVERED
D5958	Intraoral Con Def Inter Plt	COVERED
D5959	Intraoral Con Def Mod Palat	COVERED
D5960	Modify Speech Aid Prosthesis	COVERED
D5982	Surgical Stent	COVERED
D5983	Radiation Applicator	COVERED
D5984	Radiation Shield	COVERED
D5985	Radiation Cone Locator	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D5986	Fluoride Applicator	COVERED
D5987	Commissure Splint	COVERED
D5988	Surgical Splint	COVERED
D5991	Vesiculobullous Medicament Carrier	COVERED
D5992	Maxillofacial Prosthesis, Adjust	COVERED
D5993	Maxillofacial Prosthesis, Maintain	COVERED
D5999	Maxillofacial Prosthesis	COVERED
D6010	Odontics Endosteal Implant	COVERED
D6011	Second Stage Implant Surgery	COVERED
D6012	Endosteal Implant	COVERED
D6013	Surgical Placement Mini Implant	COVERED
D6040	Odontics Eposteal Implant	COVERED
D6050	Odontics Transosteal Implnt	COVERED
D6051	Interim Abutment	COVERED
D6052	Semi-Precision Attachment Abutment	COVERED
D6055	Connecting Bar Implant/Abutment	COVERED
D6056	Prefabricated Abutment	COVERED
D6057	Custom Fabricated Abutment	COVERED
D6058	Abutment Supported Crown	COVERED
D6059	Abutment Supported Mtl Crown	COVERED
D6060	Abutment Supported Mtl Crown	COVERED
D6061	Abutment Supported Mtl Crown	COVERED
D6062	Abutment Supported Mtl Crown	COVERED
D6063	Abutment Supported Mtl Crown	COVERED
D6064	Abutment Supported Mtl Crown	COVERED
D6065	Implant Supported Crown	COVERED
D6066	Implant Supported Mtl Crown	COVERED
D6067	Implant Supported Mtl Crown	COVERED
D6068	Abutment Supported Retainer	COVERED
D6069	Abutment Supported Retainer	COVERED
D6070	Abutment Supported Retainer	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D6071	Abutment Supported Retainer	COVERED
D6072	Abutment Supported Retainer	COVERED
D6073	Abutment Supported Retainer	COVERED
D6074	Abutment Supported Retainer	COVERED
D6075	Implant Supported Retainer	COVERED
D6076	Implant Supported Retainer	COVERED
D6077	Implant Supported Retainer	COVERED
D6080	Implant Maintenance	COVERED
D6090	Repair Implant	COVERED
D6091	Repl Semi/Precision Attach	COVERED
D6092	Recement Supp Crown	COVERED
D6093	Recement Supp Part Denture	COVERED
D6094	Abut Support Crown Titanium	COVERED
D6095	Odontics Repr Abutment	COVERED
D6100	Removal Of Implant	COVERED
D6101	Debride/Clean Periimplant Defect	COVERED
D6102	Debride/Contour Periimplant Defect	COVERED
D6103	Graft Repair Periimplant Defect	COVERED
D6104	Bone Graft, Time Of Implant Placemt	COVERED
D6110	Imp/Abu Supp Rem Dent Max	COVERED
D6112	Imp/Abu Supp Rem Dent Par Max	COVERED
D6114	Imp/Abu Supp Fix Dent Max	COVERED
D6116	Imp/Abu Supp Fix Dent Par Mx	COVERED
D6190	Radio/Surgical Implant Index	COVERED
D6194	Abut Support Retainer Titani	COVERED
D6199	Implant Procedure	COVERED
D6205	Pontic-Indirect Resin Based	COVERED
D6210	Prosthodont High Noble Metal	COVERED
D6211	Bridge Base Metal Cast	COVERED
D6212	Bridge Noble Metal Cast	COVERED
D6214	Pontic Titanium	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D6240	Bridge Porcelain High Noble	COVERED
D6241	Bridge Porcelain Base Metal	COVERED
D6242	Bridge Porcelain Nobel Metal	COVERED
D6245	Bridge Porcelain/Ceramic	COVERED
D6250	Bridge Resin W/High Noble	COVERED
D6251	Bridge Resin Base Metal	COVERED
D6252	Bridge Resin W/Noble Metal	COVERED
D6253	Provisional Pontic, Prior 1St Impr	COVERED
D6545	Dental Retainr Cast Metl	COVERED
D6548	Porcelain/Ceramic Retainer	COVERED
D6549	Resin Retainer Fx Prosth	COVERED
D6600	Porcelain/Ceramic Inlay 2Srf	COVERED
D6601	Porc/Ceram Inlay >= 3 Surfac	COVERED
D6602	Cst Hgh Nble Mtl Inlay 2 Srf	COVERED
D6603	Cst Hgh Nble Mtl Inlay >=3Sr	COVERED
D6604	Cst Bse Mtl Inlay 2 Surfaces	COVERED
D6605	Cst Bse Mtl Inlay >= 3 Surfa	COVERED
D6606	Cast Noble Metal Inlay 2 Sur	COVERED
D6607	Cst Noble Mtl Inlay >=3 Surf	COVERED
D6608	Onlay Porc/Crmc 2 Surfaces	COVERED
D6609	Onlay Porc/Crmc >=3 Surfaces	COVERED
D6610	Onlay Cst Hgh Nbl Mtl 2 Srfc	COVERED
D6611	Onlay Cst Hgh Nbl Mtl >=3Srf	COVERED
D6612	Onlay Cst Base Mtl 2 Surface	COVERED
D6613	Onlay Cst Base Mtl >=3 Surfa	COVERED
D6614	Onlay Cst Nbl Mtl 2 Surfaces	COVERED
D6615	Onlay Cst Nbl Mtl >=3 Surfac	COVERED
D6624	Inlay Titanium	COVERED
D6634	Onlay Titanium	COVERED
D6710	Crown-Indirect Resin Based	COVERED
D6720	Retain Crown Resin W Hi Nble	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D6721	Crown Resin W/Base Metal	COVERED
D6722	Crown Resin W/Noble Metal	COVERED
D6740	Crown Porcelain/Ceramic	COVERED
D6750	Crown Porcelain High Noble	COVERED
D6751	Crown Porcelain Base Metal	COVERED
D6752	Crown Porcelain Noble Metal	COVERED
D6780	Crown 3/4 High Noble Metal	COVERED
D6781	Crown 3/4 Cast Base Metal	COVERED
D6782	Crown 3/4 Cast Noble Metal	COVERED
D6783	Crown 3/4 Porcelain/Ceramic	COVERED
D6790	Crown Full High Noble Metal	COVERED
D6791	Crown Full Base Metal Cast	COVERED
D6792	Crown Full Noble Metal Cast	COVERED
D6793	Provis Retainer Crown,Prior 1St Imp	COVERED
D6794	Crown Titanium	COVERED
D6920	Dental Connector Bar	COVERED
D6930	Recement/Re-B Fixed Partial Denture	COVERED
D6940	Stress Breaker	COVERED
D6950	Precision Attachment	COVERED
D6980	Bridge Repair, D/T Restor Failure	COVERED
D6985	Pediatric Partial Denture Fx	COVERED
D6999	Fixed Prosthodontic Proc	COVERED
D7111	Extraction Coronal Remnants	COVERED
D7140	Extraction Erupted Tooth/Exr	COVERED
D7220	Impact Tooth Remov Soft Tiss	COVERED
D7230	Impact Tooth Remov Part Bony	COVERED
D7240	Impact Tooth Remov Comp Bony	COVERED
D7241	Impact Tooth Rem Bony W/Comp	COVERED
D7250	Tooth Root Removal	COVERED
D7251	Coronectomy - Partial Tooth Removal	COVERED
D7260	Oroantral Fistula Closure	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D7261	Primary Closure Sinus Perf	COVERED
D7270	Tooth Reimplantation	COVERED
D7272	Tooth Transplantation	COVERED
D7280	Exposure Impact Tooth Orthod	COVERED
D7282	Mobilize Erupted/Malpos Toot	COVERED
D7283	Place Device Impacted Tooth	COVERED
D7285	Inc Biopsy Of Oral Tissue Hard	COVERED
D7286	Inc Biopsy Of Oral Tissue Soft	COVERED
D7287	Exfoliative Cytolog Collect	COVERED
D7288	Brush Biopsy	COVERED
D7290	Repositioning Of Teeth	COVERED
D7291	Transseptal Fiberotomy	COVERED
D7292	Screw Retained Plate	COVERED
D7293	Temp Anchorage Dev W Flap	COVERED
D7294	Temp Anchorage Dev W/O Flap	COVERED
D7295	Harvest Bone Autogenous Graft Px	COVERED
D7310	Alveoplasty W/ Extraction	COVERED
D7311	Alveoloplasty W/Extract 1-3	COVERED
D7320	Alveoplasty W/O Extraction	COVERED
D7321	Alveoloplasty Not W/Extracts	COVERED
D7340	Vestibuloplasty Ridge Extens	COVERED
D7350	Vestibuloplasty Exten Graft	COVERED
D7410	Rad Exc Lesion Up To 1.25 Cm	COVERED
D7411	Excision Benign Lesion>1.25C	COVERED
D7412	Excision Benign Lesion Compl	COVERED
D7413	Excision Malig Lesion<=1.25C	COVERED
D7414	Excision Malig Lesion>1.25Cm	COVERED
D7415	Excision Malig Les Complicat	COVERED
D7440	Malig Tumor Exc To 1.25 Cm	COVERED
D7441	Malig Tumor > 1.25 Cm	COVERED
D7450	Rem Odontogen Cyst To 1.25Cm	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D7451	Rem Odontogen Cyst > 1.25 Cm	COVERED
D7460	Rem Nonodonto Cyst To 1.25Cm	COVERED
D7461	Rem Nonodonto Cyst > 1.25 Cm	COVERED
D7465	Lesion Destruction	COVERED
D7471	Rem Exostosis Any Site	COVERED
D7472	Removal Of Torus Palatinus	COVERED
D7473	Remove Torus Mandibularis	COVERED
D7485	Surg Reduct Osseoustuberosit	COVERED
D7490	Maxilla Or Mandible Resectio	COVERED
D7510	I&D Absc Intraoral Soft Tiss	COVERED
D7511	Incision/Drain Abscess Intra	COVERED
D7520	I&D Abscess Extraoral	COVERED
D7521	Incision/Drain Abscess Extra	COVERED
D7530	Removal Fb Skin/Areolar Tiss	COVERED
D7540	Removal Of Fb Reaction	COVERED
D7550	Removal Of Sloughed Off Bone	COVERED
D7560	Maxillary Sinusotomy	COVERED
D7610	Maxilla Open Reduct Simple	COVERED
D7620	Clsd Reduct Simpl Maxilla Fx	COVERED
D7630	Open Red Simpl Mandible Fx	COVERED
D7640	Clsd Red Simpl Mandible Fx	COVERED
D7650	Open Red Simp Malar/Zygom Fx	COVERED
D7660	Clsd Red Simp Malar/Zygom Fx	COVERED
D7670	Closd Rductn Splint Alveolus	COVERED
D7671	Alveolus Open Reduction	COVERED
D7680	Reduct Simple Facial Bone Fx	COVERED
D7710	Maxilla Open Reduct Compound	COVERED
D7720	Clsd Reduct Compd Maxilla Fx	COVERED
D7730	Open Reduct Compd Mandble Fx	COVERED
D7740	Clsd Reduct Compd Mandble Fx	COVERED
D7750	Open Red Comp Malar/Zygma Fx	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D7760	Clsd Red Comp Malar/Zygma Fx	COVERED
D7770	Open Reduc Compd Alveolus Fx	COVERED
D7771	Alveolus Clsd Reduc Stblz Te	COVERED
D7780	Reduct Compnd Facial Bone Fx	COVERED
D7810	Tmj Open Reduct-Dislocation	COVERED
D7820	Closed Tmp Manipulation	COVERED
D7830	Tmj Manipulation Under Anest	COVERED
D7840	Removal Of Tmj Condyle	COVERED
D7850	Tmj Meniscectomy	COVERED
D7852	Tmj Repair Of Joint Disc	COVERED
D7854	Tmj Excisn Of Joint Membrane	COVERED
D7856	Tmj Cutting Of A Muscle	COVERED
D7858	Tmj Reconstruction	COVERED
D7860	Tmj Cutting Into Joint	COVERED
D7865	Tmj Reshaping Components	COVERED
D7870	Tmj Aspiration Joint Fluid	COVERED
D7871	Lysis + Lavage W Catheters	COVERED
D7872	Tmj Diagnostic Arthroscopy	COVERED
D7873	Tmj Arthroscopy Lysis Adhesn	COVERED
D7874	Tmj Arthroscopy Disc Reposit	COVERED
D7875	Tmj Arthroscopy Synovectomy	COVERED
D7876	Tmj Arthroscopy Discectomy	COVERED
D7877	Tmj Arthroscopy Debridement	COVERED
D7880	Occlusal Orthotic Device, By Report	COVERED
D7899	Tmj Unspecified Therapy	COVERED
D7910	Dent Sutur Recent Wnd To 5Cm	COVERED
D7911	Dental Suture Wound To 5 Cm	COVERED
D7912	Suture Complicate Wnd > 5 Cm	COVERED
D7920	Dental Skin Graft	COVERED
D7921	Collect/Apply Autologous Blood Conc	COVERED
D7940	Reshaping Bone Orthognathic	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D7941	Bone Cutting Ramus Closed	COVERED
D7943	Cutting Ramus Open W/Graft	COVERED
D7944	Bone Cutting Segmented	COVERED
D7945	Bone Cutting Body Mandible	COVERED
D7946	Reconstruction Maxilla Total	COVERED
D7947	Reconstruct Maxilla Segment	COVERED
D7948	Reconstruct Midface No Graft	COVERED
D7949	Reconstruct Midface W/Graft	COVERED
D7950	Mandible Graft	COVERED
D7951	Sinus Aug W Bone/Sup Lat Opn Appr	COVERED
D7952	Sinus Aug Via Vertical Approach	COVERED
D7953	Bone Replacement Graft	COVERED
D7955	Repair Maxillofacial Defects	COVERED
D7960	Frenulectomy/Frenulotomy	COVERED
D7963	Frenuloplasty	COVERED
D7970	Excision Hyperplastic Tissue	COVERED
D7971	Excision Pericoronal Gingiva	COVERED
D7972	Surg Redct Fibrous Tuberosit	COVERED
D7980	Sialolithotomy	COVERED
D7981	Excision Of Salivary Gland	COVERED
D7982	Sialodochoplasty	COVERED
D7983	Closure Of Salivary Fistula	COVERED
D7991	Dental Coronoidectomy	COVERED
D7995	Synthetic Graft Facial Bones	COVERED
D7996	Implant Mandible For Augment	COVERED
D7997	Appliance Removal	COVERED
D7998	Intraoral Place Of Fix Dev	COVERED
D7999	Oral Surgery Procedure	COVERED
D8010	Limited Dental Tx Primary	COVERED
D8020	Limited Dental Tx Transition	COVERED
D8030	Limited Dental Tx Adolescent	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D8040	Limited Dental Tx Adult	COVERED
D8070	Compre Dental Tx Transition	COVERED
D8080	Compre Dental Tx Adolescent	COVERED
D8090	Compre Dental Tx Adult	COVERED
D8210	Orthodontic Rem Appliance Tx	COVERED
D8220	Fixed Appliance Therapy Hapt	COVERED
D8660	Preorthodontic Tx Exam	COVERED
D8670	Periodic Orthodontc Tx Visit	COVERED
D8680	Orthodontic Retention	COVERED
D8691	Repair Ortho Appliance	COVERED
D8692	Replacement Retainer	COVERED
D8693	Rebond/Cement Fixed Retainer	COVERED
D8694	Repair Fixed Retainers Incl Reattch	COVERED
D8999	Orthodontic Procedure	COVERED
D9110	Tx Dental Pain Minor Proc	COVERED
D9120	Fix Partial Denture Section	COVERED
D9210	Dent Anesthesia W/O Surgery	COVERED
D9211	Regional Block Anesthesia	COVERED
D9212	Trigeminal Block Anesthesia	COVERED
D9220	General Anesthesia	COVERED
D9230	Nitrous O2, Anxiolysis, Analgesia	COVERED
D9241	Intravenous Sedation	COVERED
D9248	Sedation (Non-iv)	COVERED
D9310	Dental Consultation	COVERED
D9410	Dental House Call	COVERED
D9420	Hospital Or Asc Call	COVERED
D9440	Office Visit After Hours	COVERED
D9450	Case Presentation Tx Plan	COVERED
D9610	Dent Therapeutic Drug Inject	COVERED
D9612	Thera Par Drugs 2 Or > Admin	COVERED
D9630	Other Drugs/Medicaments	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D9910	Dent Appl Desensitizing Med	COVERED
D9911	Appl Desensitizing Resin	COVERED
D9930	Treatment Of Complications	COVERED
D9931	Cleaning Insp Rem App	COVERED
D9940	Dental Occlusal Guard	COVERED
D9941	Fabrication Athletic Guard	COVERED
D9942	Repair/Reline Occlusal Guard	COVERED
D9950	Occlusion Analysis	COVERED
D9951	Limited Occlusal Adjustment	COVERED
D9952	Complete Occlusal Adjustment	COVERED
D9970	Enamel Microabrasion	COVERED
D9971	Odontoplasty 1-2 Teeth	COVERED
D9972	Extrnl Bleaching Per Arch, Office	COVERED
D9973	Extrnl Bleaching Per Tooth	COVERED
D9974	Intrnl Bleaching Per Tooth	COVERED
D9975	Ext Bleach, Home Appl, Per Arch	COVERED
D9985	Sales Tax	COVERED
D9987	Cancelled Appointment	COVERED
D9999	Adjunctive Procedure	COVERED
E0112	Crutch Underarm Pair Wood	COVERED
E0113	Crutch Underarm Each Wood	COVERED
E0130	Walker Rigid Adjust/Fixed Ht	COVERED
E0141	Rigid Wheeled Walker Adj/Fix	COVERED
E0144	Enclosed Walker W Rear Seat	COVERED
E0147	Walker Variable Wheel Resist	COVERED
E0148	Heavyduty Walker No Wheels	COVERED
E0153	Forearm Crutch Platform Atta	COVERED
E0157	Walker Crutch Attachment	COVERED
E0160	Sitz Type Bath Or Equipment	COVERED
E0161	Sitz Bath/Equipment W/Faucet	COVERED
E0162	Sitz Bath Chair	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0168	Heavyduty/Wide Commode Chair	COVERED
E0170	Commode Chair Electric	COVERED
E0171	Commode Chair Non-Electric	COVERED
E0181	Press Pad Alternating W/ Pum	COVERED
E0182	Replace Pump, Alt Press Pad	COVERED
E0184	Dry Pressure Mattress	COVERED
E0185	Gel Pressure Mattress Pad	COVERED
E0186	Air Pressure Mattress	COVERED
E0188	Synthetic Sheepskin Pad	COVERED
E0193	Powered Air Flotation Bed	COVERED
E0194	Air Fluidized Bed	COVERED
E0196	Gel Pressure Mattress	COVERED
E0201	Penile Contractur Devic Manu	COVERED
E0202	Phototherapy Light W/ Photom	COVERED
E0210	Electric Heat Pad Standard	COVERED
E0242	Bath Tub Rail Floor	COVERED
E0243	Toilet Rail	COVERED
E0271	Mattress Innerspring	COVERED
E0272	Mattress Foam Rubber	COVERED
E0273	Bed Board	COVERED
E0275	Bed Pan Standard	COVERED
E0276	Bed Pan Fracture	COVERED
E0291	Hosp Bed Fx Ht W/O Rail W/O	COVERED
E0293	Hosp Bed Var Ht W/O Rail W/	COVERED
E0295	Hosp Bed Semi-Elect W/O Matt	COVERED
E0297	Hosp Bed Total Elect W/O Mat	COVERED
E0300	Enclosed Ped Crib Hosp Grade	COVERED
E0303	Hosp Bed Hvy Dty Xtra Wide	COVERED
E0304	Hosp Bed Xtra Hvy Dty X Wide	COVERED
E0305	Rails Bed Side Half Length	COVERED
E0310	Rails Bed Side Full Length	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0316	Bed Safety Enclosure	COVERED
E0328	Ped Hospital Bed, Manual	COVERED
E0329	Ped Hospital Bed Semi/Elect	COVERED
E0350	Control Unit Bowel System	COVERED
E0371	Nonpower Mattress Overlay	COVERED
E0372	Powered Air Mattress Overlay	COVERED
E0373	Nonpowered Pressure Mattress	COVERED
E0424	Stationary Compressed Gas O2	COVERED
E0425	Gas System Stationary Compre	COVERED
E0430	Oxygen System Gas Portable	COVERED
E0431	Portable Gaseous O2	COVERED
E0435	Oxygen System Liquid Portabl	COVERED
E0439	Stationary Liquid O2	COVERED
E0440	Oxygen System Liquid Station	COVERED
E0441	Stationary O2 Contents, Gas	COVERED
E0443	Portable O2 Contents, Gas	COVERED
E0465	Home Vent Invasive Interface	COVERED
E0466	Home Vent Non-Invasive In	COVERED
E0467	Home Ventilator, Multi-Function Respiratory Device, Also Per	COVERED
E0469	Lung Expans High Oscil Neb	COVERED
E0470	Rad W/O Backup Non-Inv Intfc	COVERED
E0471	Rad W/Backup Non Inv Intrfc	COVERED
E0481	Intrpulmny Percuss Vent Sys	COVERED
E0482	Cough Stimulating Device	COVERED
E0483	Hf Cw Os Sys Full Thor Reg Recv Sim Ext Os Ea	COVERED
E0487	Electronic Spirometer	COVERED
E0500	Ippb All Types	COVERED
E0555	Humidifier For Use W/ Regula	COVERED
E0562	Humidifier Heated Used W Pap	COVERED
E0565	Compressor Air Power Source	COVERED
E0601	Cont Airway Pressure Device	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0602	Manual Breast Pump	COVERED
E0604	Hosp Grade Elec Breast Pump	COVERED
E0607	Blood Glucose Monitor Home	COVERED
E0616	Implantable Cardiac Event Recorder With Memory, Activator	COVERED
E0618	Apnea Monitor	COVERED
E0619	Apnea Monitor W Recorder	COVERED
E0625	Patient Lift Bathroom Or Toi	COVERED
E0630	Patient Lift Hydraulic	COVERED
E0635	Patient Lift Electric	COVERED
E0637	Combination Sit To Stand Sys	COVERED
E0638	Standing Frame Sys	COVERED
E0639	Moveable Patient Lift System	COVERED
E0641	Multi-Position Stnd Fram Sys	COVERED
E0642	Dynamic Standing Frame	COVERED
E0650	Pneuma Compresor Non-Segment	COVERED
E0651	Pneum Compressor Segmental	COVERED
E0656	Segmental Pneumatic Trunk	COVERED
E0657	Segmental Pneumatic Chest	COVERED
E0667	Seg Pneumatic Appl Full Leg	COVERED
E0668	Seg Pneumatic Appl Full Arm	COVERED
E0669	Seg Pneumatic Appli Half Leg	COVERED
E0670	Seg Pneum Int Legs/Trunk	COVERED
E0671	Pressure Pneum Appl Full Leg	COVERED
E0672	Pressure Pneum Appl Full Arm	COVERED
E0691	Uvl Pnl 2 Sq Ft Or Less	COVERED
E0694	Uvl Md Cabinet Sys 6 Ft	COVERED
E0720	Tens Two Lead	COVERED
E0731	Conductive Garment For Tens/	COVERED
E0747	Elec Osteogen Stim Not Spine	COVERED
E0748	Elec Osteogen Stim Spinal	COVERED
E0760	Osteogen Ultrasound Stimltor	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0766	Elec Stim Cancer Treatment	COVERED
E0767	Intrabuc Am Rf Emf Cancer Tx	COVERED
E0770	Functional Electric Stim Nos	COVERED
E0779	Amb Infusion Pump Mechanical	COVERED
E0780	Mech Amb Infusion Pump <8Hrs	COVERED
E0782	Non-Programable Infusion Pump	COVERED
E0783	Programmable Infusion Pump	COVERED
E0785	Replacement Impl Pump Cathet	COVERED
E0786	Implantable Pump Replacement	COVERED
E0787	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adju	COVERED
E0791	Parenteral Infusion Pump Sta	COVERED
E0849	Cervical Pneum Trac Equip	COVERED
E0910	Trapeze Bar Attached To Bed	COVERED
E0911	Hd Trapeze Bar Attach To Bed	COVERED
E0912	Hd Trapeze Bar Free Standing	COVERED
E0920	Fracture Frame Attached To B	COVERED
E0930	Fracture Frame Free Standing	COVERED
E0936	Cpm Device, Other Than Knee	COVERED
E0940	Trapeze Bar Free Standing	COVERED
E0944	Pelvic Belt/Harness/Boot	COVERED
E0947	Fracture Frame Attachmnts Pe	COVERED
E0948	Fracture Frame Attachmnts Ce	COVERED
E0951	Loop Heel	COVERED
E0952	Toe Loop/Holder, Each	COVERED
E0953	W/C Lateral Thigh/Knee Sup	COVERED
E0954	Foot Box, Any Type Each Foot	COVERED
E0955	Cushioned Headrest	COVERED
E0957	W/C Medial Thigh Support	COVERED
E0958	Whlchr Att- Conv 1 Arm Drive	COVERED
E0959	Amputee Adapter	COVERED
E0961	Wheelchair Brake Extension	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0966	Wheelchair Head Rest Extensi	COVERED
E0971	Wheelchair Anti-Tipping Devi	COVERED
E0973	W/Ch Access Det Adj Armrest	COVERED
E0974	W/Ch Access Anti-Rollback	COVERED
E0978	W/C Acc,Saf Belt Pelv Strap	COVERED
E0981	Seat Upholstery, Replacement	COVERED
E0982	Back Upholstery, Replacement	COVERED
E0983	Add Pwr Joystick	COVERED
E0984	Add Pwr Tiller	COVERED
E0986	Man W/C Push-Rim Powr System	COVERED
E0988	Lever-Activated Wheel Drive	COVERED
E0990	Wheelchair Elevating Leg Res	COVERED
E0995	Wheelchair Calf Rest	COVERED
E1002	Pwr Seat Tilt	COVERED
E1003	Pwr Seat Recline	COVERED
E1004	Pwr Seat Recline Mech	COVERED
E1005	Pwr Seat Recline Pwr	COVERED
E1006	Pwr Seat Combo W/O Shear	COVERED
E1007	Pwr Seat Combo W/Shear	COVERED
E1008	Pwr Seat Combo Pwr Shear	COVERED
E1009	Add Mech Leg Elevation	COVERED
E1010	Add Pwr Leg Elevation	COVERED
E1011	Ped Wc Modify Width Adjustm	COVERED
E1014	Reclining Back Add Ped W/C	COVERED
E1015	Shock Absorber For Man W/C	COVERED
E1016	Shock Absorber For Power W/C	COVERED
E1017	Hd Shck Absrbr For Hd Man Wc	COVERED
E1018	Hd Shck Absrber For Hd Powwc	COVERED
E1020	Residual Limb Support System	COVERED
E1022	Wheelchr Transport Secur	COVERED
E1023	Wheelchr Transit Securement	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E1028	W/C Manual Swingaway	COVERED
E1029	W/C Vent Tray Fixed	COVERED
E1030	W/C Vent Tray Gimbaled	COVERED
E1031	Rollabout Chair With Casters	COVERED
E1032	Wheelchair Joystick Drive	COVERED
E1033	Wheelchair Hardware Headrest	COVERED
E1034	Wheelchair Trunk Hip Support	COVERED
E1035	Patient Transfer System <300	COVERED
E1036	Patient Transfer System >300	COVERED
E1037	Transport Chair, Ped Size	COVERED
E1038	Transport Chair Pt Wt<=300Lb	COVERED
E1039	Transport Chair Pt Wt >300Lb	COVERED
E1065	Pwr Att(To Convrt Any Wlchr To Mtr Wlchr)	COVERED
E1161	Manual Adult Wc W Tiltinspac	COVERED
E1220	Whlchr Special Size/Constrc	COVERED
E1225	Manual Semi-Reclining Back	COVERED
E1226	Manual Fully Reclining Back	COVERED
E1229	Pediatric Wheelchair Nos	COVERED
E1230	Power Operated Vehicle	COVERED
E1231	Rigid Ped W/C Tilt-In-Space	COVERED
E1232	Folding Ped Wc Tilt-In-Space	COVERED
E1233	Rig Ped Wc Tltnspc W/O Seat	COVERED
E1234	Fld Ped Wc Tltnspc W/O Seat	COVERED
E1235	Rigid Ped Wc Adjustable	COVERED
E1236	Folding Ped Wc Adjustable	COVERED
E1237	Rgd Ped Wc Adjstabl W/O Seat	COVERED
E1238	Fld Ped Wc Adjstabl W/O Seat	COVERED
E1239	Ped Power Wheelchair Nos	COVERED
E1296	Wheelchair Special Seat Heig	COVERED
E1297	Wheelchair Special Seat Dept	COVERED
E1298	Wheelchair Spec Seat Depth/W	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E1353	Oxygen Supplies Regulator	COVERED
E1354	Wheeled Cart, Port Cyl/Conc	COVERED
E1355	Oxygen Supplies Stand/Rack	COVERED
E1356	Batt Pack/Cart, Port Conc	COVERED
E1357	Battery Charger, Port Conc	COVERED
E1358	Dc Power Adapter, Port Conc	COVERED
E1390	Oxygen Concentrator	COVERED
E1391	Oxygen Concentrator, Dual	COVERED
E1392	Portable Oxygen Concentrator	COVERED
E1399	Durable Medical Equipment Mi	COVERED
E1500	Centrifuge	COVERED
E1510	Kidney Dialysate Delivry Sys	COVERED
E1520	Heparin Infusion Pump	COVERED
E1530	Replacement Air Bubble Detec	COVERED
E1540	Replacement Pressure Alarm	COVERED
E1550	Bath Conductivity Meter	COVERED
E1560	Replace Blood Leak Detector	COVERED
E1590	Hemodialysis Machine	COVERED
E1592	Auto Interm Peritoneal Dially	COVERED
E1594	Cycler Dialysis Machine	COVERED
E1600	Deli/Install Chrg Hemo Equip	COVERED
E1610	Reverse Osmosis H2o Puri Sys	COVERED
E1615	Deionizer H2o Puri System	COVERED
E1620	Replacement Blood Pump	COVERED
E1625	Water Softening System	COVERED
E1629	Tablo For Dialysis Service	COVERED
E1630	Reciprocating Peritoneal Dia	COVERED
E1637	Hemostats For Dialysis, Each	COVERED
E1639	Dialysis Scale	COVERED
E1810	Adjust Knee Ext & Flex Dev	COVERED
E1902	Aac Non-Electronic Board	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E2000	Gastric Suction Pump Hme Mdl	COVERED
E2100	Bld Glucose Monitor W Voice	COVERED
E2102	Adjunctive Continuous Glucose Monitor Or Receiver	COVERED
E2201	Man W/Ch Acc Seat W>=20"<24"	COVERED
E2202	Seat Width 24-27 In	COVERED
E2203	Frame Depth Less Than 22 In	COVERED
E2204	Frame Depth 22 To 25 In	COVERED
E2205	Manual Wc Accessory, Handrim	COVERED
E2207	Crutch And Cane Holder	COVERED
E2208	Cylinder Tank Carrier	COVERED
E2209	Arm Trough Each	COVERED
E2210	Wheelchair Bearings	COVERED
E2211	Pneumatic Propulsion Tire	COVERED
E2212	Pneumatic Prop Tire Tube	COVERED
E2213	Pneumatic Prop Tire Insert	COVERED
E2214	Pneumatic Caster Tire Each	COVERED
E2218	Foam Propulsion Tire Each	COVERED
E2219	Foam Caster Tire Any Size Ea	COVERED
E2220	Solid Propulsion Tire Each	COVERED
E2221	Solid Caster Tire Each	COVERED
E2222	Solid Caster Integrated Whl	COVERED
E2224	Propulsion Whl Excludes Tire	COVERED
E2225	Caster Wheel Excludes Tire	COVERED
E2226	Caster Fork Replacement Only	COVERED
E2227	Gear Reduction Drive Wheel	COVERED
E2228	Mwc Acc, Wheelchair Brake	COVERED
E2231	Solid Seat Support Base	COVERED
E2291	Planar Back For Ped Size Wc	COVERED
E2292	Planar Seat For Ped Size Wc	COVERED
E2293	Contour Back For Ped Size Wc	COVERED
E2294	Contour Seat For Ped Size Wc	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E2295	Ped Dynamic Seating Frame	COVERED
E2301	Pwr Standing	COVERED
E2310	Electro Connect Btw Control	COVERED
E2311	Electro Connect Btw 2 Sys	COVERED
E2312	Mini-Prop Remote Joystick	COVERED
E2313	Pwc Harness, Expand Control	COVERED
E2321	Hand Interface Joystick	COVERED
E2322	Mult Mech Switches	COVERED
E2323	Special Joystick Handle	COVERED
E2325	Sip And Puff Interface	COVERED
E2326	Breath Tube Kit	COVERED
E2327	Head Control Interface Mech	COVERED
E2328	Head/Extremity Control Inter	COVERED
E2329	Head Control Nonproportional	COVERED
E2330	Head Control Proximity Switc	COVERED
E2331	Attendant Control	COVERED
E2340	W/C Wdth 20-23 In Seat Frame	COVERED
E2341	W/C Wdth 24-27 In Seat Frame	COVERED
E2342	W/C Dpth 20-21 In Seat Frame	COVERED
E2343	W/C Dpth 22-25 In Seat Frame	COVERED
E2351	Electronic Sgd Interface	COVERED
E2358	Gr 34 Nonsealed Leadacid	COVERED
E2359	Gr34 Sealed Leadacid Battery	COVERED
E2361	22Nf Sealed Leadacid Battery	COVERED
E2363	Gr24 Sealed Leadacid Battery	COVERED
E2365	U1 Sealed Leadacid Battery	COVERED
E2366	Battery Charger, Single Mode	COVERED
E2367	Battery Charger, Dual Mode	COVERED
E2368	Pwr Wc Drivewheel Motor Repl	COVERED
E2369	Pwr Wc Drivewheel Gear Repl	COVERED
E2370	Pwr Wc Dr Wh Motor/Gear Comb	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E2372	Gr27 Non-Sealed Leadacid	COVERED
E2373	Hand/Chin Ctrl Spec Joystick	COVERED
E2374	Hand/Chin Ctrl Std Joystick	COVERED
E2375	Non-Expandable Controller	COVERED
E2376	Expandable Controller, Repl	COVERED
E2377	Expandable Controller, Initl	COVERED
E2378	Pw Actuator Replacement	COVERED
E2381	Pneum Drive Wheel Tire	COVERED
E2383	Insert, Pneum Wheel Drive	COVERED
E2384	Pneumatic Caster Tire	COVERED
E2386	Foam Filled Drive Wheel Tire	COVERED
E2388	Foam Drive Wheel Tire	COVERED
E2389	Foam Caster Tire	COVERED
E2390	Solid Drive Wheel Tire	COVERED
E2391	Solid Caster Tire	COVERED
E2392	Solid Caster Tire, Integrate	COVERED
E2394	Drive Wheel Excludes Tire	COVERED
E2395	Caster Wheel Excludes Tire	COVERED
E2396	Caster Fork	COVERED
E2397	Pwc Acc, Lith-Based Battery	COVERED
E2402	Neg Press Wound Therapy Pump	COVERED
E2500	Sgd Digitized Pre-Rec <=8Min	COVERED
E2502	Sgd Prerec Msg >8Min <=20Min	COVERED
E2504	Sgd Prerec Msg>20Min <=40Min	COVERED
E2506	Sgd Prerec Msg > 40 Min	COVERED
E2508	Sgd Spelling Phys Contact	COVERED
E2510	Sgd W Multi Methods Msg/Accs	COVERED
E2511	Sgd Sftwre Prgrm For Pc/Pda	COVERED
E2512	Sgd Accessory, Mounting Sys	COVERED
E2513	Sgd Accessory, Emg Sensor	COVERED
E2599	Sgd Accessory Noc	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E2601	Gen W/C Cushion Wdth < 22 In	COVERED
E2602	Gen W/C Cushion Wdth >=22 In	COVERED
E2603	Skin Protect Wc Cus Wd <22In	COVERED
E2604	Skin Protect Wc Cus Wd>=22In	COVERED
E2605	Position Wc Cush Wdth <22 In	COVERED
E2606	Position Wc Cush Wdth>=22 In	COVERED
E2607	Skin Pro/Pos Wc Cus Wd <22In	COVERED
E2608	Skin Pro/Pos Wc Cus Wd>=22In	COVERED
E2609	Custom Fabricate W/C Cushion	COVERED
E2610	Powered W/C Cushion	COVERED
E2611	Gen Use Back Cush Wdth <22In	COVERED
E2612	Gen Use Back Cush Wdth>=22In	COVERED
E2613	Position Back Cush Wd <22In	COVERED
E2614	Position Back Cush Wd>=22In	COVERED
E2615	Pos Back Post/Lat Wdth <22In	COVERED
E2616	Pos Back Post/Lat Wdth>=22In	COVERED
E2617	Custom Fab W/C Back Cushion	COVERED
E2619	Replace Cover W/C Seat Cush	COVERED
E2620	Wc Planar Back Cush Wd <22In	COVERED
E2621	Wc Planar Back Cush Wd>=22In	COVERED
E2622	Adj Skin Pro W/C Cus Wd<22In	COVERED
E2623	Adj Skin Pro Wc Cus Wd>=22In	COVERED
E2624	Adj Skin Pro/Pos Cus<22In	COVERED
E2625	Adj Skin Pro/Pos Wc Cus>=22	COVERED
E2626	Seo Mobile Arm Sup Att To Wc	COVERED
E2627	Arm Supp Att To Wc Rancho Ty	COVERED
E2628	Mobile Arm Supports Reclinin	COVERED
E2629	Friction Dampening Arm Supp	COVERED
E2630	Monosuspension Arm/Hand Supp	COVERED
E2631	Elevat Proximal Arm Support	COVERED
E3200	Gait Mod Systm Rhym Auditory	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E8000	Posterior Gait Trainer	COVERED
E8001	Upright Gait Trainer	COVERED
E8002	Anterior Gait Trainer	COVERED
G0027	Semen Analysis	COVERED
G0031	Pall Serv During Meas	COVERED
G0032	2+ Antipsy Schiz	COVERED
G0033	2+ Benzo Seiz	COVERED
G0034	Pall Serv During Meas	COVERED
G0035	Pt Ed Pos 23	COVERED
G0036	Pt/Ptn Decln Assess	COVERED
G0037	Pt Not Able To Participate	COVERED
G0038	Clin Pt No Ref	COVERED
G0039	Pt No Ref, Rn Spec	COVERED
G0040	Pt Phys/Occ Therapy	COVERED
G0041	Pt/Ptn Decln Referral	COVERED
G0043	Pt Mech Pros Ht Valv	COVERED
G0044	Pt Mitral Stenosis	COVERED
G0046	No Mrs 90 Days Post Stk	COVERED
G0048	Pall Serv During Meas	COVERED
G0050	Pt W/ Lmted Life Expec	COVERED
G0051	Pt Hospice Mnth	COVERED
G0052	Pt Peri Dialysis Dur Mo	COVERED
G0053	Adv Rheum Pt Care Mvp	COVERED
G0054	Strk Cr Prev Pos Outcme Mvp	COVERED
G0055	Adv Care Heart Dx Mvp	COVERED
G0057	Best Pct Pt Safety Em Mvp	COVERED
G0058	Imprv Care Le Jnt Repr Mvp	COVERED
G0059	Pt Sfty Pos Exp W Aneth Mvp	COVERED
G0060	Allergy/Immunology Ss	COVERED
G0061	Anesthesiology Ss	COVERED
G0062	Audiology Ss	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0063	Cardiology Ss	COVERED
G0064	Cert Nurse Midwife Ss	COVERED
G0065	Chiropractic Ss	COVERED
G0066	Clinical Social Work Ss	COVERED
G0067	Dentistry Ss	COVERED
G0069	Professional Services For The Administration Of Subcutaneous	COVERED
G0088	Adm Iv Drug 1St Home Visit	COVERED
G0089	Adm Subq Drug 1St Home Visit	COVERED
G0117	Glaucoma Scrn Hgh Risk Direc	COVERED
G0118	Glaucoma Scrn Hgh Risk Direc	COVERED
G0129	Partial Hosp Prog Service	COVERED
G0130	Single Energy X-Ray Study	COVERED
G0143	Scr C/V Cyto,Thinlayer,Rescr	COVERED
G0144	Scr C/V Cyto,Thinlayer,Rescr	COVERED
G0147	Scr C/V Cyto, Automated Sys	COVERED
G0148	Scr C/V Cyto, Autosys, Rescr	COVERED
G0156	Hhcp-Svs Of Aide,Ea 15 Min	COVERED
G0162	Hhc Rn E&M Plan Svs, 15 Min	COVERED
G0166	Extrnl Counterpulse, Per Tx	COVERED
G0175	Opps Service,Sched Team Conf	COVERED
G0183	Software Meas Of Cardiac Vol	COVERED
G0186	Dstry Eye Lesn,Fdr Vssl Tech	COVERED
G0219	Pet Img Wholbod Melano Nonco	COVERED
G0235	Pet Not Otherwise Specified	COVERED
G0238	Oth Resp Proc, Indiv	COVERED
G0252	Pet Imaging Initial Dx	COVERED
G0255	Current Percep Threshold Tst	COVERED
G0276	Pild/Placebo Control Clin Tr	COVERED
G0277	Hbot, Full Body Chamber, 30M	COVERED
G0288	Recon, Cta For Surg Plan	COVERED
G0293	Non-Cov Surg Proc,Clin Trial	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0294	Non-Cov Proc, Clinical Trial	COVERED
G0295	Electromagnetic Therapy Onc	COVERED
G0302	Pre-Op Service Lvrs Complete	COVERED
G0303	Pre-Op Service Lvrs 10-15Dos	COVERED
G0304	Pre-Op Service Lvrs 1-9 Dos	COVERED
G0305	Post Op Service Lvrs Min 6	COVERED
G0308	Creation Of Subcutaneous Pocket With Insertion Of 180 Day Im	COVERED
G0309	Creation Of Subcutaneous Pocket With Insertion Of 180 Day Im	COVERED
G0310	Imm Counseling By Phys Or Qualified Hcp, 5 To 15 Minutes Tim	COVERED
G0311	Imm Counseling By Phys Or Qualified Hcp, 16 To 30 Minutes Ti	COVERED
G0312	Imm Counseling By A Phys Or Other Qualified Hcp When The Vac	COVERED
G0313	Imm Counseling By A Phys Or Other Qualified Hcp When The Vac	COVERED
G0314	Imm Counseling By A Phys Or Other Qualified Hcp For Covid-19	COVERED
G0315	Immunization Counseling By A Phys Or Other Qualified Hcp For	COVERED
G0323	Care Manage Beh Svs 20Mins	COVERED
G0329	Electromagntic Tx For Ulcers	COVERED
G0330	Facility Svs Dental Rehab	COVERED
G0337	Hospice Evaluation Preelecti	COVERED
G0341	Percutaneous Islet Celltrans	COVERED
G0342	Laparoscopy Islet Cell Trans	COVERED
G0343	Laparotomy Islet Cell Transp	COVERED
G0380	Lev 1 Hosp Type B Ed Visit	COVERED
G0384	Lev 5 Hosp Type B Ed Visit	COVERED
G0398	Home Sleep Test/Type 2 Porta	COVERED
G0399	Home Sleep Test/Type 3 Porta	COVERED
G0400	Home Sleep Test/Type 4 Porta	COVERED
G0406	Inpt/Tele Follow Up 15	COVERED
G0408	Inpt/Tele Follow Up 35	COVERED
G0409	Corf Related Serv 15 Mins Ea	COVERED
G0411	Inter Active Grp Psych Parti	COVERED
G0414	Pelvic Ring Fx Treat Int Fix	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0422	Intens Cardiac Rehab W/Exerc	COVERED
G0423	Intens Cardiac Rehab No Exer	COVERED
G0428	Collagen Meniscus Implant	COVERED
G0433	Elisa Hiv-1/Hiv-2 Screen	COVERED
G0435	Oral Hiv-1/Hiv-2 Screen	COVERED
G0448	Place Perm Pacing Cardiovert	COVERED
G0451	Devlopment Test Interpt&Rep	COVERED
G0454	Md Document Visit By Npp	COVERED
G0455	Fecal Microbiota Prep Instil	COVERED
G0457	Neg Pressure Wound Therapy, Wound >50 Sq Cm	COVERED
G0458	Ldr Prostate Brachy Comp Rat	COVERED
G0459	Telehealth Inpt Pharm Mgmt	COVERED
G0465	Autolog Prp Diab Wound Ulcer	COVERED
G0473	Group Behave Couns 2-10	COVERED
G0492	Md/Oth Eval Acut Kid No Esrd	COVERED
G0509	Telehealth Consultation, Critical Care, Subsequent,	COVERED
G0512	Cocm By Rhc/Fqhc 60 Min Mo	COVERED
G0513	Prolong Prev Svcs, First 30M	COVERED
G0514	Prolong Prev Svcs, Addl 30M	COVERED
G0515	Cognitive Skills Development	COVERED
G0516	Insert Drug Del Implant, >4	COVERED
G0517	Remove Drug Implant	COVERED
G0518	Remove W Insert Drug Implant	COVERED
G0537	Risk Ascvd Tst Once Pr 12 Mo	COVERED
G0539	Initial Care Training 30 M	COVERED
G0540	Train For Caregiver Add 15	COVERED
G0541	No Pt Prsnt Train Initial 30	COVERED
G0542	No Pt Prsnt Train Add 15	COVERED
G0543	Group Train W/O Patient	COVERED
G0552	Supply Of Digital Device	COVERED
G0553	Monthly Tx For Dmht 20Mins	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0554	Add 20 M Of Monthly Tx	COVERED
G0555	Replacment Pt Electronic Sys	COVERED
G0560	Safety Plan Interven	COVERED
G0561	Temp Tube Delivery, Unil	COVERED
G0562	Complex Simulation W/Pet-Ct	COVERED
G0563	Sbrr W/Positron Emission Del	COVERED
G0566	3D Bn Img Algor Drvd Fr Mri	COVERED
G0914	Survey Not Complete	COVERED
G0915	No Improve Visual Funct	COVERED
G0916	Satisfy With Care	COVERED
G0917	Satisfy Survey Not Complete	COVERED
G0918	No Satisfy With Care	COVERED
G1025	Pt Mnth 1 Mcp Prov	COVERED
G1026	Pt Hemo > 3Mo	COVERED
G1027	Pt Hemo < 3Mo	COVERED
G2086	Office-Based Treatment For Opioid Use Disorder, Including De	COVERED
G2087	Office-Based Treatment For Opioid Use Disorder, Including Ca	COVERED
G2170	Percutaneous Arteriovenous Fistula Creation (Avf), Direct, A	COVERED
G2171	Percutaneous Arteriovenous Fistula Creation (Avf), Direct, A	COVERED
G4000	Dermatology Ss	COVERED
G4001	Diagnostic Rad Ss	COVERED
G4002	Ep Cardio Ss	COVERED
G4003	Emergency Med Ss	COVERED
G4004	Endocrinology Ss	COVERED
G4005	Family Medicine Ss	COVERED
G4006	Gastroenterology Ss	COVERED
G4007	General Surgery Ss	COVERED
G4008	Geriatrics Ss	COVERED
G4009	Hospitalists Ss	COVERED
G4010	Infectious Disease Ss	COVERED
G4011	Internal Medicine Ss	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G4012	Interventional Rad Ss	COVERED
G4013	Mentl/Behav Health Ss	COVERED
G4014	Nephrology Ss	COVERED
G4015	Neurology Ss	COVERED
G4016	Neurosurgical Ss	COVERED
G4017	Nutrition/Dietician Ss	COVERED
G4018	Ob/Gyn Ss	COVERED
G4019	Oncology/Hema Ss	COVERED
G4020	Ophthalmology Ss	COVERED
G4021	Orthopedic Surgery Ss	COVERED
G4022	Otolaryngology Ss	COVERED
G4023	Pathology Ss	COVERED
G4024	Pediatric Ss	COVERED
G4025	Physical Medicine Ss	COVERED
G4026	Phys/Occ Therapy Ss	COVERED
G4027	Plastic Surgery Ss	COVERED
G4028	Podiatry Ss	COVERED
G4029	Preventive Medicine Ss	COVERED
G4030	Pulmonology Ss	COVERED
G4031	Radiation Oncology Ss	COVERED
G4032	Rheumatology Ss	COVERED
G4033	Skilled Nursing Facility Ss	COVERED
G4034	Speech Language Path Ss	COVERED
G4035	Thoracic Surgery Ss	COVERED
G4036	Urgent Care Ss	COVERED
G4037	Urology Ss	COVERED
G4038	Vascular Surgery Ss	COVERED
G6001	Echo Guidance Radiotherapy	COVERED
G6002	Stereoscopic X-Ray Guidance	COVERED
G6003	Radiation Treatment Delivery	COVERED
G6005	Radiation Treatment Delivery	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G6007	Radiation Treatment Delivery	COVERED
G6010	Radiation Treatment Delivery	COVERED
G6011	Radiation Treatment Delivery	COVERED
G6016	Delivery Comp Imrt	COVERED
G6019	Colonoscopy Lesion Removal	COVERED
G6020	Colonoscopy W/Stent	COVERED
G6021	Unlisted Px Small Intestine	COVERED
G6022	Sigmoidoscopy W/Ablate Tumr	COVERED
G6023	Sigmoidoscopy W/Stent	COVERED
G6024	Lesion Removal Colonoscopy	COVERED
G6025	Colonoscopy W/Stent	COVERED
G6027	Anoscopy Hra W/Spec Collect	COVERED
G6028	Anoscopy Hra W/Biopsy	COVERED
G6049	Assay Of Epiandrosterone	COVERED
G8396	Lvef Not Performed	COVERED
G8400	Pt W/Dxa No Document Or Orde	COVERED
G8405	Low Extemity Neur Not Perfor	COVERED
G8415	Eval On Foot Not Performed	COVERED
G8416	Pt Inelig Footwear Evaluatio	COVERED
G8422	Pt Inelig Bmi Calculation	COVERED
G8450	Beta-Bloc Rx Pt W/Abn Lvef	COVERED
G8451	Pt W/Abn Lvef Inelig B-Bloc	COVERED
G8452	Pt W/Abn Lvef B-Bloc No Rx	COVERED
G8465	High Risk Recurrence Pro Ca	COVERED
G8474	Ace/Arb Not Rx'd; Doc Reas	COVERED
G8475	Ace/Arb Thxpy Not Rx'd	COVERED
G8476	Bp Sys <140 And Dias <90	COVERED
G8477	Bp Sys ≥ 140 And/Or Dias ≥ 90	COVERED
G8495	Ckd Meas Qual Act Perform	COVERED
G8530	Auto Av Fistula Recd	COVERED
G8531	Pt Inelig; Auto Av Fistula	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8532	No Auto Av Fistula; No Reas	COVERED
G8559	Pt Ref Doc Oto Eval	COVERED
G8560	Pt Hx Act Drain Prev 90 Days	COVERED
G8561	Pt Inelig For Ref Oto Eval	COVERED
G8562	Pt No Hx Act Drain 90 D	COVERED
G8563	Pt No Ref Oto Reas No Spec	COVERED
G8564	Pt Ref Oto Eval	COVERED
G8565	Ver Doc Hear Loss	COVERED
G8566	Pt Inelig Ref Oto Eval	COVERED
G8567	Pt No Doc Hear Loss	COVERED
G8568	Pt No Ref Otolo No Spec	COVERED
G8569	Prol Intubation Req	COVERED
G8570	No Prol Intub Req	COVERED
G8575	Postop Ren Fail	COVERED
G8576	No Postop Ren Fail	COVERED
G8577	Reop Req Bld Grft Oth	COVERED
G8578	No Reop Req Bld Grft Oth	COVERED
G8600	Tpa Initi W/In 3 Hrs	COVERED
G8601	No Elig Tpa Init W/In 3 Hrs	COVERED
G8602	No Tpa Init W/In 3 Hrs	COVERED
G8635	No Pharm Ther Osteo Rx	COVERED
G8648	Fun Stat Score Knee < 0	COVERED
G8649	Fun Stat Score Knee Pt Noelg	COVERED
G8651	Fun Stat Score Hip >= 0	COVERED
G8652	Fun Stat Score Hip < 0	COVERED
G8653	Fun Stat Score Hip Pt No Elg	COVERED
G8654	Fun Stat Score Hip Not Done	COVERED
G8655	Fun Stat Score Le >= 0	COVERED
G8656	Fun Stat Score Le < 0	COVERED
G8657	Fun Stat Score Le Pt No Elg	COVERED
G8658	Fun Stat Score Le Not Done	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8659	Fun Stat Score Ls ≥ 0	COVERED
G8660	Fun Stat Score Ls < 0	COVERED
G8661	Fun Stat Score Ls Pt No Elg	COVERED
G8662	Fun Stat Score Ls Not Done	COVERED
G8663	Fun Stat Score Shdl ≥ 0	COVERED
G8664	Fun Stat Score Shdl < 0	COVERED
G8665	Fun Stat Score Shdl Pt No El	COVERED
G8666	Fun Stat Score Shdl Not Done	COVERED
G8667	Fun Stat Score Ue ≥ 0	COVERED
G8668	Fun Stat Score Ue < 0	COVERED
G8669	Fun Stat Score Ue Pt No Elg	COVERED
G8670	Fun Stat Score Ue Not Done	COVERED
G8673	Fun Stat Scor Nek/Ts Pt No E	COVERED
G8694	Lvef $\leq 40\%$	COVERED
G8708	Antibiotic Not Pres	COVERED
G8709	Med Reas Antibiotic Pres	COVERED
G8710	Pt Pres Antibiotic	COVERED
G8712	Not Pres Antibiotic	COVERED
G8713	Spkt/V Great 1.2 Kt/V	COVERED
G8714	Hemodialysis 3 Times Week	COVERED
G8717	Less 1.2 Kt/V	COVERED
G8718	Great 1.7 Kt/V Per Week	COVERED
G8720	Less 1.7 Kt/V Per Week	COVERED
G8721	Pt, Pn, Hist Grade Doc	COVERED
G8722	Med Reas Pt, Pn, Not Doc	COVERED
G8723	Spec Sit Not Prim Tumor	COVERED
G8724	Pt, Pn, Hist Grade Not Doc	COVERED
G8749	Signs Of Melanoma Absent	COVERED
G8797	Specimen Site Not Esophagus	COVERED
G8798	Specimen Site Not Prostate	COVERED
G8807	Doc Reas No Us	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8808	No Transab Or Transvag Us	COVERED
G8815	Doc Reas No Statin Therapy	COVERED
G8816	Statin Med Pres At Disch	COVERED
G8817	Doc Reas No Statin Med Disch	COVERED
G8826	Pt Disch Home Day #2 Evar	COVERED
G8833	Pt Not Disch Home Day#2 Evar	COVERED
G8834	Pt Disch Home Day #2 Cea	COVERED
G8838	Not Disch Home By Day #2	COVERED
G8839	Sleep Apnea Assess	COVERED
G8840	Doc Reas No Sleep Apnea	COVERED
G8841	No Sleep Apnea Assess	COVERED
G8842	Ahi Rdi Rei Doc Win 2Mo	COVERED
G8843	Doc Reas No Ahi Rdi Rei	COVERED
G8844	No Ahi Rdi Rei Ini Dx No Rsn	COVERED
G8845	Pos Airway Press Prescribed	COVERED
G8846	Mod Or Severe Osa	COVERED
G8849	Doc Reas No Pos Air Press	COVERED
G8850	No Pap Prescribed	COVERED
G8851	Adhere Pos Air Press Therapy	COVERED
G8854	Reas No Adhere Pos Air Pres	COVERED
G8855	Pos Air Press Adhere No Perf	COVERED
G8856	Ref For Oto Eval	COVERED
G8858	Not Ref For Oto Eval	COVERED
G8861	Dxa Ordered For Osteo	COVERED
G8863	No Assess Bone Loss	COVERED
G8865	Doc Med Reas No Pneumococcal	COVERED
G8866	Doc Pt Reas No Pneumococcal	COVERED
G8867	No Pneumococcal Admin	COVERED
G8869	Doc Immun Hep B 1St Antitnf	COVERED
G8870	Hepb Admin 1St Antitnf	COVERED
G8871	No 1St Antitnf	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8875	Breast Cancer Dx Min Invsive	COVERED
G8876	Doc Reas No Min Inv Dx	COVERED
G8877	No Brst Cncr Dx Min Invasive	COVERED
G8878	Sent Lymph Node Biopsy	COVERED
G8880	Doc Reas No Lymph Node Biop	COVERED
G8881	Brst Cncr Stage > T1n0m0	COVERED
G8882	No Sent Lymph Node Biopsy	COVERED
G8910	Pt Doc To Have Fall In Asc	COVERED
G8912	Pt Doc With Wrong Event	COVERED
G8914	Pt Trans To Hosp Post D/C	COVERED
G8923	Lvef <= 40% Or Lvsd	COVERED
G8924	Spiro Ev1/Fvc <60% Copd Sym	COVERED
G8934	Lvef <=40% Or Dep Lv Sys Fcn	COVERED
G8935	Rx Ace Or Arb Therapy	COVERED
G8936	Pt Not Eligible Ace/Arb	COVERED
G8937	No Rx Ace/Arb Therapy	COVERED
G8944	Ajcc Mel Cnr Stg 0 - lic	COVERED
G8946	Mibm But No Dx Of Breast Ca	COVERED
G8951	Pre-Htn/Htn Doc, No Pt F/U	COVERED
G8955	Most Recent Assess Vol Mgmt	COVERED
G8956	Pt Rcv Hedia Outpt Dyls Fac	COVERED
G8958	Assess Vol Mgmt Not Doc	COVERED
G8959	Clin Tx Mdd Comm To Tx Clin	COVERED
G8961	Csit Lowrisk Surg Pts Preop	COVERED
G8962	Csit On Pt Any Reas 30 Days	COVERED
G8967	Wrfn Or Oral Antigoag Pres	COVERED
G8968	Md Rsn No Pres Wrfn Or Othr	COVERED
G8969	Pt Rsn No Pres Wrfn Or Othr	COVERED
G8970	No Rsk Fac Or 1 Mod Risk Te	COVERED
G8975	Hgb <10G/Dl, Med Rsn	COVERED
G8986	Carry D/C Status	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8990	Other Pt/Ot Current Status	COVERED
G8991	Other Pt/Ot Goal Status	COVERED
G8992	Other Pt/Ot D/C Status	COVERED
G8993	Sub Pt/Ot Current Status	COVERED
G8994	Sub Pt/Ot Goal Status	COVERED
G8995	Sub Pt/Ot D/C Status	COVERED
G8999	Motor Speech Current Status	COVERED
G9001	Mccd, Initial Rate	COVERED
G9002	Mccd,Maintenance Rate	COVERED
G9003	Mccd, Risk Adj Hi, Initial	COVERED
G9004	Mccd, Risk Adj Lo, Initial	COVERED
G9005	Mccd, Risk Adj, Maintenance	COVERED
G9006	Mccd, Home Monitoring	COVERED
G9007	Mccd, Sch Team Conf	COVERED
G9008	Mccd,Phys Coor-Care Ovrsght	COVERED
G9009	Mccd, Risk Adj, Level 3	COVERED
G9010	Mccd, Risk Adj, Level 4	COVERED
G9011	Mccd, Risk Adj, Level 5	COVERED
G9012	Other Specified Case Mgmt	COVERED
G9013	Esrd Demo Bundle Level I	COVERED
G9014	Esrd Demo Bundle-Level Ii	COVERED
G9017	Amantadine Hcl 100Mg Oral	COVERED
G9018	Zanamivir,Inhalation Pwd 10M	COVERED
G9019	Oseltamivir Phosphate 75Mg	COVERED
G9020	Rimantadine Hcl 100Mg Oral	COVERED
G9033	Amantadine Hcl Oral Brand	COVERED
G9034	Zanamivir, Inh Pwdr, Brand	COVERED
G9035	Oseltamivir Phosp, Brand	COVERED
G9036	Rimantadine Hcl, Brand	COVERED
G9051	Oncology Tx Decision-Mgmt	COVERED
G9052	Onc Surveillance For Disease	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9053	Onc Expectant Management Pt	COVERED
G9054	Onc Supervision Palliative	COVERED
G9055	Onc Visit Unspecified Nos	COVERED
G9056	Onc Prac Mgmt Adheres Guide	COVERED
G9057	Onc Pract Mgmt Differs Trial	COVERED
G9058	Onc Prac Mgmt Disagree W/Gui	COVERED
G9059	Onc Prac Mgmt Pt Opt Alterna	COVERED
G9060	Onc Prac Mgmt Dif Pt Comorb	COVERED
G9061	Onc Prac Cond Noadd By Guide	COVERED
G9062	Onc Prac Guide Differs Nos	COVERED
G9063	Onc Dx Nsclc Stgi No Progres	COVERED
G9064	Onc Dx Nsclc Stg2 No Progres	COVERED
G9065	Onc Dx Nsclc Stg3a No Progre	COVERED
G9066	Onc Dx Nsclc Stg3b-4 Metasta	COVERED
G9067	Onc Dx Nsclc Dx Unknown Nos	COVERED
G9068	Onc Dx Sclc/Nsclc Limited	COVERED
G9069	Onc Dx Sclc/Nsclc Ext At Dx	COVERED
G9070	Onc Dx Sclc/Nsclc Ext Unknwn	COVERED
G9071	Onc Dx Brst Stg1-2B Hr,Nopro	COVERED
G9072	Onc Dx Brst Stg1-2 Noprogres	COVERED
G9073	Onc Dx Brst Stg3-Hr, No Pro	COVERED
G9074	Onc Dx Brst Stg3-Noprogress	COVERED
G9075	Onc Dx Brst Metastatic/ Recur	COVERED
G9077	Onc Dx Prostate T1no Progres	COVERED
G9078	Onc Dx Prostate T2no Progres	COVERED
G9079	Onc Dx Prostate T3b-T4nopro	COVERED
G9080	Onc Dx Prostate W/Rise Psa	COVERED
G9083	Onc Dx Prostate Unknwn Nos	COVERED
G9084	Onc Dx Colon T1-3,N1-2,No Pr	COVERED
G9085	Onc Dx Colon T4, N0 W/O Prog	COVERED
G9086	Onc Dx Colon T1-4 No Dx Prog	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9087	Onc Dx Colon Metas Evid Dx	COVERED
G9089	Onc Dx Colon Extent Unknown	COVERED
G9090	Onc Dx Rectal T1-2 No Progr	COVERED
G9091	Onc Dx Rectal T3 N0 No Prog	COVERED
G9092	Onc Dx Rectal T1-3,N1-2Noprg	COVERED
G9093	Onc Dx Rectal T4,N,M0 No Prg	COVERED
G9094	Onc Dx Rectal M1 W/Mets Prog	COVERED
G9095	Onc Dx Rectal Extent Unknwn	COVERED
G9096	Onc Dx Esophag T1-T3 Noprogr	COVERED
G9097	Onc Dx Esophageal T4 No Prog	COVERED
G9098	Onc Dx Esophageal Mets Recur	COVERED
G9099	Onc Dx Esophageal Unknown	COVERED
G9100	Onc Dx Gastric No Recurrence	COVERED
G9101	Onc Dx Gastric P R1-R2noprog	COVERED
G9102	Onc Dx Gastric Unresectable	COVERED
G9103	Onc Dx Gastric Recurrent	COVERED
G9104	Onc Dx Gastric Unknown Nos	COVERED
G9105	Onc Dx Pancreatc P R0 Res No	COVERED
G9106	Onc Dx Pancreatc P R1/R2 No	COVERED
G9107	Onc Dx Pancreatic Unresectab	COVERED
G9108	Onc Dx Pancreatic Unknwn Nos	COVERED
G9109	Onc Dx Head/Neck T1-T2no Prg	COVERED
G9110	Onc Dx Head/Neck T3-4 Noprogr	COVERED
G9111	Onc Dx Head/Neck M1 Mets Rec	COVERED
G9112	Onc Dx Head/Neck Ext Unknown	COVERED
G9113	Onc Dx Ovarian Stg1a-B No Pr	COVERED
G9114	Onc Dx Ovarian Stg1a-B Or 2	COVERED
G9115	Onc Dx Ovarian Stg3/4 Noprogr	COVERED
G9116	Onc Dx Ovarian Recurrence	COVERED
G9117	Onc Dx Ovarian Unknown Nos	COVERED
G9123	Onc Dx Cml Chronic Phase	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9124	Onc Dx Cml Acceler Phase	COVERED
G9125	Onc Dx Cml Blast Phase	COVERED
G9126	Onc Dx Cml Remission	COVERED
G9128	Onc Dx Multi Myeloma Stage I	COVERED
G9129	Onc Dx Mult Myeloma Stg2 Hig	COVERED
G9130	Onc Dx Multi Myeloma Unknown	COVERED
G9131	Onc Dx Brst Unknown Nos	COVERED
G9132	Onc Dx Prostate Mets No Cast	COVERED
G9133	Onc Dx Prostate Clinical Met	COVERED
G9134	Onc Nhlstg 1-2 No Relap No	COVERED
G9135	Onc Dx Nhl Stg 3-4 Not Relap	COVERED
G9136	Onc Dx Nhl Trans To Lg Bcell	COVERED
G9137	Onc Dx Nhl Relapse/Refractor	COVERED
G9138	Onc Dx Nhl Stg Unknown	COVERED
G9139	Onc Dx Cml Dx Status Unknown	COVERED
G9143	Warfarin Respon Genetic Test	COVERED
G9147	Outpt Iv Insulin Tx Any Mea	COVERED
G9148	Medical Home Level 1	COVERED
G9149	Medical Home Level Ii	COVERED
G9150	Medical Home Level Iii	COVERED
G9151	Mapcp Demo State	COVERED
G9152	Mapcp Demo Community	COVERED
G9153	Mapcp Demo Physician	COVERED
G9158	Motor Speech D/C Status	COVERED
G9159	Lang Comp Current Status	COVERED
G9160	Lang Comp Goal Status	COVERED
G9161	Lang Comp D/C Status	COVERED
G9164	Lang Express D/C Status	COVERED
G9165	Atten Current Status	COVERED
G9166	Atten Goal Status	COVERED
G9167	Atten D/C Status	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9168	Memory Current Status	COVERED
G9169	Memory Goal Status	COVERED
G9170	Memory D/C Status	COVERED
G9171	Voice Current Status	COVERED
G9172	Voice Goal Status	COVERED
G9173	Voice D/C Status	COVERED
G9174	Speech Lang Current Status	COVERED
G9175	Speech Lang Goal Status	COVERED
G9176	Speech Lang D/C Status	COVERED
G9186	Motor Speech Goal Status	COVERED
G9190	Medical Reason For No Beta	COVERED
G9191	Pt Reason For No Beta	COVERED
G9212	Doc Of Dsm-iv Init Eval	COVERED
G9213	No Doc Of Dsm-iv	COVERED
G9223	Pjp Proph Ordered Cd4 Low	COVERED
G9227	Docrsn No Care Plan	COVERED
G9228	Gc Chl Syp Documented	COVERED
G9230	Norsn For Gc Chl Syp Test	COVERED
G9242	Doc Viral Load >=200	COVERED
G9243	Doc Viral Load <200	COVERED
G9246	No Enc Or Enc/Vir Ld 90Days	COVERED
G9247	2 Enc Enc/Vir Ld 90D	COVERED
G9250	Doc Of Pain Comfort 48Hr	COVERED
G9251	Doc No Pain Comfort 48Hr	COVERED
G9254	Doc Pt Dischg >2D	COVERED
G9255	Pt Dc Home 2Nd Po Day	COVERED
G9267	Doc Comp Or Mort W In 30D	COVERED
G9268	Doc Comp Or Mort W In 90D	COVERED
G9269	Doc No Comp Or Mort W In 30D	COVERED
G9270	Doc No Comp Or Mort W In 90D	COVERED
G9273	Sys<140 And Dia<90	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9274	Bp Out Of Nrml Limits	COVERED
G9275	Doc Of Non Tobacco User	COVERED
G9276	Doc Of Tobacco User	COVERED
G9277	Doc Daily Aspirin Or Contra	COVERED
G9278	Doc No Daily Aspirin	COVERED
G9279	Pne Scrn Done Doc Vac Done	COVERED
G9280	Pne Not Given Norsn	COVERED
G9281	Pne Scrn Done Doc Not Ind	COVERED
G9282	Doc Medrsn No Histo Type	COVERED
G9283	Hist Type Doc On Report	COVERED
G9284	No Hist Type Doc On Report	COVERED
G9285	Site Not Small Cell Lung Ca	COVERED
G9286	Doc Antibio Order W In 7D	COVERED
G9287	No Doc Antibio Order W In 7D	COVERED
G9288	Doc Medrsn No Hist Type Rpt	COVERED
G9289	Doc Type Nsm Lung Ca	COVERED
G9290	No Doc Type Nsm Lung Ca	COVERED
G9291	Not Nsm Lung Ca	COVERED
G9292	Medrsn No Pt Category	COVERED
G9293	No Pt Category On Report	COVERED
G9294	Pt Cat And Thck On Report	COVERED
G9295	Non Cutaneous Loc	COVERED
G9296	Doc Share Dec Prior Proc	COVERED
G9297	No Doc Share Dec Prior Proc	COVERED
G9298	Eval Risk Vte Card 30D Prior	COVERED
G9299	No Eval Riskk Vte Card Prior	COVERED
G9305	No Interv Req For Leak	COVERED
G9306	Interv Req For Leak	COVERED
G9308	Unplnd Ret To Surg W In 30D	COVERED
G9310	Unplnd Hosp Readm In 30D	COVERED
G9312	Surgical Site Infection	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9313	Docrsn Not First Line Amox	COVERED
G9314	Norsn Not First Line Amox	COVERED
G9315	Doc First Line Amox	COVERED
G9317	No Doc Comm Risk Calc	COVERED
G9318	Image Std Nomenclature	COVERED
G9319	Image Not Std Nomenclature	COVERED
G9320	Medrsn No Std Nomenclature	COVERED
G9323	Mdrsn No Doc Cnt Of Ct	COVERED
G9325	Medrsn No Ct Rpt To Reg	COVERED
G9328	Medrsn No Dicom Format Doc	COVERED
G9341	Srch For Ct W In 12 Mos	COVERED
G9342	No Srch For Ct In 12Mo Norsn	COVERED
G9343	Medrsn No Dicom Srch	COVERED
G9344	Sysrsn No Dicom Srch	COVERED
G9346	No Follow Up Pulm Nod	COVERED
G9351	Doc >1 Sinus Ct W 90D Dx	COVERED
G9352	Not >1 Sinus Ct W 90D Dx	COVERED
G9353	Medrsn >1 Sinus Ct W 90D Dx	COVERED
G9354	Norsn >1 Sinus Ct W 90D Dx	COVERED
G9355	No Early Ind/Delivery	COVERED
G9356	Early Ind/Delivery	COVERED
G9358	Pp Eval/Edu Not Perf	COVERED
G9360	No Doc Of Neg Or Man Pos Tb	COVERED
G9361	Med Ind For Induction	COVERED
G9362	Mac Or Pnb W/O Genanes >60M	COVERED
G9363	Mac Or Pnb W/O Genanes <60M	COVERED
G9364	Sinus Caus Bac Inx	COVERED
G9367	2 High Risk Med Ord	COVERED
G9369	Fill 2 Rx Antipsych	COVERED
G9370	Not Fill 2 Rx Antipsych	COVERED
G9376	Contd Ret Attach At 6 Mth F/U	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9377	No Ret Attach After 6Mt	COVERED
G9378	Contd Ret Attach F/U Vis	COVERED
G9379	No Acheive Flat Ret 6 Mth	COVERED
G9380	Off Assis Eol Iss	COVERED
G9382	No Off Assis Eol	COVERED
G9383	Recd Scrn Hcv Infec	COVERED
G9384	Doc Med Reas No Offer Eol	COVERED
G9385	Doc Pt Reas Not Rec Hcv Srn	COVERED
G9386	Scrn Hcv Infec Not Recd	COVERED
G9391	Achv Refrac +1D	COVERED
G9392	Not Achv Refrac +1D	COVERED
G9394	Dx Bipol, Death, Nhres, Hosp	COVERED
G9395	Ini Phq9 >9 No Remiss >=5	COVERED
G9396	Ini Phq9 >9 Not Assess	COVERED
G9399	Doc Disc Tx Choices	COVERED
G9400	Doc Reas No Disc Tx Opt	COVERED
G9401	No Disc Tx Choices	COVERED
G9408	Card Tamp W/In 30D	COVERED
G9409	No Card Tamp E/In 30D	COVERED
G9410	Admit W/In 180D Req Remov	COVERED
G9411	No Admit W/In 180D Req Remov	COVERED
G9412	Admit W/In 180D Req Surg Rev	COVERED
G9413	No Admit Req Surg Rev	COVERED
G9414	1Dose Menig Vac Btwn 11 & 13	COVERED
G9415	No 1Dose Meni Vac Btwn 11&13	COVERED
G9416	Tdap Or Td Or 1Tet/Dipth	COVERED
G9417	No Tdap Or Td Or 1Tet/Dipth	COVERED
G9419	Med Reas No Rpt Histo Type	COVERED
G9423	Med Reas Rpt No Histo Type	COVERED
G9424	Site No Lung Or Lung Cx	COVERED
G9425	Spec Rpt No Doc Class Histo	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9426	Impr Med Time Edarr Pain Med	COVERED
G9429	Doc Med Reas No Pt Cat	COVERED
G9430	Spec Site No Cutaneous	COVERED
G9432	Asth Controlled	COVERED
G9433	Death, Nhres, Hospice	COVERED
G9434	Asth Not Controlled	COVERED
G9449	Hx Bld Transf B/F 1992	COVERED
G9450	Hx Injec Drug Use	COVERED
G9452	Doc Med Reas No Scrn Hcv Infect	COVERED
G9455	Abd Imag W/Us, Ct Or Mri For Hcc	COVERED
G9456	Doc Med Pt Reas No Hcc Scrn	COVERED
G9457	No Abd Imag W/O Reason	COVERED
G9468	No Recd Cortico >= 10Mg/D >60D	COVERED
G9471	W/In 2Yr Dxa Not Order	COVERED
G9472	No Dxa No Med Hx No Rv Sx W/In 2Yr	COVERED
G9474	Diet Counsel At Hospice	COVERED
G9475	Other Counselor At Hospice	COVERED
G9476	Volun Service At Hospice	COVERED
G9477	Care Coord At Hospice	COVERED
G9479	Othe Therapist At Hospice	COVERED
G9480	Pharmacist At Hospice	COVERED
G9481	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9482	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9483	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9484	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9485	Remote In-Home Visit For The Evaluation And Management Of A	COVERED
G9486	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9487	Remote In-Home Visit For The Evaluation And Management	COVERED
G9488	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9489	Remote In-Home Visit For The Evaluation And Management Of An	COVERED
G9490	Face-To-Face Home Health Nursing Visit By A Rural Health Cli	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9497	Preop Anes Or Proxy B/4 Surg	COVERED
G9498	Abx Reg Prescribed	COVERED
G9502	Med Reas No Perf Foot Exam	COVERED
G9504	Doc Reas No Hbv Status	COVERED
G9505	Abx Pres W/In 10 Dys Of Symp	COVERED
G9506	Bio Imm Resp Mod Presc	COVERED
G9507	Doc Reas On Statin Or Contra	COVERED
G9508	Doc Pt Not On Statin	COVERED
G9509	Remis 12M Phq-9 Score <5	COVERED
G9511	Phq-9 >9 During 12M Time	COVERED
G9512	Indiv Pdc > 0.8	COVERED
G9513	Indiv Pdc Not > 0.8	COVERED
G9514	Req Ret Or W/In 90D Of Surg	COVERED
G9515	No Reas, No Ret Or W/In 90D	COVERED
G9516	Impr Vis Acuit W/In 90D	COVERED
G9517	No Impr Vis Acuit W/In 90D	COVERED
G9518	Doc Active Inj Drug Use	COVERED
G9519	Final Refract +/- 1.0 In 90D	COVERED
G9520	Refract Not +/- 1.0 W/In 90D	COVERED
G9522	Er/lp Hosp =/>2 In 12 Mos	COVERED
G9534	Normal Neuro Exam	COVERED
G9536	Doc Med Reas Adv Brain Image	COVERED
G9537	Doc System Reas Adv Imaging	COVERED
G9538	Adv Brain Image Ordered	COVERED
G9539	Intent Pot Remv Time Placemt	COVERED
G9540	Pt Alive 3 Mos Post Proc	COVERED
G9541	Filter Gone Aft 3Mos Placmt	COVERED
G9542	Doc Reass Appr Remo Filt 3Ms	COVERED
G9543	Doc 2X Re-Assess Filt Remov	COVERED
G9544	No Filt Remov W/In 3Mos Plcm	COVERED
G9553	Prior Thyroid Dise Dx	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9561	Presc Opiates >6 Wks	COVERED
G9562	Foll-Up Eval Q3mo Opiod Tx	COVERED
G9563	No F/U Eval Q3mo Opiod Tx	COVERED
G9577	Presc Opiates >6 Wks	COVERED
G9578	Doc Opioid Tx 1X During Ther	COVERED
G9579	No Doc Opioid Tx 1X At Ther	COVERED
G9580	Door To Punc Time <2Hrs	COVERED
G9582	Door To Punc Time >2Hr, Nrg	COVERED
G9583	Presc Opiates >6 Wks	COVERED
G9584	Eval Opioid Use Instr/Pt Int	COVERED
G9585	No Eval Opi Use Instr/Intv	COVERED
G9593	Low Pecarn Ped Head Trauma	COVERED
G9595	Val Rsn Hd Ct Ord Reg Indic	COVERED
G9598	Aor Ane 5.5-5.9 Cm Max Diam	COVERED
G9599	Aor Ane >=6.0 Cm Max Diam	COVERED
G9604	Pt Surv Results Not Avail	COVERED
G9605	Surv Score No Improv W/Tx	COVERED
G9607	Pt Not Elig	COVERED
G9608	Intraop Cyst Eval Not Done	COVERED
G9610	Doc Md Rsn No Antipla/P2y12	COVERED
G9611	No Antipla/P2y12 Ord, Rs Nos	COVERED
G9620	No Scr Utr Malig/Us/Samp Rng	COVERED
G9624	No Etoh Scr/No Counc/Nrg	COVERED
G9626	Pt Not Elig	COVERED
G9627	No Bld Inj At Surg/1Mos Post	COVERED
G9628	Vis Inj At Surg/1Mos Post	COVERED
G9629	Pt Not Elig	COVERED
G9630	No Vis Inj At Surg/1Mos Post	COVERED
G9631	Urtr Inj At Surg/1Mos Post	COVERED
G9632	Pt Not Elig	COVERED
G9633	No Urtr Inj At Surg/1Ms Post	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9635	No Doc Rsn Do Qual Life Assm	COVERED
G9636	No Life Asst 2X Same/Decr	COVERED
G9639	Amp No Reqd In48h Ieler Proc	COVERED
G9640	Doc Plan Hybrid/Stage Proc	COVERED
G9641	Amp Reqd W/In 48H Ieler Proc	COVERED
G9644	No Smok B/4 Anes Day Of Surg	COVERED
G9645	Had Smoke B/4 Anes Day Surg	COVERED
G9646	Pt W/90D Mrs 0-2	COVERED
G9647	No Mrs Score In 90D Followup	COVERED
G9648	Pt W/90D Mrs >2	COVERED
G9654	Mon Anesth Care	COVERED
G9655	Toc Tool Incl Key Elem	COVERED
G9656	Pt Direct Anesth Loc To Pacu	COVERED
G9658	Toc Tool Incl Elem Not Used	COVERED
G9661	>85Y Scope Othr Rsn	COVERED
G9663	Fast/Dir Ldl = 190 Mg/Dl	COVERED
G9665	No Statin/No Order Statin	COVERED
G9666	Fas/Dir Ldl 70-189Mg/Dl Mst	COVERED
G9674	Pt W/Clin Ascvd Dx	COVERED
G9675	Pt W/Fast/Dir Lab Ldl-C >190	COVERED
G9676	40-75Y W/Type 1/2 W/Ldl-C Rs	COVERED
G9685	Onsite Nursing Facility Conference, That Is Separate And Dis	COVERED
G9691	Pt Hosp Dur Msmt Period	COVERED
G9873	First Medicare Diabetes Prevention Program (Mdpp) Core Sessi	COVERED
G9874	Four Total Medicare Diabetes Prevention Program (Mdpp) Core	COVERED
G9875	Nine Total Medicare Diabetes Prevention Program (Mdpp) Core	COVERED
G9876	Two Medicare Diabetes Prevention Program (Mdpp) Core Mainten	COVERED
G9877	Two Medicare Diabetes Prevention Program (Mdpp) Core Mainten	COVERED
G9878	Two Medicare Diabetes Prevention Program (Mdpp) Core Mainten	COVERED
G9879	Two Medicare Diabetes Prevention Program (Mdpp) Core Mainten	COVERED
G9881	The Mdpp Beneficiary Achieved At Least 9% Weight Loss (Wl) F	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9882	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Main	COVERED
G9883	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Main	COVERED
G9884	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Main	COVERED
G9885	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Main	COVERED
G9891	Doc Med Rsn No Dil Mac Exam	COVERED
G9894	Adr Dep Thrpy Prescribed	COVERED
G9895	Doc Med Rsn No Adr Dep Thrpy	COVERED
G9896	Doc Pt Rsn No Adr Dep Thrpy	COVERED
G9897	Pt Nt Prsc Adr Dep Thrpy Rng	COVERED
G9898	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9901	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9911	Node Neg Pre/Post Syst Ther	COVERED
G9912	Hbv Status Assesed And Int	COVERED
G9913	No Hbv Status Assesd And Int	COVERED
G9914	Pt Receiving Anti-Tnf Agent	COVERED
G9915	No Documntd Hbv Results Rcd	COVERED
G9916	Funct Status Past 12 Months	COVERED
G9917	Doc Med Rsn No Funct Status	COVERED
G9918	No Funct Stat Perf, Rsn Nos	COVERED
G9926	Sfty Cncrns Scrn But No Recs	COVERED
G9928	No Warf Or Fda Drug Presc	COVERED
G9929	Trs/Rev Af	COVERED
G9931	No Chad Or Chad Scr 0 Or 1	COVERED
G9932	Doc Pt Rsn No Tb Scrn Recrds	COVERED
G9935	Canc Not Detectd During Srcn	COVERED
G9938	Snp/Lg Trm Cre Pt W/Pos Cde	COVERED
G9939	Same Path/Derm Perf Biopsy	COVERED
G9940	Doc Reas No Statin Therapy	COVERED
G9941	Pre And Post Vas Wthn 3 Mos	COVERED
G9942	Adtl Spine Proc On Same Date	COVERED
G9943	Bk Pn Nt Msr Vas Scl Pre/Pst	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9944	Vas 3 Mon Pre And 1 Yr Post	COVERED
G9945	Pt W/Cancer Scoliosis	COVERED
G9946	Bk Pn Nt Msr Vas Pre-Pst 1Y	COVERED
G9947	Pre And Post Vas Wthn 3 Mos	COVERED
G9948	Adtl Spine Proc On Same Date	COVERED
G9949	Lg Pn Nt Msr Vas Scl Pre/Pst	COVERED
G9954	Pt >2 Rsk Fac Post-Op Vomit	COVERED
G9955	InhInt Anesth Only For Induc	COVERED
G9956	Combo Thrpy Of >= 2 Prophly	COVERED
G9957	Doc Med Rsn No Combo Thrpy	COVERED
G9958	No Combo Prohpyl Thrp For Pt	COVERED
G9959	Systemic Antimicro Not Presc	COVERED
G9960	Med Rsn Sys Antimi Nt Rx	COVERED
G9961	Systemic Antimicro Presc	COVERED
G9962	Embolization Doc Separatly	COVERED
G9963	Embolization Not Doc Separat	COVERED
G9965	No Well-Chld Vist Recv By Pt	COVERED
G9970	Pvdr Rfrd Pt No Rprt Rcvd	COVERED
G9976	Doc Pat Rsn No Mac Exm Perf	COVERED
G9977	Dil Mac Exam No Perf Rsn Nos	COVERED
G9988	Pall Serv During Meas	COVERED
G9989	Med Rsn No Pneum Vax	COVERED
G9992	Pall Serv During Meas	COVERED
G9993	Pall Serv During Meas	COVERED
G9994	Pall Serv During Meas	COVERED
G9998	Doc Med Rsn <3 Colon	COVERED
G9999	Doc Sys Rsn <3 Colon	COVERED
H0002	Alcohol And/Or Drug Screenin	COVERED
H0003	Alcohol And/Or Drug Screenin	COVERED
H0005	Alcohol And/Or Drug Services	COVERED
H0006	Alcohol And/Or Drug Services	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
H0007	Alcohol And/Or Drug Services	COVERED
H0008	Alcohol And/Or Drug Services	COVERED
H0009	Alcohol And/Or Drug Services	COVERED
H0010	Alcohol And/Or Drug Services	COVERED
H0011	Alcohol And/Or Drug Services	COVERED
H0012	Alcohol And/Or Drug Services	COVERED
H0013	Alcohol And/Or Drug Services	COVERED
H0014	Alcohol And/Or Drug Services	COVERED
H0015	Alcohol And/Or Drug Services	COVERED
H0016	Alcohol And/Or Drug Services	COVERED
H0017	Alcohol And/Or Drug Services	COVERED
H0018	Alcohol And/Or Drug Services	COVERED
H0021	Alcohol And/Or Drug Training	COVERED
H0023	Alcohol And/Or Drug Outreach	COVERED
H0024	Alcohol And/Or Drug Preventi	COVERED
H0025	Alcohol And/Or Drug Preventi	COVERED
H0027	Alcohol And/Or Drug Preventi	COVERED
H0028	Alcohol And/Or Drug Preventi	COVERED
H0029	Alcohol And/Or Drug Preventi	COVERED
H0030	Alcohol And/Or Drug Hotline	COVERED
H0031	Mh Health Assess By Non-Md	COVERED
H0032	Mh Svc Plan Dev By Non-Md	COVERED
H0034	Med Trng & Support Per 15Min	COVERED
H0035	Mh Partial Hosp Tx Under 24H	COVERED
H0037	Comm Psy Sup Tx Pgm Per Diem	COVERED
H0039	Asser Com Tx Face-Face/15Min	COVERED
H0040	Assert Comm Tx Pgm Per Diem	COVERED
H0042	Fos C Chld Non-Ther Per Mon	COVERED
H0043	Supported Housing, Per Diem	COVERED
H0044	Supported Housing, Per Month	COVERED
H0045	Respite Not-In-Home Per Diem	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
H0046	Mental Health Service, Nos	COVERED
H0052	Mmip Mental Health And Care	COVERED
H0053	Ht Mental Health And Care	COVERED
H1002	Carecoordination Prenatal	COVERED
H1004	Follow Up Home Visit/Prenatal	COVERED
H1005	Prenatalcare Enhanced Srv Pk	COVERED
H1011	Family Assessment	COVERED
H2000	Comp Multidisipln Evaluation	COVERED
H2001	Rehabilitation Program 1/2 D	COVERED
H2011	Crisis Interven Svc, 15 Min	COVERED
H2012	Behav Hlth Day Treat, Per Hr	COVERED
H2013	Psych Hlth Fac Svc, Per Diem	COVERED
H2014	Skills Train And Dev, 15 Min	COVERED
H2015	Comp Comm Supp Svc, 15 Min	COVERED
H2016	Comp Comm Supp Svc, Per Diem	COVERED
H2017	Psysoc Rehab Svc, Per 15 Min	COVERED
H2019	Ther Behav Svc, Per 15 Min	COVERED
H2020	Ther Behav Svc, Per Diem	COVERED
H2021	Com Wrap-Around Sv, 15 Min	COVERED
H2023	Supported Employ, Per 15 Min	COVERED
H2024	Supported Employ, Per Diem	COVERED
H2025	Supp Maint Employ, 15 Min	COVERED
H2026	Supp Maint Employ, Per Diem	COVERED
H2027	Psychoed Svc, Per 15 Min	COVERED
H2028	Sex Offend Tx Svc, 15 Min	COVERED
H2030	Mh Clubhouse Svc, Per 15 Min	COVERED
H2031	Mh Clubhouse Svc, Per Diem	COVERED
H2032	Activity Therapy, Per 15 Min	COVERED
H2033	Multisys Ther/Juvenile 15Min	COVERED
H2034	A/D Halfway House, Per Diem	COVERED
H2035	A/D Tx Program, Per Hour	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
H2036	A/D Tx Program, Per Diem	COVERED
H2037	Dev Delay Prev Dp Ch, 15 Min	COVERED
H2038	Skills Training And Development; Per Diem	COVERED
J0120	Tetracyclin Injection	COVERED
J0121	Injection Omadacycline 1 Mg	COVERED
J0122	Injection Eravacycline 1 Mg	COVERED
J0129	Abatacept Injection	COVERED
J0130	Abciximab Injection	COVERED
J0138	Injection, Acetaminoph 10 Mg	COVERED
J0139	Inj, Adalimumab, 1 Mg	COVERED
J0150	Adenosine, 6 Mg, Injection	COVERED
J0172	Inj, Aducanumab-Avwa, 2 Mg	COVERED
J0174	Inj, Lecanemab-Irmb, 1 Mg	COVERED
J0175	Inj, Donanemab-Azbt, 2 Mg	COVERED
J0177	Inj, Aflibercept Hd, 1 Mg	COVERED
J0178	Aflibercept Injection	COVERED
J0179	Injection, Brolucizumab-Dbll, 1 Mg	COVERED
J0180	Agalsidase Beta Injection	COVERED
J0190	Inj Biperiden Lactate/5 Mg	COVERED
J0200	Alatrofloxacin Mesylate	COVERED
J0202	Injection, Alemtuzumab	COVERED
J0205	Alglucerase Injection	COVERED
J0206	Inj Allopurinol Sodium 1	COVERED
J0207	Amifostine	COVERED
J0210	Methyldopate Hcl Injection	COVERED
J0215	Alefacept	COVERED
J0216	Inj, Alfentanil Hcl, 500M	COVERED
J0217	Inj Velmanase Alfa-Tycv 1 Mg	COVERED
J0218	Inj Olipudase Alfa-Rpcp 1Mg	COVERED
J0219	Inf Aval Alfa-Nqpt 4Mg	COVERED
J0220	Alglucosidase Alfa Injection	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0221	Lumizyme Injection	COVERED
J0222	Injection Patisiran 0.1 Mg	COVERED
J0223	Injection, Givosiran, 0.5 Mg	COVERED
J0224	Injection, Lumasiran, 0.5 Mg	COVERED
J0225	Inj, Vutrisiran, 1 Mg	COVERED
J0256	Alpha 1 Proteinase Inhibitor	COVERED
J0257	Glassia Injection	COVERED
J0275	Alprostadil Urethral Suppos	COVERED
J0281	Inj Aminocaproic Acid 1 Gram	COVERED
J0285	Amphotericin B	COVERED
J0287	Amphotericin B Lipid Complex	COVERED
J0288	Ampho B Cholesteryl Sulfate	COVERED
J0289	Amphotericin B Liposome Inj	COVERED
J0290	Ampicillin 500 Mg Inj	COVERED
J0291	Injection Plazomicin 5 Mg	COVERED
J0330	Succinylcholine Chloride Inj	COVERED
J0349	Inj, Rezafungin, 1 Mg	COVERED
J0350	Injection Anistreplase 30 U	COVERED
J0360	Hydralazine Hcl Injection	COVERED
J0364	Apomorphine Hydrochloride	COVERED
J0365	Aprotonin, 10,000 Kiu	COVERED
J0380	Inj Metaraminol Bitartrate	COVERED
J0390	Chloroquine Injection	COVERED
J0391	Inj, Artesunate, 1Mg	COVERED
J0395	Arbutamine Hcl Injection	COVERED
J0402	Inj, Abilify Asimtufii, 1 Mg	COVERED
J0456	Azithromycin	COVERED
J0457	Injection, Aztreonam, 100	COVERED
J0470	Dimecaprol Injection	COVERED
J0475	Baclofen 10 Mg Injection	COVERED
J0476	Baclofen Intrathecal Trial	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0480	Basiliximab	COVERED
J0490	Belimumab Injection	COVERED
J0491	Inj, Anifrolumab-Fnia 1Mg	COVERED
J0517	Injection, Benralizumab, 1 Mg	COVERED
J0520	Bethanechol Chloride Inject	COVERED
J0561	Penicillin G Benzathine Inj	COVERED
J0565	Inj, Bezlotoxumab, 10 Mg	COVERED
J0567	Injection, Cerliponase Alfa, 1 Mg	COVERED
J0571	Buprenorphine Oral 1Mg	COVERED
J0572	Buprenorphin/Nalox Up To 3 Mg	COVERED
J0573	Buprenorph/Nalox 3.1 To 6 Mg	COVERED
J0574	Buprenorph/Nalox 6.1 To 10Mg	COVERED
J0575	Buprenorph/Nalox Over 10Mg	COVERED
J0577	Inj, Brixadi, 7 Days Or Less	COVERED
J0578	Inj Brixadi, More Than 7 Day	COVERED
J0584	Injection, Burosumab-Twza 1 Mg	COVERED
J0585	Injection,Onabotulinumtoxina	COVERED
J0586	Abobotulinumtoxina	COVERED
J0587	Inj, Rimabotulinumtoxinb	COVERED
J0588	Incobotulinumtoxin A	COVERED
J0592	Buprenorphine Hydrochloride	COVERED
J0593	Injection Lanadelumab-Flyo 1 Mg	COVERED
J0594	Busulfan Injection	COVERED
J0596	Injection, Ruconest	COVERED
J0597	C-1 Esterase, Berinert	COVERED
J0598	C-1 Esterase, Cinryze	COVERED
J0599	Injection, C-1 Esterase Inhibitor (Human), (Haegarda), 10 Un	COVERED
J0600	Edetate Calcium Disodium Inj	COVERED
J0601	Sevelamer Carbonate 20 Mg	COVERED
J0602	Sevelamer Carbonate Pdr 20Mg	COVERED
J0603	Sevelamer Hydrochloride 20Mg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0604	Cinacalcet, Esrd On Dialysis	COVERED
J0605	Sucroferric Oxyhydroxide 5Mg	COVERED
J0606	Inj, Etelcalcetide, 0.1 Mg	COVERED
J0607	Lanthanum Carbonate Oral 5Mg	COVERED
J0608	Lanthanum Carbonate Pwdr 5Mg	COVERED
J0609	Ferric Citrate Orl 3 Mg Iron	COVERED
J0615	Calcium Acetate, Oral, 23 Mg	COVERED
J0620	Calcium Glycer & Lact/10 MI	COVERED
J0637	Caspofungin Acetate	COVERED
J0638	Canakinumab Injection	COVERED
J0640	Leucovorin Calcium Injection	COVERED
J0641	Levoleucovorin Injection	COVERED
J0642	Injection, Levoleucovorin (Khapzory), 0.5 Mg	COVERED
J0650	Inj, Levothyroxine Nos 10 Mcg	COVERED
J0651	Inj, Levothyroxine, Freskabi 10 Mcg	COVERED
J0652	Inj, Levothyroxine, Hikma, 10 Mcg	COVERED
J0666	Inj, Bupivacaine Liposome	COVERED
J0688	Inj Cefazolin Sodium, Hikma	COVERED
J0689	Inj Cefazolin Sodium, Baxter	COVERED
J0691	Injection, Lefamulin, 1 Mg	COVERED
J0694	Cefoxitin Sodium Injection	COVERED
J0699	Cefiderocol Is A Cephalosporin Antibacterial Indicated In Pa	COVERED
J0701	Inj. Cefepime Hcl (Baxter)	COVERED
J0703	Inj, Cefepime Hcl (B Braun)	COVERED
J0710	Cephapirin Sodium Injection	COVERED
J0712	Ceftaroline Fosamil Inj	COVERED
J0713	Inj Ceftazidime Per 500 Mg	COVERED
J0714	Ceftazidime And Avibactam	COVERED
J0716	Centruroides Immune F(Ab)	COVERED
J0717	Certolizumab Pegol Inj 1Mg	COVERED
J0720	Chloramphenicol Sodium Injec	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0725	Chorionic Gonadotropin/1000U	COVERED
J0736	Inj, Clindamycin Phosp 30	COVERED
J0737	Inj, Clindamycin (Baxter)	COVERED
J0739	Injection, Cabotegravir, 1 Mg	COVERED
J0740	Cidofovir Injection	COVERED
J0741	Cabotegravir Er/Rilpivirine Er Injection Is Indicated As A C	COVERED
J0742	Injection, Imipenem 4 Mg, Cilastatin 4 Mg And Relebactam 2 M	COVERED
J0743	Cilastatin Sodium Injection	COVERED
J0745	Inj Codeine Phosphate /30 Mg	COVERED
J0750	Hiv Prep, Ftc/Tdf 200/300Mg	COVERED
J0751	Hiv Prep, Ftc/Taf 200/25Mg	COVERED
J0770	Colistimethate Sodium Inj	COVERED
J0775	Collagenase, Clost Hist Inj	COVERED
J0780	Prochlorperazine Injection	COVERED
J0791	Injection, Crizanlizumab-Tmca, 5 Mg	COVERED
J0795	Corticotropin Ovine Triflutal	COVERED
J0799	Hiv Prep, Fda Approved, Noc	COVERED
J0801	Inj. Acthar Gel To 40 Units	COVERED
J0802	Inj. (Ani), Up To 40 Units	COVERED
J0833	Cosyntropin Injection Nos	COVERED
J0840	Crotalidae Poly Immune Fab	COVERED
J0841	Injection, Crotalidae Immune F(Ab')2 (Equine), 120 Mg	COVERED
J0850	Cytomegalovirus Imm Iv /Vial	COVERED
J0870	Inj., Imetelstat, 1 Mg	COVERED
J0873	Inj, Daptomycin (Xellia)	COVERED
J0874	Injection, Daptomycin (Baxter), Not Therapeutically Equivale	COVERED
J0875	Injection, Dalbavancin	COVERED
J0877	Inj, Daptomycin (Hospira)	COVERED
J0878	Daptomycin Injection	COVERED
J0879	Injection, Difelikefalin, 0.1 Mcg, (For Esrd On Dialysis)	COVERED
J0881	Darbepoetin Alfa, Non-Esrd	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0882	Darbepoetin Alfa, Esrd Use	COVERED
J0883	Argatroban Nonesrd Use 1Mg	COVERED
J0885	Epoetin Alfa, Non-Esrd	COVERED
J0886	Epoetin Alfa 1000 Units Esrd	COVERED
J0887	Epoetin Beta Esrd Use, 1 Mg	COVERED
J0888	Epoetin Beta Non Esrd	COVERED
J0889	Daprodustat, Oral, 1 Mg, (For Esrd On Dialysis)	COVERED
J0890	Peginesatide Injection	COVERED
J0891	Argatroban Nonesrd (Accord)	COVERED
J0892	Argatroban Dialysis (Accord)	COVERED
J0893	Inj, Decitabine (Sun Pharma)	COVERED
J0896	Injection, Luspatercept-Aamt, 0.25 Mg	COVERED
J0897	Denosumab Injection	COVERED
J0898	Argatroban Nonesrd (Auromed)	COVERED
J0899	Argatroban Dialysis, Auromed	COVERED
J0901	Vadadustat Oral 1Mg For Esrd	COVERED
J0911	Inst Tauro 1.35Mg/Hep 100U	COVERED
J0945	Brompheniramine Maleate Inj	COVERED
J1072	Inj, Testosterone, Azmiro	COVERED
J1080	Testosterone Cypionate, 1 Cc, 200 Mg Injectn	COVERED
J1095	Injection, Dexamethasone 9%, Intraocular, 1 Mcg	COVERED
J1096	Dxamethasone Lac Ophth Insrt 0.1 Mg	COVERED
J1097	Phn 10.6&Ket 2.88 Mg/MI Oph Irr 1MI	COVERED
J1105	Dexmedetomidine Film, 1 Mcg	COVERED
J1162	Digoxin Immune Fab (Ovine)	COVERED
J1171	Inj, Hydromorphone, 0.1 Mg	COVERED
J1180	Dyphylline Injection	COVERED
J1201	Injection, Cetirizine Hydrochloride, 0.5 Mg	COVERED
J1202	Miglustat Oral 65 Mg	COVERED
J1203	Inj, Cipaglucosidase, 5 Mg	COVERED
J1212	Dimethyl Sulfoxide 50% 50 MI	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J1240	Dimenhydrinate Injection	COVERED
J1260	Dolasetron Mesylate	COVERED
J1265	Dopamine Injection	COVERED
J1267	Doripenem Injection	COVERED
J1270	Injection, Doxercalciferol	COVERED
J1271	Inj Doxycycline Hyclate 1 Mg	COVERED
J1299	Inj, Eculizumab, 2 Mg	COVERED
J1301	Injection, Edaravone, 1 Mg	COVERED
J1302	Injection Sutimlimab-Jome 10 Mg	COVERED
J1303	Injection Ravulizumab-Cwvz 10 Mg	COVERED
J1305	Evinacumab-Dgnb Is Indicated As An Adjunct To Other Low-Dens	COVERED
J1306	Injection, Tezepelumab-Ekko, 1 Mg	COVERED
J1307	Inj, Crovalimab-Akkz, 10 Mg	COVERED
J1308	Inj, Famotidine, 0.25 Mg	COVERED
J1320	Amitriptyline Injection	COVERED
J1322	Elosulfase Alfa, Injection, 1 Mg	COVERED
J1323	Inj, Elranatamab-Bcmm, 1 Mg	COVERED
J1324	Enfuvirtide Injection	COVERED
J1330	Ergonovine Maleate Injection	COVERED
J1335	Ertapenem Injection	COVERED
J1364	Erythro Lactobionate /500 Mg	COVERED
J1380	Estradiol Valerate 10 Mg Inj	COVERED
J1411	Inj, Hemgenix, Per Tx Dose	COVERED
J1412	Inj Roctavian MI 2X10 ¹³ Vc G	COVERED
J1413	Inj Delandistrogene Mox Rokl	COVERED
J1414	Inj, Beqvez, Per Tx Dose	COVERED
J1426	Casimersen Is An Antisense Oligonucleotide Indicated For The	COVERED
J1428	Inj, Eteplirsen, 10 Mg	COVERED
J1429	Injection, Golodirsen, 10 Mg	COVERED
J1434	Inj, Focinvez, 1 Mg	COVERED
J1435	Injection Estrone Per 1 Mg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J1436	Etidronate Disodium Inj	COVERED
J1437	Inj. Fe Derisomaltose 10 Mg	COVERED
J1438	Etanercept Injection	COVERED
J1439	Inj Ferric Carboxymaltos 1 Mg	COVERED
J1442	Inj, Filgrastim G-Csf 1 Mcg	COVERED
J1445	Triferic Avnu Is An Iron Replacement Product Indicated For T	COVERED
J1447	Inj Tbo Filgrastim 1 Microg	COVERED
J1448	Trilaciclib Is Indicated For The Treatment Of To Decrease Th	COVERED
J1449	Inj Eflapegrastim-Xnst 0.1Mg	COVERED
J1451	Fomepizole, 15 Mg	COVERED
J1452	Intraocular Fomivirsen Na	COVERED
J1453	Fosaprepitant Injection	COVERED
J1454	Injection, Fosnetupitant 235 Mg And Palonosetron 0.25 Mg	COVERED
J1455	Foscarnet Sodium Injection	COVERED
J1456	Inj, Fosaprepitant (Teva)	COVERED
J1457	Gallium Nitrate Injection	COVERED
J1458	Galsulfase Injection	COVERED
J1459	Inj Ivig Privigen 500 Mg	COVERED
J1460	Gamma Globulin 1 Cc Inj	COVERED
J1551	Injection, Immune Globulin (Cutaquig), 100 Mg	COVERED
J1552	Inj, Alyglo, 500 Mg	COVERED
J1554	Injection, Immune Globulin (Asceniv), 500 Mg	COVERED
J1555	Inj Cuvitru, 100 Mg	COVERED
J1556	Inj, Imm Glob Bivigam, 500 Mg	COVERED
J1557	Gammaplex Injection	COVERED
J1558	Injection, Immune Globulin (Xembify), 100 Mg	COVERED
J1559	Hizentra Injection	COVERED
J1560	Gamma Globulin > 10 Cc Inj	COVERED
J1561	Gamunex-C/Gammaked	COVERED
J1562	Vivaglobin, Inj	COVERED
J1566	Immune Globulin, Powder	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J1568	Octagam Injection	COVERED
J1569	Gammagard Liquid Injection	COVERED
J1570	Ganciclovir Sodium Injection	COVERED
J1571	Hepagam B Im Injection	COVERED
J1572	Flebogamma Injection	COVERED
J1573	Hepagam B Intravenous, Inj	COVERED
J1574	Inj, Ganciclovir (Exela)	COVERED
J1575	Hyqvia 100Mg Immuneoglobulin	COVERED
J1576	Inj, Panzyga, 500 Mg	COVERED
J1580	Garamycin Gentamicin Inj	COVERED
J1595	Injection Glatiramer Acetate	COVERED
J1596	Inj, Glycopyrrolate, 0.1 Mg	COVERED
J1599	Ivig Non-Lyophilized, Nos	COVERED
J1600	Gold Sodium Thiomaleate Inj	COVERED
J1602	Golimumab For Iv Use 1Mg	COVERED
J1627	Inj, Granisetron, Xr, 0.1 Mg	COVERED
J1628	Injection, Guselkumab, 1 Mg	COVERED
J1632	Inj., Brexanolone, 1 Mg	COVERED
J1640	Hemin, 1 Mg	COVERED
J1642	Inj Heparin Sodium Per 10 U	COVERED
J1645	Dalteparin Sodium	COVERED
J1650	Inj Enoxaparin Sodium	COVERED
J1652	Fondaparinux Sodium	COVERED
J1655	Tinzaparin Sodium Injection	COVERED
J1675	Histrelin Acetate	COVERED
J1700	Hydrocortisone Acetate Inj	COVERED
J1710	Hydrocortisone Sodium Ph Inj	COVERED
J1729	Inj Hydroxyprogst Capoa Nos	COVERED
J1730	Diazoxide Injection	COVERED
J1738	Inj. Meloxicam 1 Mg	COVERED
J1740	Ibandronate Sodium Injection	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J1741	Ibuprofen Injection	COVERED
J1743	Idursulfase Injection	COVERED
J1745	Infliximab Injection	COVERED
J1746	Injection, Ibalizumab-Uiyk, 10 Mg	COVERED
J1747	Inj, Spesolimab-Sbzo, 1 Mg	COVERED
J1750	Inj Iron Dextran	COVERED
J1756	Iron Sucrose Injection	COVERED
J1786	Imuglucerase Injection	COVERED
J1806	Inj Esmolol Hcl Wg Crit C	COVERED
J1808	Inj, Folic Acid, 0.1 Mg	COVERED
J1811	Fiasp For Insulin Pump Us	COVERED
J1812	Inj. Insulin (Fiasp)	COVERED
J1813	Lyumjev For Insulin Pump	COVERED
J1814	Inj. Insulin (Lyumjev)	COVERED
J1823	Inj. Inebilizumab-Cdon, 1 Mg	COVERED
J1826	Interferon Beta-1A Inj	COVERED
J1835	Itraconazole Injection	COVERED
J1836	Inj, Metronidazole, 10 Mg	COVERED
J1920	Inj, Labetalol Hcl, 5Mg	COVERED
J1921	Inj Labetalol Hcl Hikma,	COVERED
J1931	Laronidase Injection	COVERED
J1932	Injection Lanreotide 1 Mg	COVERED
J1938	Inj, Furosemide, 1 Mg	COVERED
J1939	Inj, Bumetanide, 0.5 Mg	COVERED
J1941	Inj, Furoscix, 20 Mg	COVERED
J1943	Injectn Aripiprazole Lauroxil 1 Mg	COVERED
J1944	Injectn Aripiprazole Lauroxil 1 Mg	COVERED
J1945	Lepirudin	COVERED
J1950	Leuprolide Acetate /3.75 Mg	COVERED
J1951	Injection, Leuprolide Acetate For Depot Suspension (Fensolvi	COVERED
J1952	Leuprolide Inj, Camcevi, 1Mg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J1955	Inj Levocarnitine Per 1 Gm	COVERED
J1960	Levorphanol Tartrate Inj	COVERED
J1961	Inj, Lenacapavir, 1 Mg	COVERED
J2002	Inj, Lidocaine In D5w, 1 Mg	COVERED
J2003	Inj, Lidocaine Hcl, 1 Mg	COVERED
J2004	Inj, Lidocaine W Epinephrine	COVERED
J2010	Lincomycin Injection	COVERED
J2021	Inj, Linezolid (Hospira)	COVERED
J2062	Loxapine For Inhalation, 1 Mg	COVERED
J2150	Mannitol Injection	COVERED
J2170	Mecasermin Injection	COVERED
J2175	Meperidine Hydrochl /100 Mg	COVERED
J2180	Meperidine/Promethazine Inj	COVERED
J2182	Injection, Mepolizumab, 1Mg	COVERED
J2184	Inj, Meropenem (B. Braun)	COVERED
J2186	Injection, Meropenem, Vaborbactam, 10 Mg/10 Mg, (20 Mg)	COVERED
J2247	Inj, Micafungin (Par Pharm)	COVERED
J2248	Micafungin Sodium Injection	COVERED
J2249	Inj, Remimazolam, 1 Mg	COVERED
J2252	Inj Midazolam In 0.8% Nacl	COVERED
J2265	Minocycline Hydrochloride	COVERED
J2270	Morphine Sulfate Injection	COVERED
J2271	Morphine Sulfate, 100 Mg, Injection	COVERED
J2277	Inj, Motixafortide, 0.25 Mg	COVERED
J2278	Ziconotide Injection	COVERED
J2281	Inj Moxifloxacin (Fres Kabi)	COVERED
J2290	Inj, Nafcillin Sodium, 20 Mg	COVERED
J2315	Naltrexone, Depot Form	COVERED
J2320	Nandrolone Decanoate 50 Mg	COVERED
J2323	Natalizumab Injection	COVERED
J2326	Inj, Nusinersen, 0.1Mg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J2327	Inj Risankizumab-Rzaa 1 Mg	COVERED
J2329	Inj Ublituximab-Xiiy, 1 M	COVERED
J2350	Injection, Ocrelizumab, 1 Mg	COVERED
J2351	Inj Ocrelizumab 1Mg Hya-Ocsq	COVERED
J2353	Octreotide Injection, Depot	COVERED
J2354	Octreotide Inj, Non-Depot	COVERED
J2355	Oprelvekin Injection	COVERED
J2356	Injection, Tezepelumab-Ekko, 1 Mg	COVERED
J2357	Omalizumab Injection	COVERED
J2372	Inj, Biorphen, 20 Microgr	COVERED
J2402	Chloroprocaine (Clorotekal)	COVERED
J2404	Inj, Nicardipine 0.1 Mg	COVERED
J2405	Ondansetron Hcl Injection	COVERED
J2406	Casimersen Is An Antisense Oligonucleotide Indicated For The	COVERED
J2407	Injection, Oritavancin	COVERED
J2410	Oxymorphone Hcl Injection	COVERED
J2427	Inj, Invega Hafyera/Trinz	COVERED
J2428	Inj, Erzofri, 1 Mg	COVERED
J2430	Pamidronate Disodium /30 Mg	COVERED
J2460	Oxytetracycline Injection	COVERED
J2469	Palonosetron Hcl	COVERED
J2472	Inj, Pantoprazole Sodium Chl	COVERED
J2501	Paricalcitol	COVERED
J2503	Pegaptanib Sodium Injection	COVERED
J2506	Inj Pegfilgrast Ex Bio 0.5Mg	COVERED
J2507	Pegloticase Injection	COVERED
J2508	Pegunigalsidase Alfa-lwxj	COVERED
J2510	Penicillin G Procaine Inj	COVERED
J2513	Pentastarch 10% Solution	COVERED
J2545	Pentamidine Non-Comp Unit	COVERED
J2547	Injection, Peramivir	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J2561	Inj, Sezaby, 1 Mg	COVERED
J2599	Inj Vasopressin (Am Reg)	COVERED
J2601	Inj, Vasopressin (Baxter)	COVERED
J2650	Prednisolone Acetate Inj	COVERED
J2670	Totazoline Hcl Injection	COVERED
J2675	Inj Progesterone Per 50 Mg	COVERED
J2679	Inj Fluphenazine Hcl 1.25 Mg	COVERED
J2680	Fluphenazine Decanoate 25 Mg	COVERED
J2700	Oxacillin Sodium Injeciton	COVERED
J2724	Protein C Concentrate	COVERED
J2725	Inj Protirelin Per 250 Mcg	COVERED
J2730	Pralidoxime Chloride Inj	COVERED
J2765	Metoclopramide Hcl Injection	COVERED
J2770	Quinupristin/Dalfopristin	COVERED
J2777	Injection Faricimab-Svoa 0.1 Mg	COVERED
J2778	Ranibizumab Injection	COVERED
J2779	Injection, Ranibizumab, Via Intravitreal Implant (Susvimo),	COVERED
J2781	Inj, Pegcetacoplan, 1Mg	COVERED
J2782	Inj Avacincaptad Pegol 0.1 Mg	COVERED
J2786	Injection, Reslizumab, 1Mg	COVERED
J2787	Riboflavin 5'Phos Opth Less Than Or Equal To 3Ml	COVERED
J2793	Rilonacept Injection	COVERED
J2797	Injection, Rolapitant, 0.5 Mg	COVERED
J2798	Injection Risperidone 0.5 Mg	COVERED
J2799	Inj, Uzedy, 1 Mg	COVERED
J2801	Inj, Rykindo, 0.5 Mg	COVERED
J2802	Inj, Romiplostim 1 Microgram	COVERED
J2804	Inj, Rifampin, 1 Mg	COVERED
J2805	Sincalide Injection	COVERED
J2810	Inj Theophylline Per 40 Mg	COVERED
J2820	Sargramostim Injection	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J2840	Inj Sebelipase Alfa 1 Mg	COVERED
J2860	Injection, Siltuximab	COVERED
J2865	Inj Sulfameth/Trim 5 Mg/1 Mg	COVERED
J2910	Aurothioglucose Injeciton	COVERED
J2916	Na Ferric Gluconate Complex	COVERED
J2940	Somatrem Injection	COVERED
J2941	Somatropin Injection	COVERED
J2993	Reteplase Injection	COVERED
J2995	Inj Streptokinase /250000 lu	COVERED
J2997	Alteplase Recombinant	COVERED
J2998	Injection, Plasminogen, Human-Tvmh, 1 Mg	COVERED
J3000	Streptomycin Injection	COVERED
J3031	Injection Fremanezumab-Vfrm 1 Mg	COVERED
J3032	Inj. Eptinezumab-Jjmr 1 Mg	COVERED
J3055	Inj Talquetamab-Tgvs 0.25 Mg	COVERED
J3060	Inj, Taliglucerace Alfa 10 U	COVERED
J3070	Pentazocine Injection	COVERED
J3090	Inj Tedizolid Phosphate	COVERED
J3095	Telavancin Injection	COVERED
J3111	Injection Romosozumab-Aqqg 1 Mg	COVERED
J3145	Testosterone Undecanoate 1 Mg	COVERED
J3240	Thyrotropin Injection	COVERED
J3241	Inj. Teprotumumab-Trbw 10 Mg	COVERED
J3243	Tigecycline Injection	COVERED
J3244	Inj. Tigecycline (Accord)	COVERED
j3245	Injection, Tildrakizumab, 1 Mg	COVERED
J3246	Tirofiban Hcl	COVERED
J3260	Tobramycin Sulfate Injection	COVERED
J3262	Tocilizumab Injection	COVERED
J3280	Thiethylperazine Maleate Inj	COVERED
J3300	Triamcinolone A Inj Prs-Free	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J3305	Inj Trimetrexate Glucoronate	COVERED
J3315	Triptorelin Pamoate	COVERED
J3316	Injection, Triptorelin, Extended-Release, 3.75 Mg	COVERED
J3320	Spectinomycin Di-Hcl Inj	COVERED
J3350	Urea Injection	COVERED
J3355	Urofollitropin, 75 Iu	COVERED
J3357	Ustekinumab Injection	COVERED
J3358	Ustekinumab, Iv Inject, 1 Mg	COVERED
J3360	Diazepam Injection	COVERED
J3364	Urokinase 5000 Iu Injection	COVERED
J3365	Urokinase 250,000 Iu Inj	COVERED
J3385	Velaglucerase Alfa	COVERED
J3392	Inj, Exagamglogene Autotem	COVERED
J3397	Injection, Vestronidase Alfa-Vjbn, 1 Mg	COVERED
J3398	Injection, Voretigene Neparvovect-Rzyl, 1 Billion Vector Geno	COVERED
J3399	Injection, Onasemnogene Apeparvovect-Xioi, Per Treatment, Up	COVERED
J3400	Trifluoromazine Hcl Inj	COVERED
J3401	Vyjuvek 5X10 ⁹ Pfu/ML, 0.1 ML	COVERED
J3424	Inj Hydroxocobalamin Iv 25 Mg	COVERED
J3470	Hyaluronidase Injection	COVERED
J3485	Zidovudine	COVERED
J3489	Zoledronic Acid 1Mg	COVERED
J3520	Edetate Disodium Per 150 Mg	COVERED
J3570	Laetrile Amygdalin Vit B17	COVERED
J3590	Unclassified Biologics	COVERED
J3591	Unclassified Drug Or Biological Used For Esrd On Dialysis	COVERED
J7100	Dextran 40 Infusion	COVERED
J7110	Dextran 75 Infusion	COVERED
J7120	Ringers Lactate Infusion	COVERED
J7165	Inj, Human-Lans, Per I.U	COVERED
J7168	Prothrombin Complex Concentrate (Human), Kcentra, Per Iu Of	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J7169	Injection, Coagulation Factor Xa (Recombinant), Inactivated-	COVERED
J7170	Injection, Emicizumab-Kxwh, 0.5 Mg	COVERED
J7175	Inj, Factor X, (Human), 1 lu	COVERED
J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 Mg	COVERED
J7178	Human Fibrinogen Conc Inj	COVERED
J7179	Vonvendi Inj 1 lu Vwf:Rco	COVERED
J7180	Factor Xiii Anti-Hem Factor	COVERED
J7181	Factor Xiii Recomb A-Subunit Per lu	COVERED
J7182	Factor Viii Recomb Novoeight Per lu	COVERED
J7183	Wilate Injection	COVERED
J7185	Xyntha Inj	COVERED
J7186	Antihemophilic Viii/Vwf Comp	COVERED
J7188	Factor Viii Recomb Obizur	COVERED
J7190	Factor Viii	COVERED
J7191	Factor Viii (Porcine)	COVERED
J7192	Factor Viii Recombinant Nos	COVERED
J7193	Factor Ix Non-Recombinant	COVERED
J7194	Factor Ix Complex	COVERED
J7195	Factor Ix Recombinant Nos	COVERED
J7196	Antithrombin Recombinant	COVERED
J7197	Antithrombin Iii Injection	COVERED
J7200	Factor Ix Recombinan Rixubis Per lu	COVERED
J7201	Factor Ix Fc Fusion Recomb, Per lu	COVERED
J7202	Factor Ix Idelvion Inj	COVERED
J7203	Injection Factor Ix, (Antihemophilic Factor, Recombinant), G	COVERED
J7204	Injection, Factor Viii, Antihemophilic Factor (Recombinant),	COVERED
J7205	Factor Viii Fc Fusion Recomb	COVERED
J7207	Factor Viii Pegylated Recomb	COVERED
J7208	Inj. Jivi 1 lu	COVERED
J7209	Factor Viii Nuwiq Recomb 1 lu	COVERED
J7210	Inj, Afstyla, 1 I.U.	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J7211	Inj, Kovaltry, 1 I.U.	COVERED
J7212	Factor Viia Recomb Sevenfact	COVERED
J7213	Inj, Ixinity, 1 I.U.	COVERED
J7309	Methyl Aminolevulinate, Top	COVERED
J7310	Ganciclovir Long Act Implant	COVERED
J7311	Fluocinolone Acetonide Implt	COVERED
J7313	Fluocinol Acet Intravit Imp	COVERED
J7314	Inject Fa Intravitreal Impl 0.01 Mg	COVERED
J7316	Inj, Ocriplasmin, 0.125 Mg	COVERED
J7318	Hyaluronan Or Derivative, Durolane, For Intra-Articular Inje	COVERED
J7320	Genvisc 850, Inj, 1Mg	COVERED
J7321	Hyalgan/Supartz Inj Per Dose	COVERED
J7322	Hymovis Injection 1 Mg	COVERED
J7323	Euflexxa Inj Per Dose	COVERED
J7324	Orthovisc Inj Per Dose	COVERED
J7325	Synvisc Or Synvisc-One	COVERED
J7326	Gel-One	COVERED
J7327	Monovisc Inj Per Dose	COVERED
J7328	Gel-Syn Injection 0.1 Mg	COVERED
J7331	Hyal/Deriv Synjojoynt Ia Inj 1 Mg	COVERED
J7332	Hyal/Deriv Triluron Ia Inj 1 Mg	COVERED
J7336	Capsaicin 8% Patch, Per Sq Cm	COVERED
J7340	Carbidopa Levodopa Enteral	COVERED
J7342	Ciprofloxacin Otic Susp 6 Mg	COVERED
J7345	Aminolevulinic Acid, 10% Gel	COVERED
J7351	Inj Bimatoprost Itc Imp1mcg	COVERED
J7352	Afamelanotide Implant, 1 Mg	COVERED
J7354	Cantharidin Top, Applicator	COVERED
J7402	Mometasone Furoate Sinus Implant, (Sinuva), 10 Micrograms	COVERED
J7503	Tacrol Envarsus Ex Rel Oral	COVERED
J7505	Monoclonal Antibodies	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J7508	Tacrolimus Ex Rel Oral 0.1Mg	COVERED
J7514	Mycophenol (Myhibbin) 100 Mg	COVERED
J7519	Inj. Mycophenolate Mofetil	COVERED
J7521	Tacrolim Granules Oral Susp	COVERED
J7525	Tacrolimus Injection	COVERED
J7527	Oral Everolimus	COVERED
J7599	Immunosuppressive Drug Noc	COVERED
J7601	Ensifentrine Inh 3 Mg	COVERED
J7604	Acetylcysteine Comp Unit	COVERED
J7607	Levalbuterol Comp Con	COVERED
J7615	Levalbuterol Comp Unit	COVERED
J7622	Beclomethasone Comp Unit	COVERED
J7627	Budesonide Comp Unit	COVERED
J7628	Bitolterol Mesylate Comp Con	COVERED
J7629	Bitolterol Mesylate Comp Unt	COVERED
J7631	Cromolyn Sodium Noncomp Unit	COVERED
J7632	Cromolyn Sodium Comp Unit	COVERED
J7633	Budesonide Non-Comp Con	COVERED
J7634	Budesonide Comp Con	COVERED
J7635	Atropine Comp Con	COVERED
J7636	Atropine Comp Unit	COVERED
J7641	Flunisolide Comp Unit	COVERED
J7643	Glycopyrrolate Comp Unit	COVERED
J7645	Ipratropium Bromide Comp	COVERED
J7647	Isoetharine Comp Con	COVERED
J7648	Isoetharine Non-Comp Con	COVERED
J7649	Isoetharine Non-Comp Unit	COVERED
J7650	Isoetharine Comp Unit	COVERED
J7657	Isoproterenol Comp Con	COVERED
J7658	Isoproterenol Non-Comp Con	COVERED
J7659	Isoproterenol Non-Comp Unit	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J7660	Isoproterenol Comp Unit	COVERED
J7665	Mannitol For Inhaler	COVERED
J7667	Metaproterenol Comp Con	COVERED
J7668	Metaproterenol Non-Comp Con	COVERED
J7669	Metaproterenol Non-Comp Unit	COVERED
J7670	Metaproterenol Comp Unit	COVERED
J7676	Pentamidine Comp Unit Dose	COVERED
J7677	Revefenacin Inhalation Solution, Fda-Approved Final Product,	COVERED
J7680	Terbutaline Sulf Comp Con	COVERED
J7681	Terbutaline Sulf Comp Unit	COVERED
J7682	Tobramycin Non-Comp Unit	COVERED
J7683	Triamcinolone Comp Con	COVERED
J7684	Triamcinolone Comp Unit	COVERED
J7685	Tobramycin Comp Unit	COVERED
J7999	Non-Inhalation Drug For Dme	COVERED
J8498	Antiemetic Rectal/Supp Nos	COVERED
J8499	Oral Prescrip Drug Non Chemo	COVERED
J8510	Oral Busulfan	COVERED
J8515	Cabergoline, Oral 0.25Mg	COVERED
J8522	Capecitabine, Oral, 50 Mg	COVERED
J8530	Cyclophosphamide Oral 25 Mg	COVERED
J8541	Oral, Hemady, 0.25 Mg	COVERED
J8560	Etoposide Oral 50 Mg	COVERED
J8562	Oral Fludarabine Phosphate	COVERED
J8565	Gefitinib Oral	COVERED
J8600	Melphalan Oral 2 Mg	COVERED
J8610	Methotrexate Oral 2.5 Mg	COVERED
J8650	Nabilone Oral	COVERED
J8670	Rolapitant, Oral, 1Mg	COVERED
J8700	Temozolomide	COVERED
J8705	Topotecan Oral	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9000	Doxorubicin Hcl Injection	COVERED
J9015	Aldesleukin Injection	COVERED
J9019	Erwinaze Injection	COVERED
J9020	Asparaginase, Nos	COVERED
J9021	Inj, Aspara, Rylaze, 0.1 Mg	COVERED
J9022	Inj, Atezolizumab, 10 Mg	COVERED
J9023	Injection, Avelumab, 10 Mg	COVERED
J9024	Inj Atezolizumb 5Mg Hya-Tqjs	COVERED
J9025	Azacitidine Injection	COVERED
J9026	Inj, Tarlatamab-Dlle, 1 Mg	COVERED
J9027	Clofarabine Injection	COVERED
J9028	Inj, Nogapendekin Pmln, 1Mcg	COVERED
J9030	Bcg Live Intravesical Instl 1 Mg	COVERED
J9032	Injection, Belinostat, 10Mg	COVERED
J9033	Inj, Bendamustine Hcl, 1Mg	COVERED
J9034	Inj., Bendeka 1 Mg	COVERED
J9035	Bevacizumab Injection	COVERED
J9036	Inj., Belrapzo, 1 Mg	COVERED
J9038	Inj Axatilimab-Csfr 0.1 Mg	COVERED
J9039	Injection, Blinatumomab	COVERED
J9040	Bleomycin Sulfate Injection	COVERED
J9041	Bortezomib Injection	COVERED
J9042	Brentuximab Vedotin Inj	COVERED
J9043	Cabazitaxel Injection	COVERED
J9045	Carboplatin Injection	COVERED
J9046	Inj, Bortezomib, Dr. Reddy's	COVERED
J9047	Injection, Carfilzomib, 1 Mg	COVERED
J9048	Inj, Bortezomib Freseniuskab	COVERED
J9049	Inj, Bortezomib, Hospira	COVERED
J9051	Injection, Bortezomib (Maia), Not Therapeutically Equivalent	COVERED
J9052	Inj, Carmustine (Accord)	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9054	Inj Bortezomib Boruzu 0.1 Mg	COVERED
J9055	Cetuximab Injection	COVERED
J9056	Inj, Bendamustine, 1 Mg	COVERED
J9060	Cisplatin 10 Mg Injection	COVERED
J9061	Inj, Amivantamab-Vmjw	COVERED
J9063	Inj, Elahere, 1 Mg	COVERED
J9064	Injection, Cabazitaxel (Sandoz), Not Therapeutically Equival	COVERED
J9065	Inj Cladribine Per 1 Mg	COVERED
J9071	Inj Cyclophosphamd Auromedic	COVERED
J9072	Inj Cyclophos Avyxa 5Mg	COVERED
J9073	Inj Cyclophosphamd (Ingenus), 5 Mg	COVERED
J9074	Inj, Cyclophosphamd, Sandoz, 5 Mg	COVERED
J9075	Inj, Cyclophosphamide, Nos, 5 Mg	COVERED
J9076	Inj, Cyclophos (Baxter) 5Mg	COVERED
J9100	Cytarabine Hcl 100 Mg Inj	COVERED
J9118	Inject Calaspargase Pegol-Mknl 10 U	COVERED
J9144	Daratumumab, Hyaluronidase	COVERED
J9145	Injection, Daratumumab 10 Mg	COVERED
J9151	Daunorubicin Citrate Inj	COVERED
J9153	Injection, Liposomal, 1 Mg Daunorubicin And 2.27 Mg Cytarabi	COVERED
J9155	Degarelix Injection	COVERED
J9161	Inj Denileuk Difti-Cxdl 1Mcg	COVERED
J9171	Docetaxel Injection	COVERED
J9172	Docetaxel (Ingenus), 1 Mg	COVERED
J9173	Injection, Durvalumab, 10 Mg	COVERED
J9176	Injection, Elotuzumab, 1Mg	COVERED
J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 Mg	COVERED
J9178	Inj, Epirubicin Hcl, 2 Mg	COVERED
J9181	Etoposide Injection	COVERED
J9196	Inj Gemcitabine Hcl (Accord)	COVERED
J9198	Injection, Gemcitabine Hydrochloride, (Infugem), 100 Mg	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9200	Floxuridine Injection	COVERED
J9201	Gemcitabine Hcl Injection	COVERED
J9203	Gemtuzumab Ozogamicin 0.1 Mg	COVERED
J9204	Injection Mogamulizumab-Kpkc 1 Mg	COVERED
J9205	Inj Irinotecan Liposome 1 Mg	COVERED
J9207	Ixabepilone Injection	COVERED
J9208	Ifosfamide Injection	COVERED
J9209	Mesna Injection	COVERED
J9210	Injection Emapalumab-Lzsg 1 Mg	COVERED
J9211	Idarubicin Hcl Injection	COVERED
J9212	Interferon Alfacon-1 Inj	COVERED
J9213	Interferon Alfa-2A Inj	COVERED
J9214	Interferon Alfa-2B Inj	COVERED
J9215	Interferon Alfa-N3 Inj	COVERED
J9216	Interferon Gamma 1-B Inj	COVERED
J9217	Leuprolide Acetate Suspnsion	COVERED
J9218	Leuprolide Acetate Injeciton	COVERED
J9219	Leuprolide Acetate Implant	COVERED
J9223	Inj. Lurbinectedin, 0.1 Mg	COVERED
J9225	Vantas Implant	COVERED
J9226	Supprelin La Implant	COVERED
J9227	Inj. Isatuximab-Irfc 10 Mg	COVERED
J9228	Ipilimumab Injection	COVERED
J9229	Injection, Inotuzumab Ozogamicin, 0.1 Mg	COVERED
J9230	Mechlorethamine Hcl Inj	COVERED
J9245	Inj Melphalan Hydrochl 50 Mg	COVERED
J9246	Injection, Melphalan (Evomela), 1 Mg	COVERED
J9249	Inj, Melphalan (Apotex) 1 Mg	COVERED
J9261	Nelarabine Injection	COVERED
J9263	Oxaliplatin	COVERED
J9264	Paclitaxel Protein Bound	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9265	Paclitaxel, 30 Mg, Injection	COVERED
J9266	Pegaspargase Injection	COVERED
J9268	Pentostatin Injection	COVERED
J9269	Injection Tagraxofusp-Erzs 10 Mcg	COVERED
J9270	Plicamycin (Mithramycin) Inj	COVERED
J9271	Inj Pembrolizumab	COVERED
J9272	Inj, Dostarlimab-Gxly, 10 Mg	COVERED
J9273	Injection, Tisotumab Vedotin-Tftv, 1 Mg	COVERED
J9274	Injection Tebentafusp-Tebn 1 Mcg	COVERED
J9280	Mitomycin Injection	COVERED
J9281	Mitomycin Instillation	COVERED
J9285	Inj, Olaratumab, 10 Mg	COVERED
J9286	Inj Glofitamab Gxbm, 2.5 Mg	COVERED
J9292	Inj, Pemetrexed (Avyxa) 10Mg	COVERED
J9293	Mitoxantrone Hydrochl / 5 Mg	COVERED
J9294	Inj Pemetrexed, Hospira 10Mg	COVERED
J9295	Injection, Necitumumab, 1 Mg	COVERED
J9296	Inj Pemetrexed (Accord) 10Mg	COVERED
J9297	Inj Pemetrexed (Sandoz) 10Mg	COVERED
J9298	Injection Nivolumab & Relatlimab-Rmbw 3 Mg/1 Mg	COVERED
J9299	Injection, Nivolumab	COVERED
J9301	Obinutuzumab Inj, 10 Mg	COVERED
J9302	Ofatumumab Injection	COVERED
J9303	Panitumumab Injection	COVERED
J9304	Inj. Pemetrexed, 10 Mg	COVERED
J9305	Pemetrexed Injection	COVERED
J9306	Injection, Pertuzumab, 1 Mg	COVERED
J9307	Pralatrexate Injection	COVERED
J9308	Injection, Ramucirumab	COVERED
J9309	Injection, Polatuzumab Vedotin-Piiq, 1 Mg	COVERED
J9311	Injection, Rituximab 10 Mg And Hyaluronidase	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9312	Injection, Rituximab, 10 Mg	COVERED
J9313	Inj Moxtumomb Pasudotx-Tdfk 0.01 Mg	COVERED
J9314	Inj Pemetrexed (Teva) 10Mg	COVERED
J9316	Pertuzu, Trastuzu, 10 Mg	COVERED
J9317	Sacituzumab Govitecan-Hziy	COVERED
J9318	Romidepsin, Non-Lypophilized Is Indicated For The Treatment O	COVERED
J9319	Romidepsin (Istodax) Is Indicated For The Treatment Of Cutan	COVERED
J9320	Streptozocin Injection	COVERED
J9322	Inj Pemetrexed (Bluepoint	COVERED
J9323	Inj, Pemetrexed (Hospira)	COVERED
J9324	Inj, Pemrydi Rtu, 10 Mg	COVERED
J9325	Inj Talimogene Laherparepvec	COVERED
J9329	Inj, Tislelizumab-Jsgr	COVERED
J9330	Temsirolimus Injection	COVERED
J9331	Injection, Sirolimus Protein-Bound Particles, 1 Mg	COVERED
J9332	Injection, Efgartigimod Alfa-Fcab, 2 Mg	COVERED
J9333	Inj Ronzanolixizum-Noli 1 Mg	COVERED
J9334	Inj Efgart-Alfa 2Mg Hya-Qvfc	COVERED
J9345	Inj, Retifanlimab-Dlwr, 1 Mg	COVERED
J9347	Inj, Tremelimumab-Actl, 1	COVERED
J9348	Injection, Naxitamab-Gqgk, 1 Mg	COVERED
J9349	Inj., Tafasitamab-Cxix	COVERED
J9350	Inj Mosunetuzumab-Axgb, 1	COVERED
J9352	Injection Trabectedin 0.1Mg	COVERED
J9353	Injection, Margetuximab-Cmkb, 5 Mg	COVERED
J9354	Inj, Ado-Trastuzumab Emt 1 Mg	COVERED
J9355	Trastuzumab Injection	COVERED
J9356	Inj. Herceptin Hylecta, 10Mg	COVERED
J9357	Valrubicin Injection	COVERED
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 Mg	COVERED
J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 Mg	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J9360	Vinblastine Sulfate Inj	COVERED
J9376	Inj Pozelimab-Bbfg, 1 Mg	COVERED
J9380	Inj Teclistamab Cqyv 0.5	COVERED
J9381	Inj Teplizumab Mzww 5 Mcg	COVERED
J9393	Inj, Fulvestrant (Teva)	COVERED
J9394	Inj, Fulvestrant (Fresenius)	COVERED
J9395	Injection, Fulvestrant	COVERED
J9400	Inj, Ziv-Aflibercept, 1 Mg	COVERED
J9600	Porfimer Sodium Injection	COVERED
J9999	Chemotherapy Drug	COVERED
K0001	Standard Wheelchair	COVERED
K0002	Stnd Hemi (Low Seat) Whlchr	COVERED
K0003	Lightweight Wheelchair	COVERED
K0004	High Strength Ltwt Whlchr	COVERED
K0005	Ultralightweight Wheelchair	COVERED
K0006	Heavy Duty Wheelchair	COVERED
K0007	Extra Heavy Duty Wheelchair	COVERED
K0009	Other Manual Wheelchair/Base	COVERED
K0010	Stnd Wt Frame Power Whlchr	COVERED
K0011	Stnd Wt Pwr Whlchr W Control	COVERED
K0012	Ltwt Portbl Power Whlchr	COVERED
K0013	Custom Power Whlchr Base	COVERED
K0014	Other Power Whlchr Base	COVERED
K0015	Detach Non-Adjus Hght Armrst	COVERED
K0017	Detach Adjust Armrest Base	COVERED
K0018	Detach Adjust Armrst Upper	COVERED
K0019	Arm Pad Each	COVERED
K0037	High Mount Flip-Up Footrest	COVERED
K0040	Adjustable Angle Footplate	COVERED
K0042	Standard Size Footplate Each	COVERED
K0045	Footrest Complete Assembly	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
K0051	Cam Release Assem Ftrst/Lgrst	COVERED
K0052	Swingaway Detach Footrest	COVERED
K0053	Elevate Footrest Articulate	COVERED
K0065	Spoke Protectors	COVERED
K0069	Rear Whl Complete Solid Tire	COVERED
K0070	Rear Whl Compl Pneum Tire	COVERED
K0071	Front Castr Compl Pneum Tire	COVERED
K0072	Frnt Cstr Cmpl Sem-Pneum Tir	COVERED
K0105	Iv Hanger	COVERED
K0195	Elevating Whlchair Leg Rests	COVERED
K0552	Supply/Ext Inf Pump Syr Type	COVERED
K0603	Repl Batt Alkaline 1.5 V	COVERED
K0607	Repl Batt For Aed	COVERED
K0608	Repl Garment For Aed	COVERED
K0609	Repl Electrode For Aed	COVERED
K0669	Seat/Back Cus No Dmepdac Ver	COVERED
K0672	Removable Soft Interface Le	COVERED
K0730	Ctrl Dose Inh Drug Deliv Sys	COVERED
K0733	12-24Hr Sealed Lead Acid	COVERED
K0739	Repair/Svc Dme Non-Oxygen Eq	COVERED
K0743	Portable Home Suction Pump	COVERED
K0744	Absorp Drg <= 16 Suc Pump	COVERED
K0745	Absorp Drg >16<=48 Suc Pump	COVERED
K0746	Absorp Drg >48 Suc Pump	COVERED
K0800	Pov Group 1 Std Up To 300Lbs	COVERED
K0801	Pov Group 1 Hd 301-450 Lbs	COVERED
K0802	Pov Group 1 Vhd 451-600 Lbs	COVERED
K0806	Pov Group 2 Std Up To 300Lbs	COVERED
K0807	Pov Group 2 Hd 301-450 Lbs	COVERED
K0808	Pov Group 2 Vhd 451-600 Lbs	COVERED
K0812	Power Operated Vehicle Noc	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
K0813	Pwc Gp 1 Std Port Seat/Back	COVERED
K0814	Pwc Gp 1 Std Port Cap Chair	COVERED
K0815	Pwc Gp 1 Std Seat/Back	COVERED
K0816	Pwc Gp 1 Std Cap Chair	COVERED
K0820	Pwc Gp 2 Std Port Seat/Back	COVERED
K0821	Pwc Gp 2 Std Port Cap Chair	COVERED
K0822	Pwc Gp 2 Std Seat/Back	COVERED
K0823	Pwc Gp 2 Std Cap Chair	COVERED
K0824	Pwc Gp 2 Hd Seat/Back	COVERED
K0825	Pwc Gp 2 Hd Cap Chair	COVERED
K0826	Pwc Gp 2 Vhd Seat/Back	COVERED
K0827	Pwc Gp Vhd Cap Chair	COVERED
K0828	Pwc Gp 2 Xtra Hd Seat/Back	COVERED
K0829	Pwc Gp 2 Xtra Hd Cap Chair	COVERED
K0830	Pwc Gp2 Std Seat Elevate S/B	COVERED
K0835	Pwc Gp2 Std Sing Pow Opt S/B	COVERED
K0836	Pwc Gp2 Std Sing Pow Opt Cap	COVERED
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	COVERED
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	COVERED
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	COVERED
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	COVERED
K0841	Pwc Gp2 Std Mult Pow Opt S/B	COVERED
K0842	Pwc Gp2 Std Mult Pow Opt Cap	COVERED
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	COVERED
K0848	Pwc Gp 3 Std Seat/Back	COVERED
K0849	Pwc Gp 3 Std Cap Chair	COVERED
K0850	Pwc Gp 3 Hd Seat/Back	COVERED
K0851	Pwc Gp 3 Hd Cap Chair	COVERED
K0852	Pwc Gp 3 Vhd Seat/Back	COVERED
K0853	Pwc Gp 3 Vhd Cap Chair	COVERED
K0854	Pwc Gp 3 Xhd Seat/Back	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
K0855	Pwc Gp 3 Xhd Cap Chair	COVERED
K0856	Pwc Gp3 Std Sing Pow Opt S/B	COVERED
K0857	Pwc Gp3 Std Sing Pow Opt Cap	COVERED
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	COVERED
K0859	Pwc Gp3 Hd Sing Pow Opt Cap	COVERED
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	COVERED
K0861	Pwc Gp3 Std Mult Pow Opt S/B	COVERED
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	COVERED
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	COVERED
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	COVERED
K0868	Pwc Gp 4 Std Seat/Back	COVERED
K0869	Pwc Gp 4 Std Cap Chair	COVERED
K0870	Pwc Gp 4 Hd Seat/Back	COVERED
K0871	Pwc Gp 4 Vhd Seat/Back	COVERED
K0877	Pwc Gp4 Std Sing Pow Opt S/B	COVERED
K0878	Pwc Gp4 Std Sing Pow Opt Cap	COVERED
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	COVERED
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B	COVERED
K0884	Pwc Gp4 Std Mult Pow Opt S/B	COVERED
K0885	Pwc Gp4 Std Mult Pow Opt Cap	COVERED
K0886	Pwc Gp4 Hd Mult Pow S/B	COVERED
K0890	Pwc Gp5 Ped Sing Pow Opt S/B	COVERED
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	COVERED
K0898	Power Wheelchair Noc	COVERED
K0899	Pow Mobil Dev No Dmepdac	COVERED
K0900	Cstm Dme Other Than Wheelchr	COVERED
K1030	External Recharging System For Battery (Internal) For Use Wi	COVERED
L0112	Cranial Cervical Orthosis	COVERED
L0130	Flex Thermoplastic Collar Mo	COVERED
L0170	Cervical Collar Molded To Pt	COVERED
L0172	Cerv Col Sr Foam 2Pc Pre Ots	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L0174	Cerv Sr 2Pc Thor Ext Pre Ots	COVERED
L0190	Cerv Collar Supp Adj Cerv Ba	COVERED
L0200	Cerv Col Supp Adj Bar & Thor	COVERED
L0450	Tlso Flex Trunk/Thor Pre Ots	COVERED
L0452	Tlso Flex Custom Fab Thoraci	COVERED
L0454	Tlso Trnk Sj-T9 Pre Cst	COVERED
L0455	Tlso Flex Trnk Sj-T9 Pre Ots	COVERED
L0456	Tlso Flex Trnk Sj-Ss Pre Cst	COVERED
L0457	Tlso Flex Trnk Sj-Ss Pre Ots	COVERED
L0458	Tlso 2Mod Symphis-Xipho Pre	COVERED
L0460	Tlso 2 Shl Symphys-Stern Cst	COVERED
L0462	Tlso 3Mod Sacro-Scap Pre	COVERED
L0464	Tlso 4Mod Sacro-Scap Pre	COVERED
L0466	Tlso R Fram Soft Ant Pre Cst	COVERED
L0467	Tlso R Fram Soft Pre Ots	COVERED
L0468	Tlso Rig Fram Pelvic Pre Cst	COVERED
L0469	Tlso Rig Fram Pelvic Pre Ots	COVERED
L0470	Tlso Rigid Frame Pre Subclav	COVERED
L0472	Tlso Rigid Frame Hyperex Pre	COVERED
L0480	Tlso Rigid Plastic Custom Fa	COVERED
L0482	Tlso Rigid Lined Custom Fab	COVERED
L0484	Tlso Rigid Plastic Cust Fab	COVERED
L0486	Tlso Rigidlined Cust Fab Two	COVERED
L0488	Tlso Rigid Lined Pre One Pie	COVERED
L0491	Tlso 2 Piece Rigid Shell	COVERED
L0492	Tlso 3 Piece Rigid Shell	COVERED
L0623	Sio Rig Pnl Pelv/Sac Pre Ots	COVERED
L0624	Sio Panel Custom	COVERED
L0628	Lso Flex No Ri Stays Pre Ots	COVERED
L0629	Lso Flex W/Rigid Stays Cust	COVERED
L0630	Lso R Post Pnl Sj-T9 Pre Cst	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L0631	Lso Sag R An/Pos Pnl Pre Cst	COVERED
L0632	Lso Sag Rigid Frame Cust	COVERED
L0633	Lso Sc R Pos/Lat Pnl Pre Cst	COVERED
L0634	Lso Flexion Control Custom	COVERED
L0635	Lso Sagit Rigid Panel Prefab	COVERED
L0636	Lso Sagittal Rigid Panel Cus	COVERED
L0637	Lso Sc R Ant/Pos Pnl Pre Cst	COVERED
L0638	Lso Sag-Coronal Panel Custom	COVERED
L0639	Lso S/C Shell/Panel Prefab	COVERED
L0640	Lso S/C Shell/Panel Custom	COVERED
L0642	Lo Sag Ri An/Pos Pnl Pre Ots	COVERED
L0643	Lso Sag Ctr Rigi Pos Pre Ots	COVERED
L0648	Lso Sag R An/Pos Pnl Pre Ots	COVERED
L0650	Lso Sc R Ant/Pos Pnl Pre Ots	COVERED
L0651	Lso Sag-Co Shell Pnl Pre Ots	COVERED
L0700	Ctlso A-P-L Control Molded	COVERED
L0710	Ctlso A-P-L Control W/ Inter	COVERED
L0810	Halo Cervical Into Jckt Vest	COVERED
L0820	Halo Cervical Into Body Jack	COVERED
L0830	Halo Cerv Into Milwaukee Typ	COVERED
L0859	Mri Compatible System	COVERED
L0861	Halo Repl Liner/Interface	COVERED
L0999	Add To Spinal Orthosis Nos	COVERED
L1000	Ctlso Milwaukee Initial Model	COVERED
L1001	Ctlso Infant Immobilizer	COVERED
L1005	Tension Based Scoliosis Orth	COVERED
L1060	Thoracic Pad	COVERED
L1200	Furnsh Initial Orthosis Only	COVERED
L1220	Anterior Thoracic Extension	COVERED
L1240	Lumbar Derotation Pad	COVERED
L1250	Anterior Asis Pad	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L1260	Anterior Thoracic Derotation	COVERED
L1270	Abdominal Pad	COVERED
L1280	Rib Gusset (Elastic) Each	COVERED
L1290	Lateral Trochanteric Pad	COVERED
L1300	Body Jacket Mold To Patient	COVERED
L1310	Post-Operative Body Jacket	COVERED
L1620	Ho Flex Pavlik Harns Pre Cst	COVERED
L1660	Ho Abduction Static Plastic	COVERED
L1680	Pelvic & Hip Control Thigh C	COVERED
L1685	Post-Op Hip Abduct Custom Fa	COVERED
L1686	Ho Post-Op Hip Abduction	COVERED
L1690	Combination Bilateral Ho	COVERED
L1700	Leg Perthes Orth Toronto Typ	COVERED
L1710	Legg Perthes Orth Newington	COVERED
L1720	Legg Perthes Orthosis Trilat	COVERED
L1730	Legg Perthes Orth Scottish R	COVERED
L1755	Legg Perthes Patten Bottom T	COVERED
L1812	Ko Elastic W/Joints Pre Ots	COVERED
L1820	Ko Elas W/ Condyle Pads & Jo	COVERED
L1831	Knee Orth Pos Locking Joint	COVERED
L1832	Ko Adj Jnt Pos R Sup Pre Cst	COVERED
L1833	Ko Adj Jnt Pos R Sup Pre Ots	COVERED
L1834	Ko W/0 Joint Rigid Molded To	COVERED
L1840	Ko Derot Ant Cruciate Custom	COVERED
L1843	Ko Single Upright Pre Cst	COVERED
L1844	Ko W/Adj Jt Rot Cntrl Molded	COVERED
L1845	Ko Double Upright Pre Cst	COVERED
L1846	Ko W Adj Flex/Ext Rotat Mold	COVERED
L1847	Ko Dbl Upright W/Air Pre Cst	COVERED
L1848	Ko Dbl Upright W/Air Pre Ots	COVERED
L1850	Ko Swedish Type Pre Ots	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L1851	Ko Single Upright Prefab Ots	COVERED
L1852	Ko Double Upright Prefab Ots	COVERED
L1860	Ko Supracondylar Socket Mold	COVERED
L1900	Afo Sprng Wir Drsflx Calf Bd	COVERED
L1904	Afo Molded Ankle Gauntlet	COVERED
L1907	Afo Supramalleolar Custom	COVERED
L1930	Afo Plastic	COVERED
L1932	Afo Rig Ant Tib Prefab Tcf/=	COVERED
L1940	Afo Molded To Patient Plasti	COVERED
L1945	Afo Molded Plas Rig Ant Tib	COVERED
L1950	Afo Spiral Molded To Pt Plas	COVERED
L1951	Afo Spiral Prefabricated	COVERED
L1960	Afo Pos Solid Ank Plastic Mo	COVERED
L1970	Afo Plastic Molded W/Ankle J	COVERED
L1971	Afo W/Ankle Joint, Prefab	COVERED
L1990	Afo Doub Solid Stirrup Calf	COVERED
L2000	Kafo Sing Fre Stirr Thi/Calf	COVERED
L2005	Kafo Sng/DbI Mechanical Act	COVERED
L2006	Knee-Ankle-Foot (Kaf) Device, Any Material, Single Or Double	COVERED
L2010	Kafo Sng Solid Stirrup W/O J	COVERED
L2020	Kafo DbI Solid Stirrup Band/	COVERED
L2030	Kafo DbI Solid Stirrup W/O J	COVERED
L2034	Kafo Pla Sin Up W/Wo K/A Cus	COVERED
L2036	Kafo Plas Doub Free Knee Mol	COVERED
L2037	Kafo Plas Sing Free Knee Mol	COVERED
L2038	Kafo W/O Joint Multi-Axis An	COVERED
L2040	Hkafo Torsion Bil Rot Straps	COVERED
L2060	Hkafo Torsion Ball Bearing J	COVERED
L2070	Hkafo Torsion Unilat Rot Str	COVERED
L2090	Hkafo Unilat Torsion Ball Br	COVERED
L2108	Afo Tib Fx Cast Molded To Pt	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L2112	Afo Tibial Fracture Soft	COVERED
L2114	Afo Tib Fx Semi-Rigid	COVERED
L2116	Afo Tibial Fracture Rigid	COVERED
L2126	Kafo Fem Fx Cast Thermoplas	COVERED
L2132	Kafo Femoral Fx Cast Soft	COVERED
L2134	Kafo Fem Fx Cast Semi-Rigid	COVERED
L2136	Kafo Femoral Fx Cast Rigid	COVERED
L2182	Drop Lock Knee	COVERED
L2230	Split Flat Caliper Stirr & P	COVERED
L2232	Rocker Bottom, Contact Afo	COVERED
L2250	Foot Plate Molded Stirrup At	COVERED
L2265	Long Tongue Stirrup	COVERED
L2270	Varus/Valgus Strap Padded/Li	COVERED
L2275	Plastic Mod Low Ext Pad/Line	COVERED
L2280	Molded Inner Boot	COVERED
L2300	Abduction Bar Jointed Adjust	COVERED
L2310	Abduction Bar-Straight	COVERED
L2320	Non-Molded Lacer	COVERED
L2330	Lacer Molded To Patient Mode	COVERED
L2340	Pre-Tibial Shell Molded To P	COVERED
L2350	Prosthetic Type Socket Molde	COVERED
L2360	Extended Steel Shank	COVERED
L2380	Torsion Straight Knee Joint	COVERED
L2385	Straight Knee Joint Heavy Du	COVERED
L2387	Add Le Poly Knee Custom Kafo	COVERED
L2390	Offset Knee Joint Each	COVERED
L2397	Suspension Sleeve Lower Ext	COVERED
L2405	Knee Joint Drop Lock Ea Jnt	COVERED
L2415	Knee Joint Cam Lock Each Joi	COVERED
L2425	Knee Disc/Dial Lock/Adj Flex	COVERED
L2430	Knee Jnt Ratchet Lock Ea Jnt	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L2510	Th/Wght Bear Quad-Lat Brim M	COVERED
L2520	Th/Wght Bear Quad-Lat Brim C	COVERED
L2525	Th/Wght Bear Nar M-L Brim Mo	COVERED
L2570	Hip Clevis Type 2 Posit Jnt	COVERED
L2580	Pelvic Control Pelvic Sling	COVERED
L2624	Hip Adj Flex Ext Abduct Cont	COVERED
L2627	Plastic Mold Recipro Hip & C	COVERED
L2628	Metal Frame Recipro Hip & Ca	COVERED
L2630	Pelvic Control Band & Belt U	COVERED
L2750	Plating Chrome/Nickel Pr Bar	COVERED
L2760	Extension Per Extension Per	COVERED
L2768	Ortho Sidebar Disconnect	COVERED
L2780	Non-Corrosive Finish	COVERED
L2785	Drop Lock Retainer Each	COVERED
L2795	Knee Control Full Kneecap	COVERED
L2800	Knee Cap Medial Or Lateral P	COVERED
L2820	Soft Interface Below Knee Se	COVERED
L2840	Tibial Length Sock Fx Or Equ	COVERED
L2850	Femoral Lgth Sock Fx Or Equa	COVERED
L2861	Torsion Mechanism Knee/Ankle	COVERED
L3000	Ft Insert Ucb Berkeley Shell	COVERED
L3001	Foot Insert Remov Molded Spe	COVERED
L3002	Foot Insert Plastazote Or Eq	COVERED
L3003	Foot Insert Silicone Gel Eac	COVERED
L3010	Foot Longitudinal Arch Suppo	COVERED
L3020	Foot Longitud/Metatarsal Sup	COVERED
L3050	Foot Arch Supp Premold Metat	COVERED
L3060	Foot Arch Supp Longitud/Meta	COVERED
L3070	Arch Suprt Att To Sho Longit	COVERED
L3080	Arch Supp Att To Shoe Metata	COVERED
L3090	Arch Supp Att To Shoe Long/M	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L3140	Abduction Rotation Bar Shoe	COVERED
L3160	Shoe Styled Positioning Dev	COVERED
L3170	Foot Plas Heel Stabi Pre Ots	COVERED
L3201	Oxford W Supinat/Pronat Inf	COVERED
L3202	Oxford W/ Supinat/Pronator C	COVERED
L3204	Hightop W/ Supp/Pronator Inf	COVERED
L3206	Hightop W/ Supp/Pronator Chi	COVERED
L3207	Hightop W/ Supp/Pronator Jun	COVERED
L3208	Surgical Boot Each Infant	COVERED
L3211	Surgical Boot Each Junior	COVERED
L3215	Orthopedic Ftwear Ladies Oxf	COVERED
L3216	Orthoped Ladies Shoes Dpth I	COVERED
L3219	Orthopedic Mens Shoes Oxford	COVERED
L3221	Orthopedic Mens Shoes Dpth I	COVERED
L3224	Woman's Shoe Oxford Brace	COVERED
L3225	Man's Shoe Oxford Brace	COVERED
L3230	Custom Shoes Depth Inlay	COVERED
L3251	Shoe Molded To Pt Silicone S	COVERED
L3252	Shoe Molded Plastazote Cust	COVERED
L3257	Orth Foot Add Charge Split S	COVERED
L3260	Ambulatory Surgical Boot Eac	COVERED
L3300	Sho Lift Taper To Metatarsal	COVERED
L3320	Shoe Lift Elev Heel/Sole Cor	COVERED
L3330	Lifts Elevation Metal Extens	COVERED
L3334	Shoe Lifts Elevation Heel /I	COVERED
L3390	Shoe Outflare Wedge	COVERED
L3400	Shoe Metatarsal Bar Wedge Ro	COVERED
L3480	Shoe Heel Pad & Depress For	COVERED
L3485	Shoe Heel Pad Removable For	COVERED
L3540	Ortho Shoe Add Full Sole	COVERED
L3570	O Shoe Add Instep Extension	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L3600	Trans Shoe Calip Plate Exist	COVERED
L3610	Trans Shoe Caliper Plate New	COVERED
L3620	Trans Shoe Solid Stirrup Exi	COVERED
L3640	Shoe Dennis Browne Splint Bo	COVERED
L3649	Orthopedic Shoe Modifica Nos	COVERED
L3650	So 8 Abd Restraint Pre Ots	COVERED
L3670	So Acro/Clav Can Web Pre Ots	COVERED
L3671	So Cap Design W/O Jnts Cf	COVERED
L3674	So Airplane W/Wo Joint Cf	COVERED
L3675	So Vest Canvas/Web Pre Ots	COVERED
L3677	So Hard Plas Stabili Pre Cst	COVERED
L3678	So Hard Plas Stabili Pre Ots	COVERED
L3702	Eo W/O Joints Cf	COVERED
L3710	Eo Elas W/Metal Jnts Pre Ots	COVERED
L3720	Forearm/Arm Cuffs Free Motio	COVERED
L3730	Forearm/Arm Cuffs Ext/Flex A	COVERED
L3740	Cuffs Adj Lock W/ Active Con	COVERED
L3760	Eo Withjoint, Prefabricated	COVERED
L3761	Eo, Adj Lock Joint Prefab Ot	COVERED
L3763	Ewho Rigid W/O Jnts Cf	COVERED
L3764	Ewho W/Joint(S) Cf	COVERED
L3765	Ewhfo Rigid W/O Jnts Cf	COVERED
L3766	Ewhfo W/Joint(S) Cf	COVERED
L3806	Whfo W/Joint(S) Custom Fab	COVERED
L3807	Whfo W/O Joints Pre Cst	COVERED
L3808	Whfo, Rigid W/O Joints	COVERED
L3809	Whfo W/O Joints Pre Ots	COVERED
L3891	Torsion Mechanism Wrist/Elbo	COVERED
L3900	Hinge Extension/Flex Wrist/F	COVERED
L3901	Hinge Ext/Flex Wrist Finger	COVERED
L3904	Whfo Electric Custom Fitted	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L3905	Who W/Nontorsion Jnt(S) Cf	COVERED
L3906	Who W/O Joints Cf	COVERED
L3913	Hfo W/O Joints Cf	COVERED
L3915	Who Nontorsion Jnts Pre Cst	COVERED
L3916	Who Nontorsion Jnts Pre Ots	COVERED
L3918	Metacarp Fx Orthosis Pre Ots	COVERED
L3923	Hfo Without Joints Pre Cst	COVERED
L3924	Hfo Without Joints Pre Ots	COVERED
L3925	Fo Pip Dip Jnt/Sprng Pre Ots	COVERED
L3927	Fo Pip Dip No Jt Spr Pre Ots	COVERED
L3931	Whfo Nontorsion Joint Prefab	COVERED
L3933	Fo W/O Joints Cf	COVERED
L3935	Fo Nontorsion Joint Cf	COVERED
L3956	Add Joint Upper Ext Orthosis	COVERED
L3960	Sewho Airplan Desig Abdu Pos	COVERED
L3961	Sewho Cap Design W/O Jnts Cf	COVERED
L3962	Sewho Erbs Palsey Design Abd	COVERED
L3967	Sewho Airplane W/O Jnts Cf	COVERED
L3971	Sewho Cap Design W/Jnt(S) Cf	COVERED
L3973	Sewho Airplane W/Jnt(S) Cf	COVERED
L3975	Sewhfo Cap Design W/O Jnt Cf	COVERED
L3976	Sewhfo Airplane W/O Jnts Cf	COVERED
L3977	Sewhfo Cap Desgn W/Jnt(S) Cf	COVERED
L3978	Sewhfo Airplane W/Jnt(S) Cf	COVERED
L3980	Up Ext Fx Orthos Humeral Nos	COVERED
L3981	Ue Fx Orth Shoul Cap Forearm	COVERED
L3982	Upper Ext Fx Orthosis Rad/UI	COVERED
L3984	Upper Ext Fx Orthosis Wrist	COVERED
L3995	Sock Fracture Or Equal Each	COVERED
L3999	Upper Limb Orthosis Nos	COVERED
L4000	Repl Girdle Milwaukee Orth	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L4002	Replace Strap, Any Orthosis	COVERED
L4010	Replace Trilateral Socket Br	COVERED
L4020	Replace Quadlat Socket Brim	COVERED
L4030	Replace Socket Brim Cust Fit	COVERED
L4040	Replace Molded Thigh Lacer	COVERED
L4045	Replace Non-Molded Thigh Lac	COVERED
L4050	Replace Molded Calf Lacer	COVERED
L4090	Repl Met Band Kafo-Afo Calf/	COVERED
L4100	Repl Leath Cuff Kafo Prox Th	COVERED
L4110	Repl Leath Cuff Kafo-Afo Cal	COVERED
L4130	Replace Pretibial Shell	COVERED
L4210	Orth Dev Repair/Repl Minor P	COVERED
L4350	Ankle Control Ortho Pre Ots	COVERED
L4360	Pneumat Walking Boot Pre Cst	COVERED
L4386	Non-Pneum Walk Boot Pre Cst	COVERED
L4392	Replace Afo Soft Interface	COVERED
L4394	Replace Foot Drop Spint	COVERED
L4397	Static Or Dynami Afo Pre Ots	COVERED
L4631	Afo, Walk Boot Type, Cus Fab	COVERED
L5000	Sho Insert W Arch Toe Filler	COVERED
L5010	Mold Socket Ank Hgt W/ Toe F	COVERED
L5020	Tibial Tubercle Hgt W/ Toe F	COVERED
L5050	Ank Symes Mold Sckt Sach Ft	COVERED
L5060	Symes Met Fr Leath Socket Ar	COVERED
L5100	Molded Socket Shin Sach Foot	COVERED
L5105	Plast Socket Jts/Thgh Lacer	COVERED
L5150	Mold Sckt Ext Knee Shin Sach	COVERED
L5160	Mold Socket Bent Knee Shin S	COVERED
L5200	Kne Sing Axis Fric Shin Sach	COVERED
L5210	No Knee/Ankle Joints W/ Ft B	COVERED
L5220	No Knee Joint With Artic Ali	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L5230	Fem Focal Defic Constant Fri	COVERED
L5250	Hip Canad Sing Axi Cons Fric	COVERED
L5270	Tilt Table Locking Hip Sing	COVERED
L5280	Hemipelvect Canad Sing Axis	COVERED
L5301	Bk Mold Socket Sach Ft Endo	COVERED
L5312	Knee Disart, Sach Ft, Endo	COVERED
L5321	Ak Open End Sach	COVERED
L5331	Hip Disart Canadian Sach Ft	COVERED
L5341	Hemipelvectomy Canadian Sach	COVERED
L5400	Postop Dress & 1 Cast Chg Bk	COVERED
L5410	Postop Dsg Bk Ea Add Cast Ch	COVERED
L5420	Postop Dsg & 1 Cast Chg Ak/D	COVERED
L5430	Postop Dsg Ak Ea Add Cast Ch	COVERED
L5450	Postop App Non-Wgt Bear Dsg	COVERED
L5460	Postop App Non-Wgt Bear Dsg	COVERED
L5500	Init Bk Ptb Plaster Direct	COVERED
L5505	Init Ak Ischal Plstr Direct	COVERED
L5510	Prep Bk Ptb Plaster Molded	COVERED
L5520	Perp Bk Ptb Thermopls Direct	COVERED
L5530	Prep Bk Ptb Thermopls Molded	COVERED
L5535	Prep Bk Ptb Open End Socket	COVERED
L5540	Prep Bk Ptb Laminated Socket	COVERED
L5560	Prep Ak Ischial Plast Molded	COVERED
L5570	Prep Ak Ischial Direct Form	COVERED
L5580	Prep Ak Ischial Thermo Mold	COVERED
L5585	Prep Ak Ischial Open End	COVERED
L5590	Prep Ak Ischial Laminated	COVERED
L5595	Hip Disartic Sach Thermopls	COVERED
L5600	Hip Disart Sach Laminat Mold	COVERED
L5610	Above Knee Hydracadence	COVERED
L5611	Ak 4 Bar Link W/Fric Swing	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L5613	Ak 4 Bar Ling W/Hydraul Swig	COVERED
L5614	4-Bar Link Above Knee W/Swng	COVERED
L5616	Ak Univ Multiplex Sys Frict	COVERED
L5618	Test Socket Symes	COVERED
L5620	Test Socket Below Knee	COVERED
L5624	Test Socket Above Knee	COVERED
L5626	Test Socket Hip Disarticulat	COVERED
L5629	Below Knee Acrylic Socket	COVERED
L5630	Syme Typ Expandabl Wall Sckt	COVERED
L5631	Ak/Knee Disartic Acrylic Soc	COVERED
L5632	Symes Type Ptb Brim Design S	COVERED
L5634	Symes Type Poster Opening So	COVERED
L5637	Below Knee Total Contact	COVERED
L5638	Below Knee Leather Socket	COVERED
L5639	Below Knee Wood Socket	COVERED
L5643	Hip Flex Inner Socket Ext Fr	COVERED
L5645	Bk Flex Inner Socket Ext Fra	COVERED
L5646	Below Knee Cushion Socket	COVERED
L5647	Below Knee Suction Socket	COVERED
L5649	Isch Containmt/Narrow M-L So	COVERED
L5650	Tot Contact Ak/Knee Disart S	COVERED
L5651	Ak Flex Inner Socket Ext Fra	COVERED
L5652	Suction Susp Ak/Knee Disart	COVERED
L5653	Knee Disart Expand Wall Sock	COVERED
L5655	Socket Insert Below Knee	COVERED
L5661	Multi-Durometer Symes	COVERED
L5665	Multi-Durometer Below Knee	COVERED
L5666	Below Knee Cuff Suspension	COVERED
L5668	Bk Molded Distal Cushion	COVERED
L5670	Bk Molded Supracondylar Susp	COVERED
L5671	Bk/Ak Locking Mechanism	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L5673	Socket Insert W Lock Mech	COVERED
L5676	Bk Knee Joints Single Axis P	COVERED
L5677	Bk Knee Joints Polycentric P	COVERED
L5678	Bk Joint Covers Pair	COVERED
L5679	Socket Insert W/O Lock Mech	COVERED
L5681	Intl Custm Cong/Latyp Insert	COVERED
L5682	Bk Thigh Lacer Glut/Ischia M	COVERED
L5683	Initial Custom Socket Insert	COVERED
L5685	Below Knee Sus/Seal Sleeve	COVERED
L5694	Ak Pelvic Control Belt Pad/L	COVERED
L5695	Ak Sleeve Susp Neoprene/Equa	COVERED
L5700	Replace Socket Below Knee	COVERED
L5701	Replace Socket Above Knee	COVERED
L5702	Replace Socket Hip	COVERED
L5703	Symes Ankle W/O (Sach) Foot	COVERED
L5704	Custom Shape Cover Bk	COVERED
L5705	Custom Shape Cover Ak	COVERED
L5706	Custom Shape Cvr Knee Disart	COVERED
L5707	Custom Shape Cvr Hip Disart	COVERED
L5711	Knee-Shin Exo Mnl Lock Ultra	COVERED
L5712	Knee-Shin Exo Frict Swg & St	COVERED
L5716	Knee-Shin Exo Mech Stance Ph	COVERED
L5718	Knee-Shin Exo Frct Swg & Sta	COVERED
L5722	Knee-Shin Pneum Swg Frct Exo	COVERED
L5724	Knee-Shin Exo Fluid Swing Ph	COVERED
L5726	Knee-Shin Ext Jnts Fld Swg E	COVERED
L5728	Knee-Shin Fluid Swg & Stance	COVERED
L5780	Knee-Shin Pneum/Hydra Pneum	COVERED
L5781	Lower Limb Pros Vacuum Pump	COVERED
L5782	Hd Low Limb Pros Vacuum Pump	COVERED
L5785	Exoskeletal Bk Ultralt Mater	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L5790	Exoskeletal Ak Ultra-Light M	COVERED
L5795	Exoskel Hip Ultra-Light Mate	COVERED
L5810	Endoskel Knee-Shin Mnl Lock	COVERED
L5811	Endo Knee-Shin Mnl Lck Ultra	COVERED
L5812	Endo Knee-Shin Frct Swg & St	COVERED
L5814	Endo Knee-Shin Hydral Swg Ph	COVERED
L5816	Endo Knee-Shin Polyc Mch Sta	COVERED
L5818	Endo Knee-Shin Frct Swg & St	COVERED
L5822	Endo Knee-Shin Pneum Swg Frc	COVERED
L5824	Endo Knee-Shin Fluid Swing P	COVERED
L5826	Miniature Knee Joint	COVERED
L5828	Endo Knee-Shin Fluid Swg/Sta	COVERED
L5830	Endo Knee-Shin Pneum/Swg Pha	COVERED
L5840	Multi-Axial Knee/Shin System	COVERED
L5845	Knee-Shin Sys Stance Flexion	COVERED
L5848	Knee-Shin Sys Hydraul Stance	COVERED
L5850	Endo Ak/Hip Knee Extens Assi	COVERED
L5855	Mech Hip Extension Assist	COVERED
L5856	Elec Knee-Shin Swing/Stance	COVERED
L5857	Elec Knee-Shin Swing Only	COVERED
L5858	Stance Phase Only	COVERED
L5859	Knee-Shin Pro Flex/Ext Cont	COVERED
L5910	Endo Below Knee Alignable Sy	COVERED
L5920	Endo Ak/Hip Alignable System	COVERED
L5925	Above Knee Manual Lock	COVERED
L5926	Endoskel Posit Rotat Unit	COVERED
L5930	High Activity Knee Frame	COVERED
L5940	Endo Bk Ultra-Light Material	COVERED
L5950	Endo Ak Ultra-Light Material	COVERED
L5960	Endo Hip Ultra-Light Materia	COVERED
L5961	Endo Poly Hip, Pneu/Hyd/Rot	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L5962	Below Knee Flex Cover System	COVERED
L5964	Above Knee Flex Cover System	COVERED
L5966	Hip Flexible Cover System	COVERED
L5968	Multiaxial Ankle W Dorsiflex	COVERED
L5969	Ak/Ft Power Asst Incl Motors	COVERED
L5971	Sach Foot, Replacement	COVERED
L5972	Flexible Keel Foot	COVERED
L5973	Ank-Foot Sys Dors-Plant Flex	COVERED
L5974	Foot Single Axis Ankle/Foot	COVERED
L5976	Energy Storing Foot	COVERED
L5979	Multi-Axial Ankle/Ft Prosth	COVERED
L5980	Flex Foot System	COVERED
L5981	Flex-Walk Sys Low Ext Prosth	COVERED
L5982	Exoskeletal Axial Rotation U	COVERED
L5984	Endoskeletal Axial Rotation	COVERED
L5986	Multi-Axial Rotation Unit	COVERED
L5987	Shank Ft W Vert Load Pylon	COVERED
L5988	Vertical Shock Reducing Pylo	COVERED
L5990	User Adjustable Heel Height	COVERED
L5991	Low Pros Ext Osseo Connector	COVERED
L5999	Lowr Extremity Prothes Nos	COVERED
L6000	Part Hand Thumb Rem	COVERED
L6010	Part Hand Little/Ring	COVERED
L6020	Part Hand No Fingers	COVERED
L6026	Part Hand Myo Exclu Term Dev	COVERED
L6050	Wrst Mld Sck Flx Hng Tri Pad	COVERED
L6055	Wrst Mold Sock W/Exp Interfa	COVERED
L6100	Elb Mold Sock Flex Hinge Pad	COVERED
L6110	Elbow Mold Sock Suspension T	COVERED
L6130	Elbow Stump Activated Lock H	COVERED
L6200	Elbow Mold Outsid Lock Hinge	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L6205	Elbow Molded W/ Expand Inter	COVERED
L6250	Elbow Inter Loc Elbow Forarm	COVERED
L6300	Shlder Disart Int Lock Elbow	COVERED
L6310	Shoulder Passive Restor Comp	COVERED
L6320	Shoulder Passive Restor Cap	COVERED
L6350	Thoracic Intern Lock Elbow	COVERED
L6360	Thoracic Passive Restor Comp	COVERED
L6370	Thoracic Passive Restor Cap	COVERED
L6380	Postop Dsg Cast Chg Wrst/Elb	COVERED
L6382	Postop Dsg Cast Chg Elb Dis/	COVERED
L6384	Postop Dsg Cast Chg Shlder/T	COVERED
L6400	Below Elbow Prosth Tiss Shap	COVERED
L6450	Elb Disart Prosth Tiss Shap	COVERED
L6500	Above Elbow Prosth Tiss Shap	COVERED
L6550	Shldr Disar Prosth Tiss Shap	COVERED
L6570	Scap Thorac Prosth Tiss Shap	COVERED
L6580	Wrist/Elbow Bowden Cable Mol	COVERED
L6582	Wrist/Elbow Bowden Cbl Dir F	COVERED
L6584	Elbow Fair Lead Cable Molded	COVERED
L6586	Elbow Fair Lead Cable Dir Fo	COVERED
L6588	Shdr Fair Lead Cable Molded	COVERED
L6590	Shdr Fair Lead Cable Direct	COVERED
L6611	Additional Switch, Ext Power	COVERED
L6615	Disconnect Locking Wrist Uni	COVERED
L6616	Disconnect Insert Locking Wr	COVERED
L6621	Flex/Ext Wrist W/Wo Friction	COVERED
L6624	Flex/Ext/Rotation Wrist Unit	COVERED
L6625	Rotation Wrst W/ Cable Lock	COVERED
L6628	Quick Disconn Hook Adapter O	COVERED
L6629	Lamination Collar W/ Couplin	COVERED
L6630	Stainless Steel Any Wrist	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L6635	Lift Assist For Elbow	COVERED
L6638	Elec Lock On Manual Pw Elbow	COVERED
L6646	Multipo Locking Shoulder Jnt	COVERED
L6647	Shoulder Lock Actuator	COVERED
L6648	Ext Pwrld Shlder Lock/Unlock	COVERED
L6655	Standard Control Cable Extra	COVERED
L6660	Heavy Duty Control Cable	COVERED
L6665	Teflon Or Equal Cable Lining	COVERED
L6670	Hook To Hand Cable Adapter	COVERED
L6675	Harness Figure Of 8 Sing Con	COVERED
L6676	Harness Figure Of 8 Dual Con	COVERED
L6680	Test Sock Wrist Disart/Bel E	COVERED
L6682	Test Sock Elbw Disart/Above	COVERED
L6686	Suction Socket	COVERED
L6687	Frame Typ Socket Bel Elbow/W	COVERED
L6688	Frame Typ Sock Above Elb/Dis	COVERED
L6689	Frame Typ Socket Shoulder Di	COVERED
L6690	Frame Typ Sock Interscap-Tho	COVERED
L6691	Removable Insert Each	COVERED
L6692	Silicone Gel Insert Or Equal	COVERED
L6693	Lockingelbow Forearm Cntrbal	COVERED
L6694	Elbow Socket Ins Use W/Lock	COVERED
L6695	Elbow Socket Ins Use W/O Lck	COVERED
L6696	Cus Elbo Skt In For Con/Atyp	COVERED
L6697	Cus Elbo Skt In Not Con/Atyp	COVERED
L6698	Below/Above Elbow Lock Mech	COVERED
L6704	Term Dev, Sport/Rec/Work Att	COVERED
L6706	Term Dev Mech Hook Vol Open	COVERED
L6707	Term Dev Mech Hook Vol Close	COVERED
L6708	Term Dev Mech Hand Vol Open	COVERED
L6709	Term Dev Mech Hand Vol Close	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L6711	Ped Term Dev, Hook, Vol Open	COVERED
L6712	Ped Term Dev, Hook, Vol Clos	COVERED
L6713	Ped Term Dev, Hand, Vol Open	COVERED
L6714	Ped Term Dev, Hand, Vol Clos	COVERED
L6715	Term Device, Multi Art Digit	COVERED
L6721	Hook/Hand, Hvy Dty, Vol Open	COVERED
L6722	Hook/Hand, Hvy Dty, Vol Clos	COVERED
L6880	Elec Hand Ind Art Digits	COVERED
L6881	Term Dev Auto Grasp Feature	COVERED
L6882	Microprocessor Control UpLmb	COVERED
L6883	Replc Sockt Below E/W Disa	COVERED
L6884	Replc Sockt Above Elbow Disa	COVERED
L6885	Replc Sockt Shldr Dis/Interc	COVERED
L6890	Prefab Glove For Term Device	COVERED
L6900	Hand Restorat Thumb/1 Finger	COVERED
L6905	Hand Restoration Multiple Fi	COVERED
L6910	Hand Restoration No Fingers	COVERED
L6915	Hand Restoration Replacmnt G	COVERED
L6920	Wrist Disarticul Switch Ctrl	COVERED
L6925	Wrist Disart Myoelectronic C	COVERED
L6930	Below Elbow Switch Control	COVERED
L6935	Below Elbow Myoelectronic Ct	COVERED
L6940	Elbow Disarticulation Switch	COVERED
L6945	Elbow Disart Myoelectronic C	COVERED
L6950	Above Elbow Switch Control	COVERED
L6955	Above Elbow Myoelectronic Ct	COVERED
L6960	Shldr Disartic Switch Contro	COVERED
L6965	Shldr Disartic Myoelectronic	COVERED
L6970	Interscapular-Thor Switch Ct	COVERED
L6975	Interscap-Thor Myoelectronic	COVERED
L7007	Adult Electric Hand	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L7008	Pediatric Electric Hand	COVERED
L7009	Adult Electric Hook	COVERED
L7040	Prehensile Actuator	COVERED
L7045	Pediatric Electric Hook	COVERED
L7170	Electronic Elbow Hosmer Swit	COVERED
L7180	Electronic Elbow Sequential	COVERED
L7181	Electronic Elbo Simultaneous	COVERED
L7185	Electron Elbow Adolescent Sw	COVERED
L7186	Electron Elbow Child Switch	COVERED
L7190	Elbow Adolescent Myoelectron	COVERED
L7191	Elbow Child Myoelectronic Ct	COVERED
L7259	Electronic Wrist Rotator Any Type	COVERED
L7366	Battery Chrgr 12 Volt Utah/E	COVERED
L7368	Lithium Ion Battery Charger	COVERED
L7400	Add Ue Prost Be/Wd, Ultlite	COVERED
L7401	Add Ue Prost A/E Ultlite Mat	COVERED
L7403	Add Ue Prost B/E Acrylic	COVERED
L7404	Add Ue Prost A/E Acrylic	COVERED
L7405	Add Ue Prost S/D Acrylic	COVERED
L7499	Upper Extremity Prosthes Nos	COVERED
L7510	Prosthetic Device Repair Rep	COVERED
L7600	Prosthetic Donning Sleeve	COVERED
L7700	Pros Soc Insert Gasket/Seal	COVERED
L7900	Male Vacuum Erection System	COVERED
L7902	Tension Ring, Vac Erect Dev	COVERED
L8002	Brst Prsth Bra & Bilat Form	COVERED
L8031	Breast Prosthesis W Adhesive	COVERED
L8032	Reusable Nipple Prosthesis	COVERED
L8033	Nipple Prosthesis, Custom Fabricated, Reusable, Any Material	COVERED
L8035	Custom Breast Prosthesis	COVERED
L8040	Nasal Prosthesis	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L8041	Midfacial Prosthesis	COVERED
L8042	Orbital Prosthesis	COVERED
L8043	Upper Facial Prosthesis	COVERED
L8044	Hemi-Facial Prosthesis	COVERED
L8045	Auricular Prosthesis	COVERED
L8046	Partial Facial Prosthesis	COVERED
L8047	Nasal Septal Prosthesis	COVERED
L8048	Unspec Maxillofacial Prosth	COVERED
L8049	Repair Maxillofacial Prosth	COVERED
L8300	Truss Single W/ Standard Pad	COVERED
L8310	Truss Double W/ Standard Pad	COVERED
L8320	Truss Addition To Std Pad Wa	COVERED
L8400	Sheath Below Knee	COVERED
L8410	Sheath Above Knee	COVERED
L8417	Pros Sheath/Sock W Gel Cushn	COVERED
L8420	Prosthetic Sock Multi Ply Bk	COVERED
L8430	Prosthetic Sock Multi Ply Ak	COVERED
L8435	Pros Sock Multi Ply Upper Lm	COVERED
L8440	Shrinker Below Knee	COVERED
L8460	Shrinker Above Knee	COVERED
L8465	Shrinker Upper Limb	COVERED
L8470	Pros Sock Single Ply Bk	COVERED
L8480	Pros Sock Single Ply Ak	COVERED
L8485	Pros Sock Single Ply Upper L	COVERED
L8499	Unlisted Misc Prosthetic Ser	COVERED
L8500	Artificial Larynx	COVERED
L8505	Artificial Larynx, Accessory	COVERED
L8509	Trach-Esoph Voice Pros Md In	COVERED
L8511	Indwelling Trach Insert	COVERED
L8512	Gel Cap For Trach Voice Pros	COVERED
L8513	Trach Pros Cleaning Device	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L8514	Repl Trach Puncture Dilator	COVERED
L8515	Gel Cap App Device For Trach	COVERED
L8603	Collagen Imp Urinary 2.5 MI	COVERED
L8604	Dextranomer/Hyaluronic Acid	COVERED
L8605	Inj Bulking Agent Anal Canal	COVERED
L8606	Synthetic Implnt Urinary 1MI	COVERED
L8607	Inj Vocal Cord Bulking Agent	COVERED
L8608	Miscellaneous External Component, Supply Or Accessory For Us	COVERED
L8609	Artificial Cornea	COVERED
L8612	Aqueous Shunt Prosthesis	COVERED
L8613	Ossicular Implant	COVERED
L8614	Cochlear Device	COVERED
L8615	Coch Implant Headset Replace	COVERED
L8616	Coch Implant Microphone Repl	COVERED
L8619	Coch Imp Ext Proc/Contr Rplc	COVERED
L8624	Lith Ion Batt Cid, Ear Level	COVERED
L8625	Charger Coch Impl/Aoi Battry	COVERED
L8627	Cid Ext Speech Process Repl	COVERED
L8628	Cid Ext Controller Repl	COVERED
L8629	Cid Transmit Coil And Cable	COVERED
L8630	Metacarpophalangeal Implant	COVERED
L8631	Mcp Joint Repl 2 Pc Or More	COVERED
L8641	Metatarsal Joint Implant	COVERED
L8642	Hallux Implant	COVERED
L8658	Interphalangeal Joint Spacer	COVERED
L8659	Interphalangeal Joint Repl	COVERED
L8670	Vascular Graft, Synthetic	COVERED
L8678	Ext Sply Implt Neurosim	COVERED
L8679	Imp Neurosti Pls Gn Any Type	COVERED
L8680	Implt Neurostim Elctr Each	COVERED
L8681	Pt Prgm For Implt Neurostim	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
L8682	Implt Neurostim Radiofq Rec	COVERED
L8683	Radiofq Trsmtr For Implt Neu	COVERED
L8684	Radiof Trsmtr Implt Scrl Neu	COVERED
L8685	Implt Nrostm Pls Gen Sng Rec	COVERED
L8686	Implt Nrostm Pls Gen Sng Non	COVERED
L8687	Implt Nrostm Pls Gen Dua Rec	COVERED
L8688	Implt Nrostm Pls Gen Dua Non	COVERED
L8689	External Recharg Sys Intern	COVERED
L8690	Aud Osseo Dev, Int/Ext Comp	COVERED
L8691	Osseointegrated Snd Proc Rpl	COVERED
L8692	Non-Osseointegrated Snd Proc	COVERED
L8693	Aud Osseo Dev, Abutment	COVERED
L8694	Aoi Transducer/Actuator Repl	COVERED
L8695	External Recharg Sys Extern	COVERED
L8696	Ext Antenna Phren Nerve Stim	COVERED
M0075	Cellular Therapy	COVERED
M0076	Prolotherapy	COVERED
M0100	Intragastric Hypothermia	COVERED
M0224	Pemivibart Infusion	COVERED
M0300	Iv Chelationtherapy	COVERED
M0301	Fabric Wrapping Of Aneurysm	COVERED
M1072	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1073	Rom Rad Therapy Anal, Tc	COVERED
M1074	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1075	Rom Rad Therapy Bladder,	COVERED
M1076	Rom Rad Ther Bone Mets, P	COVERED
M1077	Rom Rad Ther Bone Mets, T	COVERED
M1078	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1079	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1080	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1081	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
M1082	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1083	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1084	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1085	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1086	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1087	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1088	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1089	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1094	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1095	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1096	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1097	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1098	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1099	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1101	Radiation Therapy For Prostate Cancer Under The Radiation On	COVERED
M1102	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1103	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1104	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
M1105	Radiation Therapy Under The Radiation Oncology Model, 90-Day	COVERED
P2029	Congo Red Blood Test	COVERED
P2031	Hair Analysis	COVERED
P2033	Blood Thymol Turbidity	COVERED
P2038	Blood Mucoprotein	COVERED
P9019	Platelets, Each Unit	COVERED
P9022	Washed Red Blood Cells Unit	COVERED
P9023	Frozen Plasma, Pooled, Sd	COVERED
P9025	Pathogen Reduced Plasma, Cryoprecipitate Reduced	COVERED
P9026	Pathogen Reduced Cryoprecipitated Fibrinogen Complex	COVERED
P9027	Rbc O2 Co2 Reduced	COVERED
P9031	Platelets Leukocytes Reduced	COVERED
P9032	Platelets, Irradiated	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
P9033	Platelets Leukoreduced Irrad	COVERED
P9034	Platelets, Pheresis	COVERED
P9036	Platelet Pheresis Irradiated	COVERED
P9038	Rbc Irradiated	COVERED
P9039	Rbc Deglycerolized	COVERED
P9043	Plasma Protein Fract,5%,50MI	COVERED
P9045	Albumin (Human), 5%, 250 MI	COVERED
P9047	Albumin (Human), 25%, 50MI	COVERED
P9048	Plasmaprotein Fract,5%,250MI	COVERED
P9050	Granulocytes, Pheresis Unit	COVERED
P9051	Blood, L/R, Cmv-Neg	COVERED
P9052	Platelets, Hla-M, L/R, Unit	COVERED
P9053	Plt, Pher, L/R Cmv-Neg, Irr	COVERED
P9054	Blood, L/R, Froz/Degly/Wash	COVERED
P9055	Plt, Aph/Pher, L/R, Cmv-Neg	COVERED
P9056	Blood, L/R, Irradiated	COVERED
P9057	Rbc, Frz/Deg/Wsh, L/R, Irrad	COVERED
P9058	Rbc, L/R, Cmv-Neg, Irrad	COVERED
P9060	Fr Frz Plasma Donor Retested	COVERED
P9073	Platelets, Pathogen Reduced	COVERED
P9615	Urine Specimen Collect Mult	COVERED
Q0035	Cardiokymography	COVERED
Q0081	Infusion Ther Other Than Che	COVERED
Q0083	Chemo By Other Than Infusion	COVERED
Q0084	Chemotherapy By Infusion	COVERED
Q0085	Chemo By Both Infusion And O	COVERED
Q0113	Pinworm Examinations	COVERED
Q0114	Fern Test	COVERED
Q0115	Post-Coital Mucous Exam	COVERED
Q0138	Ferumoxytol, Non-Esrd	COVERED
Q0139	Ferumoxytol, Esrd Use	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q0167	Dronabinol 2.5Mg Oral	COVERED
Q0173	Trimethobenzamide Hcl 250Mg	COVERED
Q0174	Thiethylperazine Maleate10mg	COVERED
Q0175	Perphenazine 4Mg Oral	COVERED
Q0180	Dolasetron Mesylate Oral	COVERED
Q0181	Unspecified Oral Anti-Emetic	COVERED
Q0224	Pemivibart Injection	COVERED
Q0477	Pwr Module Pt Cable Lvad Rpl	COVERED
Q0478	Power Adapter, Combo Vad	COVERED
Q0479	Power Module Combo Vad, Rep	COVERED
Q0480	Driver Pneumatic Vad, Rep	COVERED
Q0481	Microprcsr Cu Elec Vad, Rep	COVERED
Q0482	Microprcsr Cu Combo Vad, Rep	COVERED
Q0483	Monitor Elec Vad, Rep	COVERED
Q0484	Monitor Elec Or Comb Vad Rep	COVERED
Q0485	Monitor Cable Elec Vad, Rep	COVERED
Q0486	Mon Cable Elec/Pneum Vad Rep	COVERED
Q0487	Leads Any Type Vad, Rep Only	COVERED
Q0488	Pwr Pack Base Elec Vad, Rep	COVERED
Q0489	Pwr Pck Base Combo Vad, Rep	COVERED
Q0490	Emr Pwr Source Elec Vad, Rep	COVERED
Q0491	Emr Pwr Source Combo Vad Rep	COVERED
Q0492	Emr Pwr Cbl Elec Vad, Rep	COVERED
Q0493	Emr Pwr Cbl Combo Vad, Rep	COVERED
Q0494	Emr Hd Pmp Elec/Combo, Rep	COVERED
Q0495	Charger Elec/Combo Vad, Rep	COVERED
Q0496	Battery Elec/Combo Vad, Rep	COVERED
Q0497	Bat Clps Elec/Comb Vad, Rep	COVERED
Q0498	Holster Elec/Combo Vad, Rep	COVERED
Q0499	Belt/Vest Elec/Combo Vad Rep	COVERED
Q0500	Filters Elec/Combo Vad, Rep	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q0501	Shwr Cov Elec/Combo Vad, Rep	COVERED
Q0502	Mobility Cart Pneum Vad, Rep	COVERED
Q0503	Battery Pneum Vad Replacemnt	COVERED
Q0504	Pwr Adpt Pneum Vad, Rep Veh	COVERED
Q0506	Lith-Ion Batt Elec/Pneum Vad	COVERED
Q0507	Misc Sup/Acc Ext Vad	COVERED
Q0508	Mis Sup/Acc Imp Vad	COVERED
Q0509	Mis Sup/Ac Imp Vad Nopay Med	COVERED
Q0515	Sermorelin Acetate Injection	COVERED
Q1004	Ntiol Category 4	COVERED
Q1005	Ntiol Category 5	COVERED
Q2004	Bladder Calculi Irrig Sol	COVERED
Q2017	Teniposide, 50 Mg	COVERED
Q2026	Radiesse Injection	COVERED
Q2028	Inj, Sculptra, 0.5 Mg	COVERED
Q2036	Flulaval Vacc, 3 Yrs & >, Im	COVERED
Q2041	Axicabtagene Ciloleucel C	COVERED
Q2042	Tisagenlecleucel Car-Pos	COVERED
Q2043	Sipuleucel-T Auto Cd54+	COVERED
Q2049	Imported Lipodox Inj	COVERED
Q2050	Doxorubicin Inj 10Mg	COVERED
Q2052	Ivig Demo, Services/Supplies	COVERED
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti	COVERED
Q2054	Lisocabtagene Maraleucel Is A Car-T Therapy Indicated For Th	COVERED
Q2055	Idecabtagene Vicleucel Car	COVERED
Q2056	Cilta Cel To 100 M Auto Bcma Dir Car-Pos Tc Dose	COVERED
Q2057	Afamitresgene Autoleucel	COVERED
Q3027	Inj Beta Interferon Im 1 Mcg	COVERED
Q3028	Inj Beta Interferon Sq 1 Mcg	COVERED
Q3031	Collagen Skin Test	COVERED
Q4002	Cast Sup Body Cast Fiberglas	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4003	Cast Sup Shoulder Cast Plstr	COVERED
Q4004	Cast Sup Shoulder Cast Fbrgl	COVERED
Q4005	Cast Sup Long Arm Adult Plst	COVERED
Q4013	Cast Sup Gauntlet Plaster	COVERED
Q4015	Cast Sup Gauntlet Ped Plster	COVERED
Q4025	Cast Sup Hip Spica Plaster	COVERED
Q4026	Cast Sup Hip Spica Fiberglas	COVERED
Q4027	Cast Sup Hip Spica Ped Plstr	COVERED
Q4028	Cast Sup Hip Spica Ped Fbrgl	COVERED
Q4029	Cast Sup Long Leg Plaster	COVERED
Q4031	Cast Sup Lng Leg Ped Plaster	COVERED
Q4035	Cast Sup Lngleg Cylndr Ped P	COVERED
Q4036	Cast Sup Lngleg Cylndr Ped F	COVERED
Q4039	Cast Sup Shrt Leg Ped Plster	COVERED
Q4043	Cast Sup Lng Leg Splnt Ped P	COVERED
Q4047	Cast Sup Sht Leg Splnt Ped P	COVERED
Q4074	Iloprost Non-Comp Unit Dose	COVERED
Q4082	Drug/Bio Noc Part B Drug Cap	COVERED
Q4100	Skin Substitute, Nos	COVERED
Q4101	Apligraf	COVERED
Q4103	Oasis Burn Matrix	COVERED
Q4108	Integra Matrix	COVERED
Q4110	Primatrix	COVERED
Q4111	Gammagraft	COVERED
Q4112	Cymetra Injectable	COVERED
Q4113	Graftjacket Xpress	COVERED
Q4114	Integra Flowable Wound Matri	COVERED
Q4115	Alloskin	COVERED
Q4117	Hyalomatrix	COVERED
Q4121	Theraskin	COVERED
Q4123	Alloskin	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4124	Oasis Tri-Layer Wound Matrix	COVERED
Q4127	Talymed	COVERED
Q4128	Flexhd Or Allopatchhd Per Sq Cm	COVERED
Q4131	Epifix	COVERED
Q4132	Grafix Core	COVERED
Q4133	Grafix Prime	COVERED
Q4134	Hmatrix	COVERED
Q4135	Mediskin	COVERED
Q4136	Ezderm	COVERED
Q4138	Biodfence Dryflex, 1 Cm	COVERED
Q4139	Amnio Or Biodmatrix, Inj 1Cc	COVERED
Q4140	Biodfence 1 Cm	COVERED
Q4142	Xcm Biologic Tiss Matrix 1 Cm	COVERED
Q4145	Epifix, Inj, 1 Mg	COVERED
Q4146	Tensix, 1 Cm	COVERED
Q4147	Architect Ecm Px Fx 1 Sq Cm	COVERED
Q4148	Neox 1K, 1Cm	COVERED
Q4149	Excellagen, 0.1 Cc	COVERED
Q4158	Marigen Per Square Cm	COVERED
Q4159	Affinity1 Per Square Cm	COVERED
Q4160	Nushield Per Square Cm	COVERED
Q4167	Truskin, Per Sq Centimeter	COVERED
Q4168	Amnioband, 1 Mg	COVERED
Q4169	Artacent Wound, Per Sq Cm	COVERED
Q4171	Interfyl, 1 Mg	COVERED
Q4173	Palingen Or Palingen Xplus	COVERED
Q4174	Palingen Or Promatrnx	COVERED
Q4177	Floweramnioflo, 0.1 Cc	COVERED
Q4178	Floweramniopatch, Per Sq Cm	COVERED
Q4179	Flowerderm, Per Sq Cm	COVERED
Q4180	Revita, Per Sq Cm	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4181	Amnio Wound, Per Square Cm	COVERED
Q4182	Transcyte, Per Sq Centimeter	COVERED
Q4183	Surgigraft, Per Sq Cm	COVERED
Q4184	Cellesta Or Cellesta Duo, Per Sq Cm	COVERED
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc); Per 0.5 Cc	COVERED
Q4186	Epifix, Per Sq Cm	COVERED
Q4187	Epicord, Per Sq Cm	COVERED
Q4189	Artacent Ac, 1 Mg	COVERED
Q4190	Artacent Ac, Per Sq Cm	COVERED
Q4191	Restorigin, Per Sq Cm	COVERED
Q4192	Restorigin, 1 Cc	COVERED
Q4193	Coll-E-Derm, Per Sq Cm	COVERED
Q4194	Novachor, Per Sq Cm	COVERED
Q4195	Puraply, Per Sq Cm	COVERED
Q4196	Puraply Am, Per Sq Cm	COVERED
Q4198	Genesis Amniotic Membrane, Per Sq Cm	COVERED
Q4199	Cygnus Matrix, Per Sq Cm	COVERED
Q4200	Skinte, Per Sq Cm	COVERED
Q4202	Keroxx (2.5 G/Cc), 1 Cc	COVERED
Q4204	Xwrap, Per Sq Cm	COVERED
Q4206	Fluid Flow Or Fluid Gf 1 Cc	COVERED
Q4208	Novafix Per Sq Cm	COVERED
Q4209	Surgraft Per Sq Cm	COVERED
Q4211	Amnion Bio/Axobiomembrane Per Sq Cm	COVERED
Q4212	Allogen Per Cc	COVERED
Q4213	Ascent 0.5 Mg	COVERED
Q4214	Cellesta Cord Per Sq Cm	COVERED
Q4215	Axolotl Ambient/Axolotl Cryo 0.1 Mg	COVERED
Q4216	Artacent Cord Per Sq Cm	COVERED
Q4217	Wndfix Biownd Wndfix + X + /X+ P Sc	COVERED
Q4218	Surgicord Per Sq Cm	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4219	Surgigraft-Dual Per Sq Cm	COVERED
Q4220	Bellacell Hd Or Surederm Per Sq Cm	COVERED
Q4221	Amnio Wrap2 Per Sq Cm	COVERED
Q4222	Progenamatrix Per Sq Cm	COVERED
Q4224	Human Health Factor 10 Amniotic Patch (Hhf10-P), Per Sq Cm	COVERED
Q4225	Amniobind, Per Sq Cm	COVERED
Q4226	Myown Sk Incl Harv & Prep Proc P Sc	COVERED
Q4227	Amniocore, Per Square Centimeter	COVERED
Q4229	Cogenex Amniotic Membrane, Per Square Centimeter	COVERED
Q4230	Cogenex Flowable Amnion, Per 0.5 Cc	COVERED
Q4232	Corplex, Per Square Centimeter	COVERED
Q4233	Surfactor Or Nudyn, Per 0.5 Cc	COVERED
Q4234	Xcellerate, Per Square Centimeter	COVERED
Q4235	Amniorepair Or Altipty, Per Square Centimeter	COVERED
Q4237	Cryo-Cord, Per Square Centimeter	COVERED
Q4238	Derm-Maxx, Per Square Centimeter	COVERED
Q4239	Amnio-Maxx Or Amnio-Maxx Lite, Per Square Centimeter	COVERED
Q4240	Corecyte, For Topical Use Only, Per 0.5 Cc	COVERED
Q4241	Polycyte, For Topical Use Only, Per 0.5 Cc	COVERED
Q4242	Amniocyte Plus, Per 0.5 Cc	COVERED
Q4245	Amniotext, Per Cc	COVERED
Q4246	Coretext Or Prottext, Per Cc	COVERED
Q4247	Amniotext Patch, Per Square Centimeter	COVERED
Q4248	Dermacyte Amniotic Membrane Allograft, Per Square Centimeter	COVERED
Q4249	Amnipty, Per Sq Cm	COVERED
Q4250	Amnioamp-Mp Per Sq Cm	COVERED
Q4251	Assessment By Department Of Veterans Affairs Chaplain Servic	COVERED
Q4253	Counseling, Group, By Department Of Veterans Affairs Chaplai	COVERED
Q4254	Novafix DI Per Sq Cm	COVERED
Q4255	Reguard, Topical Use Per Sq	COVERED
Q4256	Mlg-Complete, Per Sq Cm	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4257	Release, Per Sq Cm	COVERED
Q4258	Enverse, Per Sq Cm	COVERED
Q4259	Celera Dual Layer Or Celera Dual Membrane, Per Sq Cm	COVERED
Q4260	Signature Apatch, Per Sq Cm	COVERED
Q4261	Tag, Per Sq Cm	COVERED
Q4262	Dual Layer Impax, Per Sq Cm	COVERED
Q4263	Surgraft TI, Per Sq Cm	COVERED
Q4264	Cocoon Membrane, Per Sq Cm	COVERED
Q4265	Neostim TI Per Sq Cm	COVERED
Q4266	Neostim Per Sq Cm	COVERED
Q4267	Neostim DI Per Sq Cm	COVERED
Q4268	Surgraft Ft Per Sq Cm	COVERED
Q4269	Surgraft Xt Per Sq Cm	COVERED
Q4270	Complete SI Per Sq Cm	COVERED
Q4271	Complete Ft Per Sq Cm	COVERED
Q4272	Esano A, Per Sq Cm	COVERED
Q4273	Esano Aaa, Per Sq Cm	COVERED
Q4274	Esano Ac, Per Sq Cm	COVERED
Q4275	Esano Aca, Per Sq Cm	COVERED
Q4276	Orion, Per Sq Cm	COVERED
Q4280	Xcell Amnio Matrix Per Sq	COVERED
Q4281	Barrera Slor DI Per Sq Cm	COVERED
Q4282	Cygnus Dual Per Sq Cm	COVERED
Q4283	Biovance Tri Or 3L, Sq Cm	COVERED
Q4284	Dermabind SI, Per Sq Cm	COVERED
Q4285	Nudyn DI Or DI Mesh Pr Sq Cm	COVERED
Q4286	Nudyn SI Or SIw, Per Sq Cm	COVERED
Q4334	Amnioplast 1, Per Sq Cm	COVERED
Q4335	Amnioplast 2, Per Sq Cm	COVERED
Q4336	Artecent C, Per Sq Cm	COVERED
Q4337	Artecent Trident, Per Sq Cm	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4338	Artecent Velos, Per Sq Cm	COVERED
Q4339	Artecent Vericlen, Per Sq Cm	COVERED
Q4340	Simpligraft, Per Sq Cm	COVERED
Q4341	Simplimax, Per Sq Cm	COVERED
Q4342	Theramend, Per Sq Cm	COVERED
Q4343	Dermacyte Ac Matr Per Sq Cm	COVERED
Q4344	Tri Membrane Wrap, Per Sq Cm	COVERED
Q4345	Matrix Hd Allogrft Per Sq Cm	COVERED
Q4346	Shelter Dm Matrix Per Sq Cm	COVERED
Q4347	Rampart DI Matrix Per Sq Cm	COVERED
Q4348	Sentry SI Matrix Per Sq Cm	COVERED
Q4349	Mantle DI Matrix Per Sq Cm	COVERED
Q4350	Palisade Dm Matrix Per Sq Cm	COVERED
Q4351	Enclose TI Matrix, Per Sq Cm	COVERED
Q4352	Overlay SI Matrix, Per Sq Cm	COVERED
Q4353	Xceed TI Matrix Per Sq Cm	COVERED
Q4354	Palingen Dual-Layer Sq Cm	COVERED
Q4355	Abio Xpl Abio Xpl Hy P Sq Cm	COVERED
Q4356	Abio Mem Abio Hyd Per Sq Cm	COVERED
Q4357	Xwrap Plus, Per Sq Cm	COVERED
Q4358	Xwrap Dual, Per Sq Cm	COVERED
Q4359	Choripty, Per Sq Cm	COVERED
Q4360	Amchoplast Fd Per Sq Cm	COVERED
Q4361	Epixpress, Per Sq Cm	COVERED
Q4362	Cygnus Disk, Per Sq Cm	COVERED
Q4363	Am Bur Mem Hydro Per Sq Cm	COVERED
Q4364	Am Bur Xp Mem Xpl Hy P Sq Cm	COVERED
Q4365	Amnio Bur DI Mem Per Sq Cm	COVERED
Q4366	DI Amnio Bur X-Mem Per Sq Cm	COVERED
Q4367	Amniocore SI, Per Sq Cm	COVERED
Q5007	Hospice In Ltch	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q5008	Hospice In Inpatient Psych	COVERED
Q5101	Inj Filgrastim G-Csf Biosim, 1 Mg	COVERED
Q5102	Injection, Infliximab, Biosimilar, 10 Mg	COVERED
Q5103	Injection, Inflectra	COVERED
Q5104	Injection, Renflexis	COVERED
Q5105	Inj Retacrit Esrd On Dialysi	COVERED
Q5106	Inj Retacrit Non-Esrd Use	COVERED
Q5107	Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg 201	COVERED
Q5108	Injection, Fulphila	COVERED
Q5109	Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg	COVERED
Q5110	Nivestym	COVERED
Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 Mg	COVERED
Q5112	Injection, Trastuzumab-Dttb, Biosimilar, (Ontruzant), 10 Mg	COVERED
Q5113	Injection, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 Mg	COVERED
Q5114	Injection, Trastuzumab-Dkst, Biosimilar, (Ogivri), 10 Mg	COVERED
Q5115	Inj Rituximab-Abbs Bio 10	COVERED
Q5116	Inj Trastuzumab-Qyyp Biosimlr 10 Mg	COVERED
Q5117	Inj Trastuzumab-Anns Biosimlr 10 Mg	COVERED
Q5118	Inj Bevacizumab-Bvcr Biosimlr 10 Mg	COVERED
Q5119	Injection, Rituximab-Pvvr, Biosimilar, (Ruxience), 10 Mg	COVERED
Q5120	Injection, Pegfilgrastim-Bmez, Biosimilar, (Ziextenzo), 0.5	COVERED
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 Mg	COVERED
Q5122	Inj, Nyvepria	COVERED
Q5123	Injection, Rituximab-Arrx, Biosimilar, (Riabni), 10 Mg	COVERED
Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (Byooviz), 0.1 Mg	COVERED
Q5125	Injection Filgrastim-Ayow Biosimilar 1 Mcg	COVERED
Q5126	Inj Alymsys 10 Mg	COVERED
Q5127	Inj, Stimufend, 0.5 Mg	COVERED
Q5128	Inj, Cimerli, 0.1 Mg	COVERED
Q5129	Inj, Vegzelma, 10 Mg	COVERED
Q5130	Inj, Fylnetra, 0.5 Mg	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q5133	Inj, Tofidence, 1 Mg	COVERED
Q5134	Inj, Tyruko, 1 Mg	COVERED
Q5135	Inj, Tyenne, 1 Mg	COVERED
Q5136	Inj. Denosumab-Bbdz, 1 Mg	COVERED
Q5140	Inj Adalimumab-Fkjp, 1 Mg	COVERED
Q5141	Inj Adalimumab-Aaty, 1 Mg	COVERED
Q5142	Inj Adalimumab-Ryvk, 1 Mg	COVERED
Q5143	Inj Adalimumab-Adbm, 1 Mg	COVERED
Q5144	Inj, Idacio, 1 Mg	COVERED
Q5145	Inj, Abrilada, 1 Mg	COVERED
Q5146	Inj, Hercessi, 10 Mg	COVERED
Q5147	Inj, Aflibercept-Ayyh, 1 Mg	COVERED
Q5149	Inj, Aflibercept-Abzv, 1 Mg	COVERED
Q5150	Inj, Aflibercept-Mrbb, 1 Mg	COVERED
Q5151	Inj, Eculizumab-Aagh, 2 Mg	COVERED
Q5152	Inj, Eculizumab-Aeeb, 2 Mg	COVERED
Q9003	Counseling Group By Chaplain Services	COVERED
Q9004	For Spiritual Assessment By Department Of Veterans Affairs C	COVERED
Q9950	Injection, Sulfur Hexafluoride Lipid Microspheres, Per MI	COVERED
Q9951	Locm >= 400 Mg/MI Iodine,1MI	COVERED
Q9953	Inj Fe-Based Mr Contrast,1MI	COVERED
Q9955	Inj Perflexane Lip Micros,MI	COVERED
Q9959	Hocm 150-199Mg/MI Iodine,1MI	COVERED
Q9960	Hocm 200-249Mg/MI Iodine,1MI	COVERED
Q9964	Hocm>= 400Mg/MI Iodine, 1MI	COVERED
Q9976	Inj Ferric Pyrophosphate Cit, 0.1Mg	COVERED
Q9978	Netupitant Palonosetron 300/0.5 Mg	COVERED
Q9982	Flutemetamol F18 Diagnost	COVERED
Q9983	Florbetaben F18 Diagnosti	COVERED
Q9991	Buprenorph Xr 100 Mg Or Less	COVERED
Q9992	Buprenorphine Xr Over 100 Mg	COVERED

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Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q9996	Ustekinumab- Ttwe Sub Cu Inj	COVERED
Q9997	Ustekinumab-Ttwe Iv Inj 1 Mg	COVERED
Q9998	Ustekinumab-Aekn Inj	COVERED
Q9999	Inj Ustekinumab-Aauz 1 Mg	COVERED
R0076	Transport Portable Ekg	COVERED
S0013	Esketamine, Nasal Spray	COVERED
S0014	Tacrine Hydrochloride, 10 Mg	COVERED
S0021	Injection, Cefoperazone Sod	COVERED
S0034	Injection, Ofloxacin, 400 Mg	COVERED
S0040	Injection, Ticarcillin Disod	COVERED
S0078	Injection, Fosphenytoin Sodi	COVERED
S0080	Injection, Pentamidine Iseth	COVERED
S0081	Injection, Piperacillin Sodi	COVERED
S0088	Imatinib 100 Mg	COVERED
S0090	Sildenafil Citrate, 25 Mg	COVERED
S0091	Granisetron 1Mg	COVERED
S0092	Hydromorphone 250 Mg	COVERED
S0093	Morphine 500 Mg	COVERED
S0104	Zidovudine, Oral, 100 Mg	COVERED
S0106	Bupropion Hcl Sr 60 Tablets	COVERED
S0108	Mercaptopurine 50 Mg	COVERED
S0117	Tretinoin Topical 5 G	COVERED
S0119	Ondansetron 4 Mg	COVERED
S0122	Inj Menotropins 75 Iu	COVERED
S0126	Inj Follitropin Alfa 75 Iu	COVERED
S0128	Inj Follitropin Beta 75 Iu	COVERED
S0132	Inj Ganirelix Acetat 250 Mcg	COVERED
S0136	Clozapine, 25 Mg	COVERED
S0137	Didanosine, 25 Mg	COVERED
S0139	Minoxidil, 10 Mg	COVERED
S0140	Saquinavir, 200 Mg	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S0142	Colistimethate Inh Sol Mg	COVERED
S0145	Peg Interferon Alfa-2A/180	COVERED
S0148	Peg Interferon Alfa-2B/10	COVERED
S0155	Epoprostenol Dilutant	COVERED
S0156	Exemestane, 25 Mg	COVERED
S0157	Becaplermin Gel 1%, 0.5 Gm	COVERED
S0160	Dextroamphetamine	COVERED
S0170	Anastrozole 1 Mg	COVERED
S0172	Chlorambucil 2 Mg	COVERED
S0174	Dolasetron 50 Mg	COVERED
S0175	Flutamide 125 Mg	COVERED
S0176	Hydroxyurea 500 Mg	COVERED
S0177	Levamisole 50 Mg	COVERED
S0178	Lomustine 10 Mg	COVERED
S0179	Megestrol 20 Mg	COVERED
S0182	Procarbazine, Oral	COVERED
S0189	Testosterone Pellet 75 Mg	COVERED
S0194	Vitamin Suppl 100 Caps	COVERED
S0201	Partial Hospitalization Serv	COVERED
S0207	Paramedicintercep Nonhospals	COVERED
S0208	Paramed Intrcept Nonvol	COVERED
S0220	Medical Conference By Physic	COVERED
S0221	Medical Conference, 60 Min	COVERED
S0250	Comp Geriatr Assmt Team	COVERED
S0255	Hospice Refer Visit Nonmd	COVERED
S0260	H&P For Surgery	COVERED
S0270	Home Std Case Rate 30 Days	COVERED
S0271	Home Hospice Case 30 Days	COVERED
S0272	Home Episodic Case 30 Days	COVERED
S0273	Md Home Visit Outside Cap	COVERED
S0274	Nurse Practr Visit Outs Cap	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S0281	Medical Home, Maintenance	COVERED
S0302	Completed Epsdt	COVERED
S0310	Hospitalist Visit	COVERED
S0315	Disease Management Program	COVERED
S0316	Follow-Up/Reassessment	COVERED
S0317	Disease Mgmt Per Diem	COVERED
S0320	Rn Telephone Calls To Dmp	COVERED
S0340	Lifestyle Mod 1St Stage	COVERED
S0341	Lifestyle Mod 2 Or 3 Stage	COVERED
S0342	Lifestyle Mod 4Th Stage	COVERED
S0353	Cancer Treatment Plan Initial	COVERED
S0354	Cancer Treatment Plan Change	COVERED
S0390	Rout Foot Care Per Visit	COVERED
S0395	Impression Casting Ft	COVERED
S0400	Global Eswl Kidney	COVERED
S0500	Dispos Cont Lens	COVERED
S0504	Singl Prscrp Lens	COVERED
S0506	Bifoc Prscrp Lens	COVERED
S0508	Trifoc Prscrp Lens	COVERED
S0510	Non-Prscrp Lens	COVERED
S0514	Color Cont Lens	COVERED
S0515	Scleral Lens Liquid Bandage	COVERED
S0516	Safety Frames	COVERED
S0518	Sunglass Frames	COVERED
S0580	Polycarb Lens	COVERED
S0581	Nonstd Lens	COVERED
S0590	Misc Integral Lens Serv	COVERED
S0592	Comp Cont Lens Eval	COVERED
S0595	New Lenses In Pts Old Frame	COVERED
S0596	Phakic Iol Refractive Error	COVERED
S0601	Screening Proctoscopy	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S0610	Annual Gynecological Examina	COVERED
S0618	Audiometry For Hearing Aid	COVERED
S0620	Routine Ophthalmological Exa	COVERED
S0621	Routine Ophthalmological Exa	COVERED
S0622	Phys Exam For College	COVERED
S0800	Laser In Situ Keratomileusis	COVERED
S0810	Photorefractive Keratectomy	COVERED
S0812	Phototherap Keratect	COVERED
S1001	Deluxe Item	COVERED
S1002	Custom Item	COVERED
S1030	Gluc Monitor Purchase	COVERED
S1031	Gluc Monitor Rental	COVERED
S1034	Art Pancreas System	COVERED
S1035	Art Pancreas Inv Disp Sensor	COVERED
S1036	Art Pancreas Ext Transmitter	COVERED
S1037	Art Pancreas Ext Receiver	COVERED
S1091	Stent, Noncoronary, Temporary, With Delivery System (Propel)	COVERED
S2053	Transplantation Of Small Int	COVERED
S2054	Transplantation Of Multivisc	COVERED
S2055	Harvesting Of Donor Multivis	COVERED
S2060	Lobar Lung Transplantation	COVERED
S2061	Donor Lobectomy (Lung)	COVERED
S2065	Simult Panc Kidn Trans	COVERED
S2066	Breast Gap Flap Reconst	COVERED
S2067	Breast 'Stacked' Diep/Gap	COVERED
S2068	Breast Diep Or Siea Flap	COVERED
S2070	Cysto Laser Tx Ureteral Calc	COVERED
S2079	Lap Esophagomyotomy	COVERED
S2083	Adjustment Gastric Band	COVERED
S2095	Transcath Emboliz Microspher	COVERED
S2102	Islet Cell Tissue Transplant	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S2103	Adrenal Tissue Transplant	COVERED
S2107	Adoptive Immunotherapy	COVERED
S2112	Knee Arthroscop Harv	COVERED
S2115	Periacetabular Osteotomy	COVERED
S2117	Arthroereisis, Subtalar	COVERED
S2118	Total Hip Resurfacing	COVERED
S2120	Low Density Lipoprotein(Ldl)	COVERED
S2140	Cord Blood Harvesting	COVERED
S2142	Cord Blood-Derived Stem-Cell	COVERED
S2150	Bmt Harv/Transpl 28D Pkg	COVERED
S2152	Solid Organ Transpl Pkg	COVERED
S2202	Echosclerotherapy	COVERED
S2205	Minimally Invasive Direct Co	COVERED
S2206	Minimally Invasive Direct Co	COVERED
S2207	Minimally Invasive Direct Co	COVERED
S2208	Minimally Invasive Direct Co	COVERED
S2209	Minimally Invasive Direct Co	COVERED
S2225	Myringotomy Laser-Assist	COVERED
S2230	Implant Semi-Imp Hear	COVERED
S2235	Implant Auditory Brain Imp	COVERED
S2300	Arthroscopy, Shoulder, Surgi	COVERED
S2325	Hip Core Decompression	COVERED
S2340	Chemodenervation Of Abductor	COVERED
S2341	Chemodenerv Adduct Vocal	COVERED
S2342	Nasal Endoscop Po Debrid	COVERED
S2348	Decompress Disc Rf Lumbar	COVERED
S2350	Disectomy, Anterior, With D	COVERED
S2351	Disectomy, Anterior, With D	COVERED
S2360	Vertebroplast Cerv 1St	COVERED
S2361	Vertebroplast Cerv Addl	COVERED
S2400	Fetal Surg Congen Hernia	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S2401	Fetal Surg Urin Trac Obstr	COVERED
S2402	Fetal Surg Cong Cyst Malf	COVERED
S2403	Fetal Surg Pulmon Sequest	COVERED
S2404	Fetal Surg Myelomeningo	COVERED
S2405	Fetal Surg Sacrococ Teratoma	COVERED
S2409	Fetal Surg Noc	COVERED
S2411	Fetoscop Laser Ther Ttts	COVERED
S3000	Bilat Dil Retinal Exam	COVERED
S3005	Eval Self-Assess Depression	COVERED
S3601	Stat Lab Home/Nf	COVERED
S3630	Eosinophil Blood Count	COVERED
S3650	Saliva Test, Hormone Level;	COVERED
S3655	Antisperm Antibodies Test	COVERED
S3708	Gastrointestinal Fat Absorpt	COVERED
S3721	Pca3 Testing	COVERED
S3722	Dose Optimization Auc - 5Fu	COVERED
S3800	Genetic Testing Als	COVERED
S3840	Dna Analysis Ret-Oncogene	COVERED
S3841	Gene Test Retinoblastoma	COVERED
S3842	Gene Test Hippel-Lindau	COVERED
S3844	Dna Analysis Deafness	COVERED
S3845	Gene Test Alpha-Thalassemia	COVERED
S3846	Gene Test Beta-Thalassemia	COVERED
S3849	Gene Test Niemann-Pick	COVERED
S3850	Gene Test Sickle Cell	COVERED
S3852	Dna Analysis Apoe Alzheimer	COVERED
S3853	Gene Test Myo Musclr Dyst	COVERED
S3854	Gene Profile Panel Breast	COVERED
S3861	Genetic Test Brugada	COVERED
S3865	Comp Genet Test Hyp Cardiomy	COVERED
S3866	Spec Gene Test Hyp Cardiomy	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S3870	Cgh Test Developmental Delay	COVERED
S3890	Fecal Dna Analysis	COVERED
S3900	Surface Emg	COVERED
S3902	Ballistocardiogram	COVERED
S3904	Masters Two Step	COVERED
S4005	Interim Labor Facility Globa	COVERED
S4011	Ivf Package	COVERED
S4013	Compl Gift Case Rate	COVERED
S4014	Compl Zift Case Rate	COVERED
S4015	Complete Ivf Nos Case Rate	COVERED
S4016	Frozen Ivf Case Rate	COVERED
S4017	Ivf Canc A Stim Case Rate	COVERED
S4018	F Emb Trns Canc Case Rate	COVERED
S4020	Ivf Canc A Aspir Case Rate	COVERED
S4021	Ivf Canc P Aspir Case Rate	COVERED
S4022	Asst Oocyte Fert Case Rate	COVERED
S4023	Incompl Donor Egg Case Rate	COVERED
S4024	Air Polymer Foam Per Study	COVERED
S4025	Donor Serv Ivf Case Rate	COVERED
S4026	Procure Donor Sperm	COVERED
S4027	Store Prev Froz Embryos	COVERED
S4028	Microsurg Epi Sperm Asp	COVERED
S4030	Sperm Procure Init Visit	COVERED
S4031	Sperm Procure Subs Visit	COVERED
S4035	Stimulated Lui Case Rate	COVERED
S4037	Cryo Embryo Transf Case Rate	COVERED
S4040	Monit Store Cryo Embryo 30 D	COVERED
S4995	Smoking Cessation Gum	COVERED
S5011	5% Dextrose In Lactated Ring	COVERED
S5013	5%Dextrose/0.45%Saline1000ml	COVERED
S5014	D5w/0.45Ns W Kcl And Mgs04	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S5035	Hit Routine Device Maint	COVERED
S5036	Hit Device Repair	COVERED
S5100	Adult Daycare Services 15Min	COVERED
S5101	Adult Day Care Per Half Day	COVERED
S5105	Centerbased Day Care Perdiem	COVERED
S5108	Homecare Train Pt 15 Min	COVERED
S5109	Homecare Train Pt Session	COVERED
S5110	Family Homecare Training 15M	COVERED
S5111	Family Homecare Train/Session	COVERED
S5115	Nonfamily Homecare Train/15M	COVERED
S5116	Nonfamily Hc Train/Session	COVERED
S5120	Chore Services Per 15 Min	COVERED
S5121	Chore Services Per Diem	COVERED
S5125	Attendant Care Service /15M	COVERED
S5126	Attendant Care Service /Diem	COVERED
S5130	Homaker Service Nos Per 15M	COVERED
S5131	Homemaker Service Nos /Diem	COVERED
S5135	Adult Companioncare Per 15M	COVERED
S5136	Adult Companioncare Per Diem	COVERED
S5140	Adult Foster Care Per Diem	COVERED
S5141	Adult Foster Care Per Month	COVERED
S5145	Child Fostercare Th Per Diem	COVERED
S5146	Ther Fostercare Child /Month	COVERED
S5150	Unskilled Respite Care /15M	COVERED
S5151	Unskilled Respitecare /Diem	COVERED
S5160	Emer Response Sys Instal&Tst	COVERED
S5161	Emer Rspns Sys Serv Permonth	COVERED
S5162	Emer Rspns System Purchase	COVERED
S5165	Home Modifications Per Serv	COVERED
S5170	Homedelivered Prepared Meal	COVERED
S5175	Laundry Serv,Ext,Prof,/Order	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S5180	Hh Respiratory Thrpy In Eval	COVERED
S5181	Hh Respiratory Thrpy Nos/Day	COVERED
S5185	Med Reminder Serv Per Month	COVERED
S5190	Wellness Assessment By Nonph	COVERED
S5497	Hit Cath Care Noc	COVERED
S5498	Hit Simple Cath Care	COVERED
S5517	Hit Declotting Kit	COVERED
S5518	Hit Cath Repair Kit	COVERED
S5520	Hit Picc Insert Kit	COVERED
S5521	Hit Midline Cath Insert Kit	COVERED
S5522	Hit Picc Insert No Supp	COVERED
S5523	Hip Midline Cath Insert Kit	COVERED
S5551	Insulin Most Rapid 5 U	COVERED
S5552	Insulin Intermed 5 U	COVERED
S5553	Insulin Long Acting 5 U	COVERED
S5560	Insulin Reuse Pen 1.5 MI	COVERED
S5561	Insulin Reuse Pen 3 MI	COVERED
S5565	Insulin Cartridge 150 U	COVERED
S5566	Insulin Cartridge 300 U	COVERED
S5570	Insulin Dispos Pen 1.5 MI	COVERED
S5571	Insulin Dispos Pen 3 MI	COVERED
S8030	Tantalum Ring Application	COVERED
S8035	Magnetic Source Imaging	COVERED
S8037	Mrcp	COVERED
S8040	Topographic Brain Mapping	COVERED
S8042	Mri Low Field	COVERED
S8080	Scintimammography	COVERED
S8085	Fluorine-18 Fluorodeoxygluco	COVERED
S8092	Electron Beam Computed Tomog	COVERED
S8097	Asthma Kit	COVERED
S8120	O2 Contents Gas Cubic Ft	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S8121	O2 Contents Liquid Lb	COVERED
S8130	Interferential Stim 2 Chan	COVERED
S8131	Interferential Stim 4 Chan	COVERED
S8185	Flutter Device	COVERED
S8186	Swivel Adaptor	COVERED
S8210	Mucus Trap	COVERED
S8265	Haberman Feeder	COVERED
S8270	Enuresis Alarm	COVERED
S8301	Infect Control Supplies Nos	COVERED
S8415	Supplies For Home Delivery	COVERED
S8420	Custom Gradient Sleeve/Glov	COVERED
S8421	Ready Gradient Sleeve/Glov	COVERED
S8422	Custom Grad Sleeve Med	COVERED
S8423	Custom Grad Sleeve Heavy	COVERED
S8424	Ready Gradient Sleeve	COVERED
S8425	Custom Grad Glove Med	COVERED
S8426	Custom Grad Glove Heavy	COVERED
S8427	Ready Gradient Glove	COVERED
S8428	Ready Gradient Gauntlet	COVERED
S8429	Gradient Pressure Wrap	COVERED
S8430	Padding For Comprssn Bdg	COVERED
S8450	Splint Digit	COVERED
S8460	Camisole Post-Mast	COVERED
S8490	100 Insulin Syringes	COVERED
S8930	Auricular Electrostimulation	COVERED
S8940	Hippotherapy Per Session	COVERED
S8948	Low-Level Laser Trmt 15 Min	COVERED
S8950	Complex Lymphedema Therapy,	COVERED
S8990	Pt Or Manip For Maint	COVERED
S8999	Resuscitation Bag	COVERED
S9001	Home Uterine Monitor With Or	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S9007	Ultrafiltration Monitor	COVERED
S9015	Automated Eeg Monitoring	COVERED
S9024	Paranasal Sinus Ultrasound	COVERED
S9025	Omnicardiogram/Cardiointegra	COVERED
S9034	Eswl For Gallstones	COVERED
S9055	Procuren Or Other Growth Fac	COVERED
S9056	Coma Stimulation Per Diem	COVERED
S9090	Vertebral Axial Decompressio	COVERED
S9097	Home Visit Wound Care	COVERED
S9098	Home Phototherapy Visit	COVERED
S9110	Telemonitoring/Home Per Mnth	COVERED
S9117	Back School Visit	COVERED
S9122	Home Health Aide Or Certifie	COVERED
S9125	Respite Care, In The Home, P	COVERED
S9127	Social Work Visit, In The Ho	COVERED
S9129	Occupational Therapy, In The	COVERED
S9140	Diabetic Management Program,	COVERED
S9141	Diabetic Management Program,	COVERED
S9145	Insulin Pump Initiation	COVERED
S9150	Evaluation By Ocularist	COVERED
S9152	Speech Therapy, Re-Eval	COVERED
S9208	Home Mgmt Preterm Labor	COVERED
S9209	Home Mgmt Pprom	COVERED
S9211	Home Mgmt Gest Hypertension	COVERED
S9212	Hm Postpar Hyper Per Diem	COVERED
S9213	Hm Preeclamp Per Diem	COVERED
S9214	Hm Gest Dm Per Diem	COVERED
S9327	Hit Int Pain Per Diem	COVERED
S9330	Hit Cont Chem Diem	COVERED
S9331	Hit Intermit Chemo Diem	COVERED
S9345	Hit Anti-Hemophil Diem	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S9349	Hit Tocolysis Diem	COVERED
S9353	Hit Cont Insulin Diem	COVERED
S9357	Hit Enzyme Replace Diem	COVERED
S9361	Hit Diuretic Infus Diem	COVERED
S9363	Hit Anti-Spasmotic Diem	COVERED
S9370	Ht Inj Antiemetic Diem	COVERED
S9372	Ht Inj Anticoag Diem	COVERED
S9377	Hit Hydra Over 3L Diem	COVERED
S9381	Hit High Risk/Escort	COVERED
S9401	Anticoag Clinic Per Session	COVERED
S9430	Pharmacy Comp/Disp Serv	COVERED
S9433	Medical Food Oral 100% Nutr	COVERED
S9434	Mod Solid Food Suppl	COVERED
S9435	Medical Foods For Inborn Err	COVERED
S9436	Lamaze Class	COVERED
S9437	Childbirth Refresher Class	COVERED
S9438	Cesarean Birth Class	COVERED
S9439	Vbac Class	COVERED
S9442	Birthing Class	COVERED
S9447	Infant Safety Class	COVERED
S9449	Weight Mgmt Class	COVERED
S9451	Exercise Class	COVERED
S9452	Nutrition Class	COVERED
S9454	Stress Mgmt Class	COVERED
S9455	Diabetic Management Program,	COVERED
S9460	Diabetic Management Program,	COVERED
S9465	Diabetic Management Program,	COVERED
S9470	Nutritional Counseling, Diet	COVERED
S9472	Cardiac Rehabilitation Progr	COVERED
S9473	Pulmonary Rehabilitation Pro	COVERED
S9474	Enterostomal Therapy By A Re	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S9475	Ambulatory Setting Substance	COVERED
S9476	Vestibular Rehab Per Diem	COVERED
S9480	Intensive Outpatient Psychia	COVERED
S9482	Family Stabilization 15 Min	COVERED
S9485	Crisis Intervention Mental H	COVERED
S9494	Hit Antibiotic Total Diem	COVERED
S9497	Hit Antibiotic Q3h Diem	COVERED
S9529	Venipuncture Home/Snf	COVERED
S9537	Ht Hem Horm Inj Diem	COVERED
S9538	Hit Blood Products Diem	COVERED
S9558	Ht Inj Growth Horm Diem	COVERED
S9559	Hit Inj Interferon Diem	COVERED
S9560	Ht Inj Hormone Diem	COVERED
S9562	Ht Inj Palivizumab Diem	COVERED
S9590	Ht Irrigation Diem	COVERED
S9810	Ht Pharm Per Hour	COVERED
S9900	Christian Sci Pract Visit	COVERED
S9901	Christian Sci Nurse Visit, Per Hour	COVERED
S9960	Air Ambulanc Nonemerg Fixed	COVERED
S9961	Air Ambulan Nonemerg Rotary	COVERED
S9970	Health Club Membership Yr	COVERED
S9975	Transplant Related Per Diem	COVERED
S9976	Lodging Per Diem	COVERED
S9977	Meals Per Diem	COVERED
S9982	Med Record Copy Per Page	COVERED
S9986	Not Medically Necessary Svc	COVERED
S9988	Serv Part Of Phase I Trial	COVERED
S9989	Services Outside Us	COVERED
S9990	Services Provided As Part Of	COVERED
S9991	Services Provided As Part Of	COVERED
S9992	Transportation Costs To And	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S9994	Lodging Costs (E.G. Hotel Ch	COVERED
S9996	Meals For Clinical Trial Par	COVERED
T1006	Family/Couple Counseling	COVERED
T1007	Treatment Plan Development	COVERED
T1009	Child Sitting Services	COVERED
T1010	Meals When Receive Services	COVERED
T1012	Alcohol/Substance Abuse Skil	COVERED
T1013	Sign Language Interpretive Services, Per 15 Minutes	COVERED
T1017	Targeted Case Management	COVERED
T1018	School-Based Iep Ser Bundled	COVERED
T1019	Personal Care Ser Per 15 Min	COVERED
T1020	Personal Care Ser Per Diem	COVERED
T1021	Hh Aide Or Cn Aide Per Visit	COVERED
T1022	Contracted Services Per Day	COVERED
T1024	Team Evaluation & Management	COVERED
T1025	Ped Compr Care Pkg, Per Diem	COVERED
T1029	Dwelling Lead Investigation	COVERED
T1030	Rn Home Care Per Diem	COVERED
T1031	Lpn Home Care Per Diem	COVERED
T1503	Med Admin, Not Oral/Inject	COVERED
T1505	Elec Med Comp Dev, Noc	COVERED
T1999	Noc Retail Items Andsupplies	COVERED
T2001	N-Et; Patient Attend/Escort	COVERED
T2005	N-Et; Stretcher Van	COVERED
T2010	Pasrr Level I	COVERED
T2012	Habil Ed Waiver, Per Diem	COVERED
T2014	Habil Prevoc Waiver, Per D	COVERED
T2015	Habil Prevoc Waiver Per Hr	COVERED
T2016	Habil Res Waiver Per Diem	COVERED
T2018	Habil Sup Empl Waiver/Diem	COVERED
T2019	Habil Sup Empl Waiver 15Min	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
T2020	Day Habil Waiver Per Diem	COVERED
T2021	Day Habil Waiver Per 15 Min	COVERED
T2023	Targeted Case Mgmt Per Month	COVERED
T2024	Serv Asmnt/Care Plan Waiver	COVERED
T2026	Special Childcare Waiver/D	COVERED
T2027	Spec Childcare Waiver 15 Min	COVERED
T2028	Special Supply, Nos Waiver	COVERED
T2029	Special Med Equip, Noswaiver	COVERED
T2030	Assist Living Waiver/Month	COVERED
T2031	Assist Living Waiver/Diem	COVERED
T2032	Res Care, Nos Waiver/Month	COVERED
T2033	Res, Nos Waiver Per Diem	COVERED
T2034	Crisis Interven Waiver/Diem	COVERED
T2036	Camp Overnite Waiver/Session	COVERED
T2037	Camp Day Waiver/Session	COVERED
T2038	Comm Trans Waiver/Service	COVERED
T2039	Vehicle Mod Waiver/Service	COVERED
T2040	Financial Mgt Waiver/15Min	COVERED
T2041	Support Broker Waiver/15 Min	COVERED
T2043	Hospice Continuous Home Care	COVERED
T2044	Hospice Respite Care	COVERED
T2047	Hab Prevo Waiver Per 15	COVERED
T2048	Bh Ltc Res R&B, Per Diem	COVERED
T2049	N-Et; Stretcher Van, Mileage	COVERED
T2050	Financial Management, Self-Directed; Per Diem	COVERED
T2051	Support Brokerage, Self-Directed; Per Diem	COVERED
T4538	Diaper Serv Reusable Diaper	COVERED
T4539	Reuse Diaper/Brief Any Size	COVERED
T4540	Reusable Underpad Chair Size	COVERED
T4542	Small Disposable Underpad	COVERED
T5001	Position Seat Spec Orth Need	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
V2025	Eyeglasses Delux Frames	COVERED
V2118	Lens Aniseikonic Single	COVERED
V2199	Lens Single Vision Not Oth C	COVERED
V2218	Lens Aniseikonic Bifocal	COVERED
V2219	Lens Bifocal Seg Width Over	COVERED
V2299	Lens Bifocal Speciality	COVERED
V2315	Lens Lenticular Trifocal	COVERED
V2318	Lens Aniseikonic Trifocal	COVERED
V2319	Lens Trifocal Seg Width > 28	COVERED
V2399	Lens Trifocal Speciality	COVERED
V2499	Variable Asphericity Lens	COVERED
V2502	Contact Lens Pmma Bifocal	COVERED
V2503	Cntct Lens Pmma Color Vision	COVERED
V2512	Cntct Lens Gas Permbil Bifocl	COVERED
V2522	Cntct Lens Hydrophil Bifocl	COVERED
V2530	Contact Lens Gas Impermeable	COVERED
V2600	Hand Held Low Vision Aids	COVERED
V2610	Single Lens Spectacle Mount	COVERED
V2615	Telescop/Othr Compound Lens	COVERED
V2625	Enlargemnt Of Eye Prosthesis	COVERED
V2629	Prosthetic Eye Other Type	COVERED
V2631	Iris Support Intraoclr Lens	COVERED
V2700	Balance Lens	COVERED
V2702	Deluxe Lens Feature	COVERED
V2710	Glass/Plastic Slab Off Prism	COVERED
V2718	Fresnell Prism Press-On Lens	COVERED
V2730	Special Base Curve	COVERED
V2744	Tint Photochromatic Lens/Es	COVERED
V2745	Tint, Any Color/Solid/Grad	COVERED
V2750	Anti-Reflective Coating	COVERED
V2755	Uv Lens/Es	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
V2756	Eye Glass Case	COVERED
V2761	Mirror Coating	COVERED
V2762	Polarization, Any Lens	COVERED
V2770	Occluder Lens/Es	COVERED
V2780	Oversize Lens/Es	COVERED
V2781	Progressive Lens Per Lens	COVERED
V2783	Lens, >= 1.66 P/>=1.80 G	COVERED
V2786	Occupational Multifocal Lens	COVERED
V2799	Misc Vision Item Or Service	COVERED
V5020	Conformity Evaluation	COVERED
V5050	Hearing Aid Monaural In Ear	COVERED
V5060	Behind Ear Hearing Aid	COVERED
V5090	Hearing Aid Dispensing Fee	COVERED
V5095	Implant Mid Ear Hearing Pros	COVERED
V5100	Body-Worn Bilat Hearing Aid	COVERED
V5110	Hearing Aid Dispensing Fee	COVERED
V5160	Dispensing Fee Binaural	COVERED
V5181	Hearing Aid, Contralateral Routing Device, Monaural, In The	COVERED
V5200	Cros Hearing Aid Dispens Fee	COVERED
V5240	Dispensing Fee Bicros	COVERED
V5241	Dispensing Fee, Monaural	COVERED
V5242	Hearing Aid, Monaural, Cic	COVERED
V5243	Hearing Aid, Monaural, Itc	COVERED
V5244	Hearing Aid, Prog, Mon, Cic	COVERED
V5245	Hearing Aid, Prog, Mon, Itc	COVERED
V5246	Hearing Aid, Prog, Mon, Itc	COVERED
V5247	Hearing Aid, Prog, Mon, Bte	COVERED
V5248	Hearing Aid, Binaural, Cic	COVERED
V5249	Hearing Aid, Binaural, Itc	COVERED
V5250	Hearing Aid, Prog, Bin, Cic	COVERED
V5251	Hearing Aid, Prog, Bin, Itc	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
V5252	Hearing Aid, Prog, Bin, Ite	COVERED
V5253	Hearing Aid, Prog, Bin, Bte	COVERED
V5254	Hearing Id, Digit, Mon, Cic	COVERED
V5255	Hearing Aid, Digit, Mon, Itc	COVERED
V5256	Hearing Aid, Digit, Mon, Ite	COVERED
V5257	Hearing Aid, Digit, Mon, Bte	COVERED
V5258	Hearing Aid, Digit, Bin, Cic	COVERED
V5259	Hearing Aid, Digit, Bin, Itc	COVERED
V5260	Hearing Aid, Digit, Bin, Ite	COVERED
V5262	Hearing Aid, Disp, Monaural	COVERED
V5263	Hearing Aid, Disp, Binaural	COVERED
V5265	Ear Mold/Insert, Disp	COVERED
V5266	Battery For Hearing Device	COVERED
V5268	Ald Telephone Amplifier	COVERED
V5269	Alerting Device, Any Type	COVERED
V5270	Ald, Tv Amplifier, Any Type	COVERED
V5271	Ald, Tv Caption Decoder	COVERED
V5272	Tdd	COVERED
V5273	Ald For Cochlear Implant	COVERED
V5274	Ald Unspecified	COVERED
V5281	Ald Fm/Dm System, Monaural	COVERED
V5282	Ald Fm/Dm System Binaural	COVERED
V5283	Ald Neck, Loop Ind Receiver	COVERED
V5284	Ald Fm/Dm Ear Level Receiver	COVERED
V5285	Ald Fm/Dm Aud Input Receiver	COVERED
V5286	Ald Blu Tooth Fm/Dm Receiver	COVERED
V5287	Ald Fm/Dm Receiver, Nos	COVERED
V5288	Ald Fm/Dm Transmitter Ald	COVERED
V5290	Ald Transmitter Microphone	COVERED
V5299	Hearing Service	COVERED
V5336	Repair Communication Device	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
V5363	Language Screening	COVERED
V5364	Dysphagia Screening	COVERED
X0020	Cost Of Iv Fluids	COVERED
X0208	Wheelchair Use	COVERED
X0410	Whlchair - Litr Van Transprt	COVERED
X0516	Air Amb Admin Iv Sol1000cc	COVERED
X0518	Air Amb Admin Iv 500Cc All	COVERED
X3912	Phy Ther Hubbard Tank Init	COVERED
X3914	Phy Ther Hubbard Tank Ea Add	COVERED
X3916	Phy Ther Hubbard Tank Pool	COVERED
X3918	Phy Ther Hubb Tank Pool Exer	COVERED
X3926	Phy Ther Case Confer A Repor	COVERED
X3928	Phy Ther Case Consul And Rpt	COVERED
X3930	Case Conference And Report	COVERED
X3932	Phy Ther Hme Or Long Term Ca	COVERED
X3934	Phy Ther Milage	COVERED
X3936	Phy Therapy Unlisted	COVERED
X4104	Occ Ther Cse Conf Ini 30 Min	COVERED
X4106	Occ Ther Cse Conf Ea Add 15	COVERED
X4114	Occ Ther Hme Or Long-Term Fa	COVERED
X4120	Occ Therapy-Case Consult&Rep	COVERED
X4300	Sp Ther Language Eval	COVERED
X4301	Sp Ther-Speech Evaluation	COVERED
X4303	Speech-Language Ther Individ	COVERED
X4304	Speech-Language Therapy Indi	COVERED
X4312	Aac Recipient Assessment	COVERED
X4501	Sp Hr Pure Tone Audiometry	COVERED
X4504	Audiometry During Surgery	COVERED
X4520	Visual Evoked Potent Resp Te	COVERED
X5984	Cortisone Acetate 50Mg/MI	COVERED
X5988	Cortril Acetate 25Mg/MI Susp	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
X5992	Cryptena Acet/Unit Aq-260Csr	COVERED
X6012	Deferoxamine Mesylate 500 Mg	COVERED
X6018	Delestrgn/Dioval/Valergen 40	COVERED
X6030	Depo-Estradiol Cypionate 5Mg	COVERED
X6036	Depo-Medrol Sus/Pre-Dep-80Mg	COVERED
X6040	Depo-Medrol 20Mg/MI	COVERED
X6042	Depo Medrol 20Mg/Cc 5Cc Vial	COVERED
X6046	Depo-Provera 400Mg/MI Vial	COVERED
X6048	Depo-Provera-400Mg/MI 2.5MI	COVERED
X6051	Depo-Provera C 150Mgml 1MI V	COVERED
X6060	Dexpanthenol/Ilopan 250Mg/MI	COVERED
X6062	Dhe45/Dihydroerg Mesylate 1M	COVERED
X6064	Diazepam/Valium-5 Mg/MI	COVERED
X6080	Digoxin/Lanoxin 0.25 Mg/MI	COVERED
X6082	Digoxin/Lanoxin 0.1Mg/MI	COVERED
X6084	Dilantin/Phenytoin Sod-50 Mg	COVERED
X6086	Dilaudid/Hydromophone Hci 4M	COVERED
X6098	D-Imune/Gamulin Rh/Hyprho-D	COVERED
X6100	Diphtheria Toxoid,Absorb(Ped)	COVERED
X6102	Diphtheria Toxoid Plain 7.5MI	COVERED
X6106	Disodium Edetate 150Mg/MI	COVERED
X6108	Dobutamine 250Mg(As Hci)	COVERED
X6110	Dolophine/Methadone Hci 10Mg	COVERED
X6114	Doxapram Hci/Dropram 20Mg/MI	COVERED
X6116	Doxycycline 200Mg (Hyclate)	COVERED
X6118	Doxycycline100/Vibramycin200	COVERED
X6122	Doxycycline 100Mg(Hyclate)	COVERED
X6126	Droperidol/Inapsine 2.5Mg/MI	COVERED
X6136	Dura/Peniclln Proc-600,000Un	COVERED
X6138	Duranest/Etidocaine Hci 1.5%	COVERED
X6140	Duranest/Etidocaine Hci 1%	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
X6146	Edrophonium Chlor/Tensilon10	COVERED
X6158	Ephedrine Sulf-50Mg/1Ml Amp	COVERED
X6160	Ephedrine Sulf 25Mg/1Ml Ampu	COVERED
X6162	Ephedrine Sul 50Mg/MI	COVERED
X6164	Epinephrine Hci 0.1 Mg/MI	COVERED
X6166	Epinephrine,Parenteral-1:200	COVERED
X6168	Ergonovine Maleate 0.2Mg/MI	COVERED
X6174	Erythromycin Iv 1Gm/30MI Via	COVERED
X6178	Erythromycin Iv 500Mg/20MI V	COVERED
X6196	Estrone/Theelin Aqueous-5 Mg	COVERED
X6198	Estrone/Theelin Aqueous-2 Mg	COVERED
X6204	Ethacrynic-50/Sod Edecrin500	COVERED
X6208	Fentanyl Citrate/Droperidol	COVERED
X6214	Flaxedil/Gallamine Tri 20Mg/	COVERED
X6218	Fluax/Fluogen/Fluzone 0.5MI	COVERED
X6220	Fluphenazine/Prolixin Dec-25	COVERED
X6226	Folic Acid/Folvite 5 Mg/MI	COVERED
X6230	Gamastan/Gammagee/Gammar10ml	COVERED
X6232	Gamastan/Gammagee/Gammar-2MI	COVERED
X6234	Intrave Immunoglobulin/Vig	COVERED
X6236	Ganphen/K-Phen/Penazine 50Mg	COVERED
X6240	Garamycin/Gentamicin Sulf 40	COVERED
X6242	Garamycin Ped/Gentamicin Sul	COVERED
X6252	Glucagon-10 Mg/10 MI	COVERED
X6254	Glucagon 1Mg/MI	COVERED
X6258	Glycohyprolate/Robinul-0.2Mg	COVERED
X6262	Gold Sodium Thiomalate 50Mg	COVERED
X6264	Gold Sodium Thiomalate 25Mg	COVERED
X6268	Haemophilus Influenzae-0.5MI	COVERED
X6270	Haemoph Infla-5MI/Smlpox Vac	COVERED
X6272	Haemoph.Influen(Prohlbit 0.5	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
X6274	Haldol/Haloperidol 5Mg/MI	COVERED
X6276	Hbig/Hepati B Immun Glob-5MI	COVERED
X6279	Hbig - 1.0 MI	COVERED
X6281	Hbig - 0.5 MI	COVERED
X6282	Hep-Lock Flush/Pan Lok 100Un	COVERED
X6284	Hep-Lock/Flush Solu-10 Un/MI	COVERED
X6286	Heparin/Liquaemin/Pan 40000U	COVERED
X6288	Heparin/Liquaemin/Pan 20000U	COVERED
X6296	Heparin/Liquaemin/Pan-10,000	COVERED
X6298	Heparin Sod Inj(Usp)-7,500Un	COVERED
X6302	Heparin/Liquaemin/Pan 5,000U	COVERED
X6306	Heparin Sodium Inj(Usp)2,500	COVERED
X6308	Heparin/Liquaemin/Pan 1,000U	COVERED
X6314	Hepatitis B Immune Globulin	COVERED
X6326	Histerone/Testaqua-100 Mg/MI	COVERED
X6328	Hydeltra/Norpred/Predniso-20	COVERED
X6330	Hydeltrasol/Prenisolone-20Mg	COVERED
X6332	Hydrocortisone 25 Mg/MI	COVERED
X6334	Hydrocortisone Phosphate 50M	COVERED
X6336	Hydroxyzine/Vistaril-50Mg/MI	COVERED
X6350	Hyprho-D/Micrhogam Mini Dose	COVERED
X6352	Imipramine Hcl/Tofranil-25Mg	COVERED
X6354	Inderal/Propranolol Hci-1 Mg	COVERED
X6408	Iprenol/Isuprol 1:5000Soluti	COVERED
X6410	Isoniazid/Nydrazid 100 Mg/MI	COVERED
X6422	Kanamycin Sulfate 500Mg/2MI	COVERED
X6424	Kanamycin Sulfate 75Mg/2MI V	COVERED
X6426	Kanamycin Sulfate 1Gm/3MI Vi	COVERED
X6432	Kenalog 10	COVERED
X6434	Ketaject/Ketalar 100Mg/MI	COVERED
X6436	Ketaject/Ketalar 50Mg/MI	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
X6438	Ketaject/Ketalar 10Mg/MI	COVERED
X6442	Largon/Propiomazine Hci-20Mg	COVERED
X6452	Levartrenol(Norepinephrine)	COVERED
X6454	Levo-Dromoran/Levorphanol Ta	COVERED
X6456	Levoid/Levothyroxine/Syn 500	COVERED
X6458	Levoprome/Methotrimeprazine	COVERED
X6460	Levsin/L-Myoscyamine Sulfate	COVERED
X6504	Lincocin 300Mg/2MI U-Ject	COVERED
X6506	Luminal/Phenobarbital 130 Mg	COVERED
X6512	Magnesium Sulfate 50%	COVERED
X6514	Magnesium Sulfate 12.5%	COVERED
X6516	Magnesium Sulfate 10%	COVERED
X6520	Mannitol 25%	COVERED
X6522	Mannitol/Osmitrol-20%	COVERED
X6524	Mannitol/Osmitrol-15%	COVERED
X6526	Mannitol/Osmitrol-10%	COVERED
X6528	Mannitol/Osmitrol-5%	COVERED
X6532	Menadiol Sod Diph/Synka 37.5	COVERED
X6534	Menadiol Sod Diph/Synkayv-5M	COVERED
X6538	Menincovax/Menomune C 10 Dos	COVERED
X6542	Meningococcal Polys.Grp A 10	COVERED
X6550	Mephentemine/Wyamine Sulf 30	COVERED
X6552	Mephentemine/Wyamine Sulf 15	COVERED
X6556	Mesoridazine/Serentil-25 Mg	COVERED
X6558	Methi/StaphcIn-4Gm P-Back	COVERED
X6562	Methoxamine/Vasoxyl-20Mg/MI	COVERED
X6578	Prednisolone Sod Phosph-20Mg	COVERED
X6580	Methylprednisolone Sod-62.5M	COVERED
X6582	Metocurine Loxide/Lodide 1Mg	COVERED
X6588	Miconazole/Monistat 10Mg/MI	COVERED
X6592	Morphine Sulfate 15 Mg/MI	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
X6594	Morphine Sulfate 10Mg/MI	COVERED
X6596	Morphine Sulfate 8Mg/MI	COVERED
X6598	Mvi 10MI	COVERED
X6600	Mvi Concentrate 5MI	COVERED
X6604	Nafcil/Unipen-2Gm(Pwdr)Vial	COVERED
X6606	Nafcil/Unipen-1Gm(Pwdr)Vial	COVERED
X6610	Nafclln Sod/Unipen-500Mgvial	COVERED
X6612	Nalbuphine Hci/Nubain 10Mg/M	COVERED
X6614	Naloxone Hci/Narcan 0.4Mg/MI	COVERED
X6616	Naloxone Hci/Narcan 0.02Mgml	COVERED
X6618	Navane/Thiothixene-2 Mg/MI	COVERED
X6620	Nebcin/Tobramycin Sulf-40 Mg	COVERED
X6622	Nebcin/Tobramycin Sulf-10 Mg	COVERED
X6626	Neo Syn/Phenylephrine 1% 1MI	COVERED
X6628	Neomycin Im-500Mg/Mycifradin	COVERED
X6630	Neostigmin/Prostigmin 1:4000	COVERED
X6632	Neostigmin/Prostigmin 1:2000	COVERED
X6634	Neostigmin/Prostigmin-1:1000	COVERED
X6636	Nipride/Nitroprusside 50Mg5m	COVERED
Z0100	Neonatal Icu Init 24 Hr	COVERED
Z0102	Neonatal Icu Subse	COVERED
Z0104	Neonatal Icu Subse	COVERED
Z0106	Neonatal Icu Subseq	COVERED
Z0108	Neonatal Icu Subseq	COVERED
Z0306	Polysomnography Ana/Interp	COVERED
Z0308	Psoriasis Day Care	COVERED
Z0312	Ecmo-24 Hrs	COVERED
Z0314	Trans Ecg Equip To Home	COVERED
Z0324	Interpreter Sevc; Cert, B	COVERED
Z0326	Interpreter Sevc; Noncert	COVERED
Z0328	Interpreter Sevc; Cert. E	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Z0329	Interpreter Sevc; Noncert	COVERED
Z4315	Physician/Parents Conf-Pe	COVERED
Z5414	Travel Expenses	COVERED
Z5416	Technician Services	COVERED
Z5499	Unlisted Service & Proced	COVERED
Z5804	Epsdt Registered Nurse	COVERED
Z5806	Epsdt Lvd (Individual)	COVERED
Z5814	Epsdt Svsmarriage/Family	COVERED
Z5816	Epsdt Services Social Work	COVERED
Z5820	Epsdt Services Case Manag	COVERED
Z5822	Epsdt Services Hearing Aid	COVERED
Z5830	Epsdt-Service Lead Invest	COVERED
Z5832	Epsdt Registered Nurse	COVERED
Z5833	Epsdt Shared Nursing (Rn)	COVERED
Z5834	Epsdtlvn	COVERED
Z5835	Epsdt Shared Nursing (Lvn)	COVERED
Z5836	Epsdtrn Providing Supervis	COVERED
Z5838	Epsdthome Health Aide	COVERED
Z5840	Epsdtrn Case Management	COVERED
Z5868	Epsdt Supp Serv-Pediatric	COVERED
Z5934	Epsdt-Evoked Otoacoustic	COVERED
Z5936	Evoked Otoacoustic Emissi	COVERED
Z5946	Epsdt Supplemental Service	COVERED
Z5999	Epsdt Services-Unlisted/S	COVERED
Z6000	Ctr/Hosp Dial(Prof Chg A Lab	COVERED
Z6002	Ctr/Hosp Dial(Prof Chg-Excl)	COVERED
Z6006	Ctr/Hosp Dial(X-Pro Chg &Lab	COVERED
Z6008	AI Dial W/Train Hom Care&Pro	COVERED
Z6010	AI Dial W/Train.Hom Care&Pro	COVERED
Z6020	Maintenance Dialysis	COVERED
Z6900	Skilled Nursing Services	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Z6902	Home Health Aide Services	COVERED
Z6904	Physical Therapy Services	COVERED
Z6906	Occupational Therapy Service	COVERED
Z6908	Speech Therapy Services	COVERED
Z6910	Medical Social Services	COVERED
Z6914	Case Eval&Initial Treat Plan	COVERED
Z6916	Monthly Case Evaluation	COVERED
Z6920	Early Discharge Follow-Up Vi	COVERED
Z7110	Hospice-R&B Nursing Fac Levb	COVERED
Z7314	Procurement Cost Of Single	COVERED
Z7316	Procurement Cost Of Double	COVERED
Z7514	Rm And Board < 24 Hr Observa	COVERED
Z7600	Polysomnography-Simple Sleep	COVERED
Z7602	Polysomnography,Sleep Eval,C	COVERED
Z7604	Ex Corp Shock Wave Lithrp	COVERED
Z7606	Hyperbaric Oxy Chmbr 1St 15M	COVERED
Z7608	Hyperbaric Oxy Chmbr Ea.Sub	COVERED
Z8550	Ms Sp-Case Management	COVERED
Z8551	Ms Sp-Administration	COVERED
Z8554	Ms Sp-Adult Day Care-Day	COVERED
Z8555	Ms Sp-Adult Day Care-Hour	COVERED
Z8556	Ms Sp-Housing Assistance	COVERED
Z8557	Ms Sp-Non Med Home Equip	COVERED
Z8558	Ms Sp-Emergency Move	COVERED
Z8559	Ms Sp-Ihs S/Chore-Day	COVERED
Z8560	Ms Sp-Ihs S/Chore-Hour	COVERED
Z8561	Ms Sp-Ihs S/Personal Care-D	COVERED
Z8562	Ms Sp-Ihs S/Personal Care-H	COVERED
Z8563	Ms Sp-Ihs S/Personal Care-V	COVERED
Z8564	Ms Sp-Ihs S/Health Care-Day	COVERED
Z8565	Ms Sp-Ihs S/Health Care-Hou	COVERED

Prior Authorization List

Prior Authorization Status for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Z8566	Ms Sp-Ihs S/Health Care-Vis	COVERED
Z8567	Ms Sp-Ihs S/Protective Svcs	COVERED
Z8568	Ms Sp-Ihs S/Protective Svcs	COVERED
Z8572	Ms Sp-Purchased Assmnt-Vis	COVERED
Z8573	Ms Sp-Purchased Assmnt-Hou	COVERED
Z8574	Ms Sp-Respite In-Home-Day	COVERED
Z8575	Ms Sp-Respite In-Home-Hour	COVERED
Z8576	Ms Sp-Respite Out-Of-Home	COVERED
Z8580	Ms Sp-Congregate Meals	COVERED
Z8581	Ms Sp-Home Delivered Meals	COVERED
Z8582	Ms Sp-Food Supplement	COVERED
Z8583	Ms Sp-Social Reassurance-H	COVERED
Z8584	Ms Sp-Therapeutic Counseli	COVERED
Z8585	Ms Sp-Money Mgmt-Visit	COVERED
Z8586	Ms Sp-Money Mgmt-Hour	COVERED
Z8587	Ms Sp-Communication-Trans SI	COVERED
Z8588	Ms Sp-Comm Device-Install/	COVERED
Z8589	Ms Sp-Comm Device-Monthly	COVERED
Z8591	Ms Sp-Respite Out-Of-Home	COVERED
Z8592	Ms Sp Purch Spec. Case Mgm	COVERED
Z8593	Ms Sp Transportation Escor	COVERED
Z8594	Ms Sp Purchase Case Manage	COVERED
Z8595	Ms Sp-Social Reassurance	COVERED
Z8596	Ms Sp-Social Reassurance	COVERED
Z8597	Ms Sp-Transportation-One W	COVERED
Z8598	Ms Sp-Restoration Of Utili	COVERED
Z8599	Ms Sp-Temporary Lodging	COVERED
Z8600	Ms Sp-Tcm-Transition To Wa	COVERED
Z8601	Ms Sp-Tcm-No Transition To	COVERED
Z8603	Ms Sp-Chore	COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0005U	Oncology (Prostate) Gene Expression Profile By Real-Time Rt-	NON-COVERED
0008U	Helicobacter Pylori Detection And Antibiotic Resistance, Dna	NON-COVERED
0012M	Liver Disease, Ten Biochemical Assays (Alt, A2-Macroglobulin	NON-COVERED
0013M	Liver Disease, Ten Biochemical Assays (Alt, A2-Macroglobulin	NON-COVERED
0018M	Trnsply Rnl Rjctn Meas Cd154+T Cll Whl Prph Bld	NON-COVERED
0020M	Onc Cns Alys 30000 Dna Loci	NON-COVERED
0085U	Cytolethal Distending Toxin B (Cdtb) And Vinculin Igg Antibo	NON-COVERED
0086U	Infectious Disease (Bacterial And Fungal), Organism Identifi	NON-COVERED
0089U	Oncology (Melanoma), Gene Expression Profiling By Rtqpcr, <I	NON-COVERED
0090U	Oncology (Cutaneous Melanoma), Mrna Gene Expression Profilin	NON-COVERED
0091U	Oncology (Colorectal) Screening, Cell Enumeration Of Circula	NON-COVERED
0092U	Oncology (Lung), Three Protein Biomarkers, Immunoassay Using	NON-COVERED
0093U	Prescription Drug Monitoring, Evaluation Of 65 Common Drugs	NON-COVERED
0094U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder	NON-COVERED
0095U	Ee 2 Prtn Bmrk M B P Elisa Est	NON-COVERED
0096U	Human Papillomavirus (Hpv), High-Risk Types (Ie, 16, 18, 31,	NON-COVERED
0101U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, <I>Pt	NON-COVERED
0102U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary B	NON-COVERED
0103U	Hereditary Ovarian Cancer (Eg, Hereditary Ovarian Cancer, He	NON-COVERED
0209T	Audiometry Air & Bone	NON-COVERED
0211U	Syphilis Tst Antb Ia Quan	NON-COVERED
0212T	Compre Audiometry Evaluation	NON-COVERED
0212U	Rare Ds Gen Dna Alys Proband	NON-COVERED
0213U	Rare Ds Gen Dna Alys Ea Comp	NON-COVERED
0255U	Andrology Infertility Sperm Capacitation Assmt	NON-COVERED
0256U	Tma/Tmao Profile Ms/Ms Urine Alg Alys&Report	NON-COVERED
0257U	Vlcad Leukocyte Enzyme Activity Whole Blood	NON-COVERED
0258U	Ai Psoriasis Mrna Gen Xprsn Prfl 50-100 Gen Alg	NON-COVERED
0259U	Nephrology Ckd Nuclear Mrs Meas Gfr Srm Quan	NON-COVERED
0260U	Rare Ds Id Vrtj Invrj Insj Tlcj Opt Genome Mapg	NON-COVERED
0261U	Onc Clrct Ca Img Analysis W/Ai Assmt 4 Features	NON-COVERED
0262U	Onc Solid Tum Gen Xprsn Prfl Rt-Pcr 7 Gen Pthwy	NON-COVERED
0263U	Neuro Autism Quan Meas 16 Ctr Carbon Metabolites	NON-COVERED
0264U	Rare Ds Id Vrtj Invrj Insj Tlcj Opt Genome Mapg	NON-COVERED
0265U	Rare Do Whl Genome& Mitochdrl Dna Seq Alys	NON-COVERED
0266U	Unxplained Const/Oth Heritable Do/Synd Gen Xprsn	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0267U	Rare Do Id Variations Opt Gen Map&Whl Gen Seq	NON-COVERED
0270U	Hem Cgen Coagj Do Genomic Seq Alys 20 Genes	NON-COVERED
0272U	Hem Genetic Bleeding Do Gen Seq Alys 51 Genes	NON-COVERED
0273U	Hem Gen Hyprfibrnllysis 9 Gen	NON-COVERED
0274U	Hem Genetic Pltlt Do Gen Seq Alys 43 Genes	NON-COVERED
0277U	Hem Gen Pltl Funcj Do Gen Seq Alys 31 Genes	NON-COVERED
0278U	Hem Gen Thrombosis Gen Seq Alys 12 Genes	NON-COVERED
0330U	Iadna Vag Pthgn Panel 27 Org	NON-COVERED
0331U	Iadna Vag Pthgn Panel 27 Org	NON-COVERED
0332U	Onc Pan Tum Genetic Prflg 8 Dna Quan Pcr Whl Bld	NON-COVERED
0335U	Rare Diseases Whole Genome Seq Alys Fetal Sample	NON-COVERED
0336U	Rare Diseases Whole Genome Seq Alys Blood/Saliva	NON-COVERED
0337U	Onc Plsm Cll Do&Myloma Crcg Plsm Cll Immlg Slctn	NON-COVERED
0338U	Onc Sld Tum Crcg Tumor Cell Selection	NON-COVERED
0340U	Onc Pan Cancer Analysis Mrd From Plasma	NON-COVERED
0342U	Onc Pncrtc Ca Mult Ia Eclia Srm Alg	NON-COVERED
0343U	Onc Prst8 Xome Based Alys 442 Sncrna Rt-Qpcr Ur	NON-COVERED
0344U	Hep Nafld Semi Eval 28 Lipid Mrk Srm Nash/Xnash	NON-COVERED
0345U	Psyc Genomic Alys Panel Variant Alys 15 Genes	NON-COVERED
0347U	Rx Metab/Pcx Dna 16 Gene Vrant Alys&Reprtd Phnt	NON-COVERED
0348U	Rx Metab/Pcx Dna 25 Gene Vrant Alys&Reprtd Phnt	NON-COVERED
0349U	Rx Metab/Pcx Dna 27 Gen Vrant Alys&Phnt Gen-Rx Ia	NON-COVERED
0350U	Rx Metab/Pcx Dna 27 Gene Vrant Alys&Reprtd Phnt	NON-COVERED
0351U	Nfct Ds Bct/Viral Trail Ip-10 C-React Prtn Srm	NON-COVERED
0360U	Onc Lung Elisa 7 Autoant Alg	NON-COVERED
0363U	Onc Urthl Mrna 5 Gen Alg	NON-COVERED
0439U	Crd Chd Dna Alys 5 Snp 3 Dna	NON-COVERED
0440U	Crd Chd Dna Alys 10 Snp 6Dna	NON-COVERED
0441U	Nfct Ds Bct Fngl/Viral Semi	NON-COVERED
0442U	Nfct Ds Respir Nfctj Mxa&Crp	NON-COVERED
0443U	Neurflmnt Lt Chn Ultrsens Ia	NON-COVERED
0444U	Onc Sld Orgn Neo Tgsap 361	NON-COVERED
0445U	Abeta42 & Ptau181 Eclia Csf	NON-COVERED
0446U	Ai Ds Sle Alys 10 Cytokine	NON-COVERED
0447U	Ai Ds Sle Alys 11 Cytokine	NON-COVERED
0449U	Car Scr Sev Inh Cond 5 Genes	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0450U	Onc Mm Lc-Ms/Ms Monoc P-Prtn	NON-COVERED
0451U	Onc Mm Lc-Ms/Ms Pep Ion Quan	NON-COVERED
0452U	Onc Bldr Mthyl Penk Lte-Qmsp	NON-COVERED
0453U	Onc Clrct Ca Cfdna Qpcr Asy	NON-COVERED
0454U	Rare Ds Id Opt Genome Mapg	NON-COVERED
0455U	Nfct Agt Sti Mult Amp Prb Ur	NON-COVERED
0457U	Pfas 9 Cmpnd Lc-Ms/Ms Pls/Sr	NON-COVERED
0458U	Onc Brst Ca S100 A8&A9 Elisa	NON-COVERED
0459U	Abeta42 & Ttau Eclia Csf	NON-COVERED
0460U	Onc Whl Bld/Bucc Rtpcr 24Gen	NON-COVERED
0461U	Onc Rxgenom Alys Rtpcr 24Gen	NON-COVERED
0462U	Melatonin Lvl Tst Slp Std7/9	NON-COVERED
0463U	Onc Crvx Mrna Genxprsn 14Bmk	NON-COVERED
0464U	Onc Clrct Scr Qrtsa Dna Mrk	NON-COVERED
0465U	Onc Urthl Carc Dna Qmsp 2Gen	NON-COVERED
0466U	Crd Cad Dna Gwas 564856 Snp	NON-COVERED
0467U	Onc Bldr Dna Ngs 60Gen&Aneup	NON-COVERED
0468U	Hep Nash Mir-34A5p A2m Ykl40	NON-COVERED
0469U	Rare Ds Whl Gen Seq Ftl Samp	NON-COVERED
0470U	Onc Orop Detcj Mrd 8 Dna Hpv	NON-COVERED
0472U	Ca Vi Psp&Sp1 Antb Sjogren	NON-COVERED
0474U	Hered Pan Ca Gsap 88Gene Ngs	NON-COVERED
0476U	Rx Metab Psyc 14Gen&Cyp2d6	NON-COVERED
0477U	Rx Metab Psy 14&Cyp2d6 Gn-Rx	NON-COVERED
0479U	Tau Phosphorylated Ptau217	NON-COVERED
0480U	Nfct Ds Csf Metag Ngs Alys	NON-COVERED
0481U	Idh1 Idh2&Tert Promoter Ngs	NON-COVERED
0482U	Ob Pe Biochem Asy Sflt1&Plgf	NON-COVERED
0487U	Onc Sol Tum Cfdna Tgsap 84	NON-COVERED
0489U	Ob Sgnipt Cfdna Seq Alys	NON-COVERED
0490U	Onc Cutan/Uveal Mlnma Cd146	NON-COVERED
0491U	Onc Sol Tum Ctc Slct Er Prtn	NON-COVERED
0492U	Onc Sol Tum Ctc Slctn Pd-L1	NON-COVERED
0495U	Onc Prst8 Alys Crcg Plsm Prt	NON-COVERED
0497U	Onc Prst8 Mrna Rt-Pcr 6Genes	NON-COVERED
0499U	Onc Clrct&Lng Dna Ngs 8Genes	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0500U	Autoinflam Ds Vexas Synd Dna	NON-COVERED
0502U	Hpv E6/E7 Mrk Hi-Rsk Typ Crv	NON-COVERED
0503U	Neuro Alz Ds Bamyl&Tau Prtn	NON-COVERED
0504U	Nfct Ds Uti Id 17 Path Orgs	NON-COVERED
0505U	Nfct Ds Vag Infctj Id 32Orgs	NON-COVERED
0506U	Gi Barretts Esophgl Cell 89	NON-COVERED
0507U	Onc Ovr Dna Whole Gen W/5Hmc	NON-COVERED
0511U	Onc Sol Tum 3Dmicroenvir 36+	NON-COVERED
0512U	Onc Prst8 Alys Dgtz Img Msi	NON-COVERED
0513U	Onc Prst8 Alg Alys Msi&Hrd	NON-COVERED
0514U	Gi Ibd Ia Quan Deter Adl Lvl	NON-COVERED
0515U	Gi Ibd Ia Quan Deter Ifx Lvl	NON-COVERED
0516U	Rx Metab Rxgenomic Gnotyp 40	NON-COVERED
0517U	Ther Rx Mntr 80+ Psyactiv Rx	NON-COVERED
0518U	Ther Rx Mntr 90+ Pn&Mtl Hlth	NON-COVERED
0519U	Ther Rx Mntr Meds P/D/A 110+	NON-COVERED
0520U	Ther Rx Mntr 200+ Rx/Sbsts	NON-COVERED
0521U	Rf Iga&Igm Ccp Antb Sr-A Ia	NON-COVERED
0522U	Ca Vi Psp&Sp1 Antb Cl Semiql	NON-COVERED
0524U	Ob Pe Sflt-1/Plgf Ia Srm/Pls	NON-COVERED
0525U	Onc Sphrd Cell Cul 11-Rx Pnl	NON-COVERED
0526U	Nefro Rnl Trnspl Quan Cxcl10	NON-COVERED
0527U	Hsv 1&2 Vzv Amp Prb Tq Pthgn	NON-COVERED
0529T	Interrog Dev Eval lims Ip	NON-COVERED
0529U	Hem Vte Snp F2&F5 Gen Leiden	NON-COVERED
0530U	Onc Pan-Sol Tum Ctdna 77 Gen	NON-COVERED
0531U	Nfct Ds Afb&Inv Fng 673Orgs	NON-COVERED
0532U	Rare Ds Whlgen&Mitochdrl Dna	NON-COVERED
0533U	Rx Metab Advrs Gnotyp 16Gens	NON-COVERED
0534U	Onc Prst8 Mirna Snp 32 Vrn	NON-COVERED
0535U	Pfas Lc-Ms/Ms Plsm/Srm Quan	NON-COVERED
0536U	Rbcag Ftl Rhd Pcr Alys Exon4	NON-COVERED
0537U	Onc Clrct Ca Cfdna >2500 Dmr	NON-COVERED
0538U	Onc Sol Tum Ngts Ffpe 600Gen	NON-COVERED
0539U	Onc Sol Tumor Cfctdna 152Gen	NON-COVERED
0541U	Cv Ds Hdl Rct Cec Lc-Ms/Ms 5	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0542U	Nefro Renal Trnspl Ur Nmr 84	NON-COVERED
0544U	Nefro Trnsp Mntr 48Vrnt Dpcr	NON-COVERED
0545U	Achr Antb Id Imfluor Livecll	NON-COVERED
0546U	Ldns Lrp4 Antb Imflr Livecll	NON-COVERED
0547U	Neurflmnt Lt Chn Cleia Plsm	NON-COVERED
0548U	Gfap Cleia Plasma	NON-COVERED
0549U	Onc Urthl Dna Mthyltd Rt Pcr	NON-COVERED
0550U	Onc Prst8 Elisa Tot&Free Psa	NON-COVERED
0551U	Tp Ptau217 Ult Dgt Prtn Detj	NON-COVERED
0552T	Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermo	NON-COVERED
0552U	Repr Med Pga Gdo Te Bx Locus	NON-COVERED
0553U	Repr Med Pga Embry Te Strux	NON-COVERED
0554U	Repr Med Pga 24Chrm Te Bx Qc	NON-COVERED
0555U	Repr Med Pga Embryonic Te Qc	NON-COVERED
0556U	Nfct Ds P-S Dna&Rna 12 Trgts	NON-COVERED
0557U	Nfct Ds Bv Dna Mrk Vag Fluid	NON-COVERED
0558U	Onc Clrct Elisa Bf7 Ag Serum	NON-COVERED
0559U	Onc Brs Quan Elisa Bf9ag Srm	NON-COVERED
0560U	Onc Mrd Gsa Cfdna Baseline	NON-COVERED
0561U	Onc Mrd Gsa Cfdna Subsequent	NON-COVERED
0562U	Onc Sol Tum Tgsa 33Gens Snvs	NON-COVERED
0563U	Nfct Ds Pthgn-Sna 11Vir&4Bct	NON-COVERED
0564U	Nfct Ds Pthgn-Sna 10Vir&4Bct	NON-COVERED
0565U	Onc Hcc Ngs Detc 6626Epigalt	NON-COVERED
0566U	Onc Lng Qpcr-Bsd Alys 13Dmrs	NON-COVERED
0567U	Rare Ds Whl Gen Seq Srs&Lrs	NON-COVERED
0568U	Neurol Dementia Bamyl Ptau	NON-COVERED
0569U	Onc Sol Tum Ngs Tmm>20000Dmr	NON-COVERED
0570U	Neurol Tbi Alys Gfap&Uch-L1	NON-COVERED
0571U	Onc Sol Tum Dna80&Rna10g Ngs	NON-COVERED
0572U	Onc Prst8 Httl Qfish Whl Bld	NON-COVERED
0573U	Onc Pancreas 3Bmrk Pclf Alg	NON-COVERED
0574U	Mtb Cfp-10 Serum/Plsm Lc-Ms	NON-COVERED
0576T	Interrogation Device Evaluation (In Person) Of Implantable C	NON-COVERED
0581T	Ablation, Malignant Breast Tumor(S), Percutaneous, Cryothera	NON-COVERED
0587T	Percutaneous Implantation Or Replacement Of Integrated Singl	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0619T	Cystourethroscopy With Transurethral Anterior Prostate Commi	NON-COVERED
0644T	Transcatheter Removal Or Debulking Of Intracardiac Mass (Eg,	NON-COVERED
0646T	Surgery To Replace Heart Valve	NON-COVERED
0650T	Evaluation Of Heart Device	NON-COVERED
0660T	Implt Ant Sgm Io Nbio Rx	NON-COVERED
0661T	Rmvl&Rimpltj Ant Sgm Impl	NON-COVERED
0714T	Tprnl Lsr Ablt B9 Prst8 Hypr	NON-COVERED
0717T	Adrc Ther Prtl Rc Tear	NON-COVERED
0718T	Adrc Ther Prtl Rc Tear Njx	NON-COVERED
0719T	Pst Vrt Jt Rplcmt Lmbr 1 Sgm	NON-COVERED
0725T	Vestibular Dev Impltj Uni	NON-COVERED
0726T	Rmvl Implt Vstibular Dev Uni	NON-COVERED
0727T	Rmvl&Rplcmt Implt Vstblr Dev	NON-COVERED
0730T	Trabeculotomy Lsr W/Oct Gdn	NON-COVERED
0735T	Prep Tum Cav Iort Prim Crnot	NON-COVERED
0737T	Xenograft Impltj Artclr Surf	NON-COVERED
0739T	Abltj Mal Prst8 Mag Fld Ndct	NON-COVERED
0740T	Rem Auton Alg Nsln Cal Setup	NON-COVERED
0744T	Insj Bioprosc Vlv Fem Vn	NON-COVERED
0745T	Car Ablt Rad Arr N-Invas Loc	NON-COVERED
0746T	Car Ablt Rad Arr Cnv Loc Map	NON-COVERED
0747T	Car Ablt Rad Arrhyt Dlvr Rad	NON-COVERED
0748T	Njx Stm CI Prdct Anl Sft Tis	NON-COVERED
0752T	Dgtz GlS Mcrscp Sld Lvl Iii	NON-COVERED
0753T	Dgtz GlS Mcrscp Sld Level Iv	NON-COVERED
0756T	Dgtz GlS Mcrscp Sld Spc Grpi	NON-COVERED
0761T	Dgtz GlS Mcrscp SI Imm Ea 1	NON-COVERED
0770T	Vr Technology Assist Therapy	NON-COVERED
0780T	Instlj Fecal Microbiota Ssp	NON-COVERED
0781T	Brnchsc Rf Dstrj Pulm Nrv Bi	NON-COVERED
0782T	Brnchsc Rf Dstrj Plm Nrv Uni	NON-COVERED
0790T	Revj Rplcmt/Rmvl Vrt Tethrg	NON-COVERED
0795T	Tcat Ins 2Chmbr Ldls Pm Cmpl	NON-COVERED
0796T	Tcat Ins 2Chmbr Ldls Pm Ra	NON-COVERED
0804T	Pgrmg Evl Ldls Pm 2Chmbr Ip	NON-COVERED
0810T	Subrta Njx Rx Agt W/Vtrc	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0816T	Opn Insj/Rplcmt Ins Ptn Subq	NON-COVERED
0826T	Prgrmg Evl Ldls Pm 1Chmbr Ip	NON-COVERED
0866T	Quan Mri Alys Brn W/Dx Mri	NON-COVERED
0867T	Tpla B9 Prst8 Hyprplsa>=50MI	NON-COVERED
0868T	Hi-Res Gastric Ep Mapping	NON-COVERED
0869T	Njx B1 Sub Mtrl Hw Fixj Aug	NON-COVERED
0870T	Imp Subq Prtl Ascts Pmp Sys	NON-COVERED
0871T	Rplcmt Subq Prtl Ascites Pmp	NON-COVERED
0872T	Rplcmt Ndwllg Bldr&Prtl Cath	NON-COVERED
0873T	Revj Subq Prtl Asct Pmp Sys	NON-COVERED
0874T	Rmvl Pertl Ascites Pmp Sys	NON-COVERED
0875T	Prgrm Subq Prtl Asct Pmp Sys	NON-COVERED
0876T	Duplex Scan Hemo Fstl Lmtd	NON-COVERED
0881T	Cryotherapy Oral Cavity	NON-COVERED
0882T	Intraop Ther Estim Pn Ue 1St	NON-COVERED
0883T	Intraop Ther Estim Pn Ue Ea	NON-COVERED
0884T	Esphgsc Flx 1St Tndsc Dilat	NON-COVERED
0885T	Colsc Flx 1St Tndsc Dilat	NON-COVERED
0886T	Sgmdsc Flx 1St Tndsc Dilat	NON-COVERED
0887T	End-Tidal Ctrl Inhaled Anes	NON-COVERED
0893T	N-Invas Assmt Bld Oxygenation	NON-COVERED
0894T	Cannulation Liver Allograft	NON-COVERED
0895T	Connj Lvr Algrft Prfu Dev 1	NON-COVERED
0896T	Connj Lvr Algrft Prfu Dev Ea	NON-COVERED
0897T	N-Invas Augmnt Arrhyt Alys	NON-COVERED
0901T	Plmt Bone Marrow Smplg Port	NON-COVERED
0902T	Qtc Ntrvl Augmnt Alg Aly Ecg	NON-COVERED
0903T	Ecg Alg 12 Lead Reduced I&R	NON-COVERED
0904T	Ecg Alg 12 Ld Rdcd Trcg Only	NON-COVERED
0905T	Ecg Alg 12 Ld Rdcd I&R Only	NON-COVERED
0908T	Opn Imp Int Nstm Sys Vgs Nrv	NON-COVERED
0909T	Rplcmt Int Nstim Sys Vgs Nrv	NON-COVERED
0910T	Rmvl Int Nstim Sys Vagus Nrv	NON-COVERED
0911T	Elec Aly Nstm Sys Vgs Nrv Wo	NON-COVERED
0912T	Elec Alys Nstim Sys Vgs Smpl	NON-COVERED
0913T	Prq Tcat Ther Rx Ntrac Balo1	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0914T	Prq Tcat Thr Rx Ntrc Bal Sep	NON-COVERED
0915T	Insj Perm Ccm-D Sys Pg&Eltrd	NON-COVERED
0916T	Insj Perm Ccm-D Sys Pg Only	NON-COVERED
0917T	Insj Perm Ccm-D Sys 1 Lead	NON-COVERED
0918T	Insj Perm Ccm-D Sys Dual Ld	NON-COVERED
0919T	Rmvl Perm Ccm-D Sys Pg Only	NON-COVERED
0920T	Rmvl Perm Ccm-D Sys 1 Pac Ld	NON-COVERED
0921T	Rmvl Perm Ccm-D Sys 1 Dfb Ld	NON-COVERED
0922T	Rmvl Perm Ccm-D Sys Dual Ld	NON-COVERED
0923T	Rmvl&Rplcmt Perm Ccm-D Pg	NON-COVERED
0924T	Rpos Prv Ccm-D Trnsvns Eltrd	NON-COVERED
0925T	Rlcj Skin Pocket Ccm-D Pg	NON-COVERED
0926T	Prgrmg Dev Eval Ccm-D Ip	NON-COVERED
0927T	Interrog Dev Eval Ccm-D Ip	NON-COVERED
0928T	Rem Interrog Dev Ccm-D Phys	NON-COVERED
0929T	Rem Interrog Dev Ccm-D Tech	NON-COVERED
0930T	Ephys Eval Ccm-D Ld 1St Impl	NON-COVERED
0931T	Ephys Eval Ccm-D Ld Separate	NON-COVERED
0932T	N-Invs Det Hrt Fail Aug Echo	NON-COVERED
0933T	Tcat Impl Wrls L Atr Prs Snr	NON-COVERED
0934T	Rem Mntr Wrls L Atr Prs Snr	NON-COVERED
0935T	Cysto W/Rnl Pel Symp Dnrvtj	NON-COVERED
0936T	Photobiomodulation Ther Rta	NON-COVERED
0937T	Xtrnl Ecg Rec>15D<30D	NON-COVERED
0938T	Xtrnl Ecg Rec>15D<30D Rec	NON-COVERED
0939T	Xtrnl Ecg Rec>15D<30D Scan	NON-COVERED
0940T	Xtrnl Ecg Rec>15D<30D R&I	NON-COVERED
0941T	Cysto Flx Ins&Xpns Urtl Scaf	NON-COVERED
0942T	Cysto Flx Rmv&Rplc Urtl Scaf	NON-COVERED
0943T	Cysto Flx Rmvl Urtl Scaffold	NON-COVERED
0948T	Rem Interrog Dev Ccm Phys	NON-COVERED
0949T	Rem Interrog Dev Ccm Tech	NON-COVERED
0950T	Abltj B9 Prst8 Tissue Hifu	NON-COVERED
0951T	Tot Impl Amei 1St Plmt	NON-COVERED
0952T	Tot Impl Amei Rev/Rplc Mstdc	NON-COVERED
0953T	Tot Impl Amei Rev/Rplc W/O	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
0954T	Tot Impl Amei Rplc Snd Proc	NON-COVERED
0955T	Tot Impl Amei Removal	NON-COVERED
0956T	Prt Crn Ch Cr&Tun Elt S-Scpl	NON-COVERED
0957T	Rev S-Scpl Eltr Ra Rcvr&Tlmt	NON-COVERED
0958T	Rmv S-Scpl Eltr Ra Rcvr&Tlmt	NON-COVERED
0959T	Rmv/Rplc Magnet Coil Assem	NON-COVERED
0960T	Rpl S-Scpl Eltr Ra Rcvr&Tlmt	NON-COVERED
0961T	Shortwave Ifr Radiation Img	NON-COVERED
0962T	Asstv Alg Alys Acous&Ecg Rec	NON-COVERED
0963T	Anosc SbmcsI Njx Bulking Agt	NON-COVERED
0964T	I&Cust Prep Jaw Xpnsj 1Arch	NON-COVERED
0965T	I&Cst Prp Jw Xpn DI Arch Non	NON-COVERED
0966T	I&Cst Prp Jw Xpn DI Arch Fxd	NON-COVERED
0967T	Tranal Ins Tmp Clrc Anst Dev	NON-COVERED
0968T	Insj/Rplcmt Epcrnl Nstim Sys	NON-COVERED
0969T	Removal Epicranial Nstim Sys	NON-COVERED
0970T	Ablt B9 Brst Tum Perq Lsr Ea	NON-COVERED
0971T	Ablt Mal Brst Tum Pq Lsr Uni	NON-COVERED
0972T	Asstv Alg Clsfcn Burn Hlg	NON-COVERED
0973T	Slctv Nzmtc Dbrdmt T/A/L 1St	NON-COVERED
0974T	Slctv Nzmtc Dbrdmt T/A/L Ea	NON-COVERED
0975T	Slctv Nzmtc Dbrdmt S/N/Hf 1	NON-COVERED
0976T	Slctv Nzmtc Dbrdmt S/N/Hf Ea	NON-COVERED
0977T	Upr Gi Bld Detcj Snr Capsule	NON-COVERED
0978T	Submucosal Cryolysis Therapy	NON-COVERED
0979T	SbmcsI Crylys Ther Sft Palt	NON-COVERED
0980T	SbmcsI Crylys Ther Tng&Tnsl	NON-COVERED
0981T	Tcat Impl Wrls lvc Snr	NON-COVERED
0982T	Rem Mntr Impl lvc Snr Set-Up	NON-COVERED
0983T	Rem Mntr Impl lvc Snr Phys	NON-COVERED
0984T	Iv Img Xtrc Cere Vsl Oct 1St	NON-COVERED
0985T	Iv Img Xtrc Cere Vsl Oct Ea	NON-COVERED
0986T	Iv Img lcr Cere Vsl Oct 1St	NON-COVERED
0987T	Iv Img lcr Cere Vsl Oct Ea	NON-COVERED
11719	Trim Nail(S) Any Number	NON-COVERED
11920	Correct Skin Color 6.0 Cm/<	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
11921	Correct Skn Color 6.1-20.0Cm	NON-COVERED
11922	Correct Skin Color Ea 20.0Cm	NON-COVERED
11950	Tx Contour Defects 1 Cc/<	NON-COVERED
11951	Tx Contour Defects 1.1-5.0Cc	NON-COVERED
11952	Tx Contour Defects 5.1-10Cc	NON-COVERED
11954	Tx Contour Defects >10.0 Cc	NON-COVERED
15775	Hair Trnspl 1-15 Punch Grfts	NON-COVERED
15776	Hair Trnspl >15 Punch Grafts	NON-COVERED
15824	Rhytidectomy Forehead	NON-COVERED
15825	Rhytdct Nck Pltysml Tghtg	NON-COVERED
15826	Rhytidectomy Gblbr Frn Lines	NON-COVERED
15828	Rhytidectomy Cheek Chn & Nck	NON-COVERED
15829	Rhytidectomy Smas Flap	NON-COVERED
15832	Exc Excessive Skin Thigh	NON-COVERED
15833	Exc Excessive Skin Leg	NON-COVERED
15834	Exc Excessive Skin Hip	NON-COVERED
15835	Exc Excessive Skin Buttock	NON-COVERED
15836	Exc Excessive Skin Arm	NON-COVERED
15837	Exc Excsv Skin Forearm/Hand	NON-COVERED
15838	Exc Excsv Submental Fat Pad	NON-COVERED
15839	Exc Excessive Skn Other Area	NON-COVERED
15847	Exc Skin Abd Add-On	NON-COVERED
15852	Dressing Change Not For Burn	NON-COVERED
15853	Removal Sutr/Stapl Xreq Anes	NON-COVERED
15854	Removal Sutr&Stapl Xreq Anes	NON-COVERED
15876	Suction Lipectomy Head&Neck	NON-COVERED
15877	Suction Lipectomy Trunk	NON-COVERED
15878	Suction Lipectomy Upr Extrem	NON-COVERED
15879	Suction Lipectomy Lwr Extrem	NON-COVERED
17380	Electrolysis Epilation Ea 30	NON-COVERED
19105	Cryosurg Ablate Fa Each	NON-COVERED
21076	Impres&Prep Surg Obt Prosth	NON-COVERED
21077	Impres&Prep Orbital Prosth	NON-COVERED
21079	Impres&Prep Intrm Obt Prosth	NON-COVERED
21080	Impres&Prep Def Obt Prosth	NON-COVERED
21081	Impres&Prep Mndbl Res Prosth	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
21082	Impres&Prep Palatl Aug Prosth	NON-COVERED
21083	Impres&Prep Palatl Lft Prosth	NON-COVERED
21084	Impres&Prep Sp Aid Prosth	NON-COVERED
21085	Impres&Prep Oral Surg Splint	NON-COVERED
21086	Impres&Prep Auricular Prosth	NON-COVERED
21087	Impres&Prep Nasal Prosth	NON-COVERED
21088	Impres&Prep Facial Prosth	NON-COVERED
21089	Prepare Face/Oral Prosthesis	NON-COVERED
21125	Augmentation Mndblr Prosth	NON-COVERED
22523	Percutaneous Vertebral Augmentation Thoracic	NON-COVERED
22526	Idet Single Level	NON-COVERED
22527	Idet 1 Or More Levels	NON-COVERED
32850	Donor Pneumonectomy	NON-COVERED
32855	Prepare Donor Lung Single	NON-COVERED
32856	Prepare Donor Lung Double	NON-COVERED
32997	Total Lung Lavage	NON-COVERED
33140	Heart Revascularize (Tmr)	NON-COVERED
33141	Heart Tmr W/Other Procedure	NON-COVERED
33927	Impltj Tot Rplcmt Hrt Sys	NON-COVERED
33928	Rmvl & Rplcmt Tot Hrt Sys	NON-COVERED
33929	Rmvl Rplcmt Hrt Sys F/Trnspl	NON-COVERED
33930	Removal Of Donor Heart/Lung	NON-COVERED
33940	Removal Of Donor Heart	NON-COVERED
33960	Prolonged Extracorporeal Circulation Init Day	NON-COVERED
33961	Prolonged Extracorporeal Circulation Ea Addl Day	NON-COVERED
36415	Coll Venous Bld Venipuncture	NON-COVERED
36416	Capillary Blood Draw	NON-COVERED
36430	Blood Transfusion Service	NON-COVERED
36468	Injection(S) Spider Veins	NON-COVERED
36469	1/Mlt Njxs Sclrsng Slns Spider Veins Face	NON-COVERED
36591	Draw Blood Off Venous Device	NON-COVERED
36592	Collect Blood From Picc	NON-COVERED
3752F	No Electrodiag Polyneuro 6Mn	NON-COVERED
37788	Revascularization Penis	NON-COVERED
37790	Penile Venous Occlusion	NON-COVERED
38225	Car-T Hrv Bld-Drv T Lymphcyt	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
38226	Car-T Prep T Lymphcyt F/Trns	NON-COVERED
38227	Car-T Receipt&Prepj Admn	NON-COVERED
38228	Car-T Admn Autologous	NON-COVERED
40806	Incision Of Lip Fold	NON-COVERED
40810	Excision Of Mouth Lesion	NON-COVERED
41115	Excision Of Tongue Fold	NON-COVERED
43238	Egd Us Fine Needle Bx/Aspir	NON-COVERED
43265	Ercp Lithotripsy Calculi	NON-COVERED
43881	Impl/Redo Electrd Antrum	NON-COVERED
43882	Revise/Remove Electrd Antrum	NON-COVERED
44132	Enterectomy Cadaver Donor	NON-COVERED
44133	Enterectomy Live Donor	NON-COVERED
44136	Intestine Transplant Live	NON-COVERED
44137	Remove Intestinal Allograft	NON-COVERED
44715	Prepare Donor Intestine	NON-COVERED
44720	Prep Donor Intestine/Venous	NON-COVERED
44721	Prep Donor Intestine/Artery	NON-COVERED
47133	Removal Of Donor Liver	NON-COVERED
47136	Transplantation Of Liver	NON-COVERED
47143	Prep Donor Liver Whole	NON-COVERED
47144	Prep Donor Liver 3-Segment	NON-COVERED
47145	Prep Donor Liver Lobe Split	NON-COVERED
47146	Prep Donor Liver/Venous	NON-COVERED
48551	Prep Donor Pancreas	NON-COVERED
48552	Prep Donor Pancreas/Venous	NON-COVERED
49002	Reopening Of Abdomen	NON-COVERED
49250	Excision Of Umbilicus	NON-COVERED
50300	Remove Cadaver Donor Kidney	NON-COVERED
50323	Prep Cadaver Renal Allograft	NON-COVERED
50325	Prep Donor Renal Graft	NON-COVERED
50327	Prep Renal Graft/Venous	NON-COVERED
50328	Prep Renal Graft/Arterial	NON-COVERED
50329	Prep Renal Graft/Ureteral	NON-COVERED
51721	Ins Trurl Ablt Trnsdc Thr Us	NON-COVERED
53865	Cysto Insj Dev Ischmc Rmdlq	NON-COVERED
53866	Cathj Rmvl Dev Ischmc Rmdlq	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
54150	Circumcision W/Regionl Block	NON-COVERED
54160	Circumcision Neonate	NON-COVERED
54231	Dynamic Cavernosometry	NON-COVERED
54235	Njx Corpora Cavernosa Rx Agt	NON-COVERED
54660	Revision Of Testis	NON-COVERED
54900	Fusion Of Spermatic Ducts	NON-COVERED
54901	Fusion Of Spermatic Ducts	NON-COVERED
55400	Repair Of Sperm Duct	NON-COVERED
55870	Electroejaculation	NON-COVERED
55873	Cryoablate Prostate	NON-COVERED
55881	Ablt Trurl Prst8 Tis Thrm Us	NON-COVERED
55882	Ablt Trurl Prst8 Tis Trnsdcr	NON-COVERED
55970	Sex Transformation M To F	NON-COVERED
55980	Sex Transformation F To M	NON-COVERED
57022	I&D Vaginal Hematoma Ob/Pp	NON-COVERED
57023	I&D Vaginal Hematoma Non-Ob	NON-COVERED
58321	Artificial Insemination	NON-COVERED
58322	Artificial Insemination	NON-COVERED
58323	Sperm Washing	NON-COVERED
58345	Reopen Fallopian Tube	NON-COVERED
58400	Suspension Of Uterus	NON-COVERED
58410	Suspension Of Uterus	NON-COVERED
58540	Revision Of Uterus	NON-COVERED
58672	Laparoscopy Fimbrioplasty	NON-COVERED
58673	Laparoscopy Salpingostomy	NON-COVERED
58750	Repair Oviduct	NON-COVERED
58752	Revise Ovarian Tube(S)	NON-COVERED
58760	Fimbrioplasty	NON-COVERED
58770	Create New Tubal Opening	NON-COVERED
58825	Transposition Ovary(S)	NON-COVERED
58970	Retrieval Of Oocyte	NON-COVERED
58974	Embryo Transfer Intrauterine	NON-COVERED
58976	Transfer Of Embryo	NON-COVERED
59200	Insert Cervical Dilator	NON-COVERED
59410	Obstetrical Care	NON-COVERED
59425	Antepartum Care Only	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
59426	Antepartum Care Only	NON-COVERED
59430	Care After Delivery	NON-COVERED
59515	Cesarean Delivery	NON-COVERED
59614	Vbac Care After Delivery	NON-COVERED
59622	Attempted Vbac After Care	NON-COVERED
59866	Abortion (Mpr)	NON-COVERED
60660	Abltj 1/+Thyr Ndul 1Lobe Prq	NON-COVERED
60661	Abltj 1/+Thyr Ndul Addl Prq	NON-COVERED
61850	Implant Neuroelectrodes	NON-COVERED
61860	Implant Neuroelectrodes	NON-COVERED
61863	Implant Neuroelectrode	NON-COVERED
61864	Implant Neuroelectrde Addl	NON-COVERED
64412	N Block Inj Spinal Accessor	NON-COVERED
64555	Implant Neuroelectrodes	NON-COVERED
64580	Implant Neuroelectrodes	NON-COVERED
65760	Keratomileusis	NON-COVERED
65765	Keratophakia	NON-COVERED
65767	Epikeratoplasty	NON-COVERED
65771	Radial Keratotomy	NON-COVERED
65772	Correction Of Astigmatism	NON-COVERED
65775	Correction Of Astigmatism	NON-COVERED
66174	Translum Dil Eye Canal	NON-COVERED
66175	Trnslum Dil Eye Canal W/Stnt	NON-COVERED
69090	Ear Piercing	NON-COVERED
69421	Incision Of Eardrum	NON-COVERED
70336	Magnetic Image Jaw Joint	NON-COVERED
70371	Speech Evaluation Complex	NON-COVERED
74742	X-Ray Fallopian Tube	NON-COVERED
75557	Cardiac Mri For Morph	NON-COVERED
75559	Cardiac Mri W/Stress Img	NON-COVERED
76376	3D Render W/Intrp Postproces	NON-COVERED
76377	3D Render W/Intrp Postproces	NON-COVERED
76390	Mr Spectroscopy	NON-COVERED
76936	Echo Guide For Artery Repair	NON-COVERED
76945	Echo Guide Villus Sampling	NON-COVERED
76948	Echo Guide Ova Aspiration	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
76977	Us Bone Density Measure	NON-COVERED
77078	Ct Bone Density Axial	NON-COVERED
77084	Mri Bone Marrow Blood Supply	NON-COVERED
77605	Hyperthermia Ext Gen Deep	NON-COVERED
77620	Hyperthermia Gen Intrcv Prb	NON-COVERED
78267	Breath Tst Attain/Anal C-14	NON-COVERED
78268	Breath Test Analysis C-14	NON-COVERED
78350	Bone Mineral Single Photon	NON-COVERED
78351	Bone Mineral Dual Photon	NON-COVERED
78469	Heart Infarct Image (3D)	NON-COVERED
78491	Heart Image (Pet) Single	NON-COVERED
78492	Heart Image (Pet) Multiple	NON-COVERED
78803	Tumor Imaging (3D)	NON-COVERED
80050	General Health Panel	NON-COVERED
80320	Drug Screen Quantalcohols	NON-COVERED
80321	Alcohols Biomarkers 1Or 2	NON-COVERED
80322	Alcohols Biomarkers 3/More	NON-COVERED
80323	Alkaloids Nos	NON-COVERED
80324	Drug Screen Amphetamines 1/2	NON-COVERED
80325	Amphetamines 3Or 4	NON-COVERED
80326	Amphetamines 5 Or More	NON-COVERED
80327	Anabolic Steroid 1 Or 2	NON-COVERED
80328	Anabolic Steroid 3 Or More	NON-COVERED
80329	Analgesics Non-Opioid 1 Or 2	NON-COVERED
80330	Analgesics Non-Opioid 3-5	NON-COVERED
80331	Analgesics Non-Opioid 6/More	NON-COVERED
80332	Antidepressants Class 1 Or 2	NON-COVERED
80333	Antidepressants Class 3-5	NON-COVERED
80334	Antidepressants Class 6/More	NON-COVERED
80335	Antidepressant Tricyclic 1/2	NON-COVERED
80336	Antidepressant Tricyclic 3-5	NON-COVERED
80337	Tricyclic & Cyclical 6/More	NON-COVERED
80338	Antidepressant Not Specified	NON-COVERED
80339	Antiepileptics Nos 1-3	NON-COVERED
80340	Antiepileptics Nos 4-6	NON-COVERED
80341	Antiepileptics Nos 7/More	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
80342	Antipsychotics Nos 1-3	NON-COVERED
80343	Antipsychotics Nos 4-6	NON-COVERED
80344	Antipsychotics Nos 7/More	NON-COVERED
80345	Drug Screening Barbiturates	NON-COVERED
80346	Benzodiazepines1-12	NON-COVERED
80348	Drug Screening Buprenorphine	NON-COVERED
80349	Cannabinoids Natural	NON-COVERED
80350	Cannabinoids Synthetic 1-3	NON-COVERED
80351	Cannabinoids Synthetic 4-6	NON-COVERED
80352	Cannabinoid Synthetic 7/More	NON-COVERED
80353	Drug Screening Cocaine	NON-COVERED
80354	Drug Screening Fentanyl	NON-COVERED
80355	Gabapentin Non-Blood	NON-COVERED
80356	Heroin Metabolite	NON-COVERED
80357	Ketamine And Norketamine	NON-COVERED
80358	Drug Screening Methadone	NON-COVERED
80359	Methylenedioxyamphetamines	NON-COVERED
80360	Methylphenidate	NON-COVERED
80361	Opiates 1 Or More	NON-COVERED
80362	Opioids & Opiate Analogs 1/2	NON-COVERED
80363	Opioids & Opiate Analogs 3/4	NON-COVERED
80364	Opioid &Opiate Analog 5/More	NON-COVERED
80365	Drug Screening Oxycodone	NON-COVERED
80366	Drug Screening Pregabalin	NON-COVERED
80367	Drug Screening Propoxyphene	NON-COVERED
80368	Sedative Hypnotics	NON-COVERED
80369	Skeletal Muscle Relaxant 1/2	NON-COVERED
80370	Skel Musc Relaxant 3 Or More	NON-COVERED
80371	Stimulants Synthetic	NON-COVERED
80372	Drug Screening Tapentadol	NON-COVERED
80373	Drug Screening Tramadol	NON-COVERED
80374	Stereoisomer Analysis	NON-COVERED
80375	Drug/Substance Nos 1-3	NON-COVERED
80376	Drug/Substance Nos 4-6	NON-COVERED
80377	Drug/Substance Nos 7/More	NON-COVERED
81020	Urinalysis Glass Test	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81195	Cytog Genom-Wid Alys Hem Mal	NON-COVERED
81200	Aspa Gene	NON-COVERED
81205	Bckdhb Gene	NON-COVERED
81209	Blm Gene	NON-COVERED
81228	Cytogen Microarray Copy Nbr	NON-COVERED
81229	Cytogen M Array Copy No&Snp	NON-COVERED
81230	Cyp3a4 Gene Common Variants	NON-COVERED
81231	Cyp3a5 Gene Common Variants	NON-COVERED
81240	F2 Gene	NON-COVERED
81241	F5 Gene	NON-COVERED
81242	Fancc Gene	NON-COVERED
81247	G6pd Gene Alys Cmn Variant	NON-COVERED
81248	G6pd Known Familial Variant	NON-COVERED
81249	G6pd Full Gene Sequence	NON-COVERED
81251	Gba Gene	NON-COVERED
81252	Gjb2 Gene Full Sequence	NON-COVERED
81253	Gjb2 Gene Known Fam Variants	NON-COVERED
81254	Gjb6 Gene Com Variants	NON-COVERED
81255	Hexa Gene	NON-COVERED
81261	Igh Gene Rearrange Amp Meth	NON-COVERED
81262	Igh Gene Rearrang Dir Probe	NON-COVERED
81263	Igh Vari Regional Mutation	NON-COVERED
81264	Igk Rearrangeabn Clonal Pop	NON-COVERED
81290	Mcoln1 Gene	NON-COVERED
81291	Mthfr Gene	NON-COVERED
81302	Mecp2 Gene Full Seq	NON-COVERED
81303	Mecp2 Gene Known Variant	NON-COVERED
81304	Mecp2 Gene Dup/Delet Variant	NON-COVERED
81307	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancr	NON-COVERED
81308	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancr	NON-COVERED
81313	Pca3/Klk3 Antigen	NON-COVERED
81324	Pmp22 Gene Dup/Delet	NON-COVERED
81325	Pmp22 Gene Full Sequence	NON-COVERED
81326	Pmp22 Gene Known Fam Variant	NON-COVERED
81327	Sept9 Methylation Analysis	NON-COVERED
81328	Slco1b1 Gene Com Variants	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81330	Smpd1 Gene Common Variants	NON-COVERED
81332	Serpina1 Gene	NON-COVERED
81333	Tgfb1 (Transforming Growth Factor Beta-Induced) (Eg, Corneal	NON-COVERED
81346	Tyms Gene Com Variants	NON-COVERED
81350	Ugt1a1 Gene	NON-COVERED
81355	Vkorc1 Gene	NON-COVERED
81410	Aortic Dysfunction/Dilation	NON-COVERED
81411	Aortic Dysfunction/Dilation	NON-COVERED
81415	Exome Sequence Analysis	NON-COVERED
81416	Exome Sequence Analysis	NON-COVERED
81417	Exome Re-Evaluation	NON-COVERED
81418	Rx Metab Gen Seq Alys Pnl 6	NON-COVERED
81422	Fetal Chromoml Microdeltj	NON-COVERED
81425	Genome Sequence Analysis	NON-COVERED
81426	Genome Sequence Analysis	NON-COVERED
81427	Genome Re-Evaluation	NON-COVERED
81430	Hearing Loss Sequence Analys	NON-COVERED
81431	Hearing Loss Dup/Del Alys	NON-COVERED
81437	Hered Neuroend Tum-Rlt Do 5+	NON-COVERED
81440	Mitochondrial Gene	NON-COVERED
81442	Noonan Spectrum Disorders	NON-COVERED
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic	NON-COVERED
81450	Targeted Genomic Seq Alys	NON-COVERED
81456	Tgsap So/Hl 51/> Rna Alys	NON-COVERED
81460	Whole Mitochondrial Genome	NON-COVERED
81464	So Gsap Cll Fr Mcrstl Ins	NON-COVERED
81465	Whole Mitochondrial Genome	NON-COVERED
81470	X-Linked Intellectual Dblt	NON-COVERED
81471	X-Linked Intellectual Dblt	NON-COVERED
81490	Autoimmune Rheumatoid Arthr	NON-COVERED
81493	Cor Artery Disease Mrna	NON-COVERED
81504	Oncology Tissue Of Origin	NON-COVERED
81525	Oncology Colon Mrna	NON-COVERED
81535	Oncology Gynecologic	NON-COVERED
81536	Oncology Gynecologic	NON-COVERED
81538	Oncology Lung	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
81539	Oncology Prostate Prob Score	NON-COVERED
81540	Oncology Tum Unknown Origin	NON-COVERED
81551	Onc Prostate 3 Genes	NON-COVERED
81558	Trnspl Rej Kdn Mrna Qpcr 139	NON-COVERED
82075	Assay Of Breath Ethanol	NON-COVERED
82190	Atomic Absorption	NON-COVERED
82690	Ethchlorvynol	NON-COVERED
82757	Assay Of Semen Fructose	NON-COVERED
83006	Growth Stimulation Gene 2	NON-COVERED
83884	Assay Neurflmnt Light Chain	NON-COVERED
83950	Oncoprotein Her-2/Neu	NON-COVERED
83992	Assay For Phencyclidine	NON-COVERED
84112	Eval Amniotic Fluid Protein	NON-COVERED
84431	Thromboxane Urine	NON-COVERED
84433	Asy Thiopurin S-Mthyltrnsfrs	NON-COVERED
86005	Allergen Specific Ige	NON-COVERED
86152	Cell Enumeration & Id	NON-COVERED
86153	Cell Enumeration Phys Interp	NON-COVERED
86352	Cell Function Assay W/Stim	NON-COVERED
86386	Nuclear Matrix Protein 22	NON-COVERED
86890	Autologous Blood Process	NON-COVERED
86891	Autologous Blood Op Salvage	NON-COVERED
86910	Blood Typing Paternity Test	NON-COVERED
86911	Blood Typing Antigen System	NON-COVERED
86950	Leukocyte Transfusion	NON-COVERED
86965	Pooling Blood Platelets	NON-COVERED
86985	Split Blood Or Products	NON-COVERED
87513	H Pylri Clrthmcn Rst Amp Prb	NON-COVERED
88000	Autopsy (Necropsy) Gross	NON-COVERED
88005	Autopsy (Necropsy) Gross	NON-COVERED
88007	Autopsy (Necropsy) Gross	NON-COVERED
88012	Autopsy (Necropsy) Gross	NON-COVERED
88014	Autopsy (Necropsy) Gross	NON-COVERED
88016	Autopsy (Necropsy) Gross	NON-COVERED
88020	Autopsy (Necropsy) Complete	NON-COVERED
88025	Autopsy (Necropsy) Complete	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
88027	Autopsy (Necropsy) Complete	NON-COVERED
88028	Autopsy (Necropsy) Complete	NON-COVERED
88029	Autopsy (Necropsy) Complete	NON-COVERED
88036	Limited Autopsy	NON-COVERED
88037	Limited Autopsy	NON-COVERED
88040	Forensic Autopsy (Necropsy)	NON-COVERED
88045	Coroners Autopsy (Necropsy)	NON-COVERED
88099	Necropsy (Autopsy) Procedure	NON-COVERED
88738	Hgb Quant Transcutaneous	NON-COVERED
89250	Cultr Oocyte/Embryo <4 Days	NON-COVERED
89272	Extended Culture Of Oocytes	NON-COVERED
89310	Semen Analysis W/Count	NON-COVERED
89321	Semen Anal Sperm Detection	NON-COVERED
89325	Sperm Antibody Test	NON-COVERED
89337	Cryopreservation Oocyte(S)	NON-COVERED
90281	Human Ig Im	NON-COVERED
90283	Human Ig Iv	NON-COVERED
90287	Botulinum Antitoxin	NON-COVERED
90288	Botulism Ig Iv	NON-COVERED
90291	Cmv Ig Iv	NON-COVERED
90296	Diphtheria Antitoxin	NON-COVERED
90382	Rsv Monoc Antb Seasn .7Ml Im	NON-COVERED
90393	Vaccina Ig Im	NON-COVERED
90399	Immune Globulin	NON-COVERED
90460	Im Admin 1St/Only Component	NON-COVERED
90461	Im Admin Each Addl Component	NON-COVERED
90473	Immune Admin Oral/Nasal	NON-COVERED
90474	Immune Admin Oral/Nasal Addl	NON-COVERED
90476	Adenovirus Vaccine Type 4	NON-COVERED
90477	Adenovirus Vaccine Type 7	NON-COVERED
90581	Anthrax Vaccine Sc Or Im	NON-COVERED
90584	Dengue Vacc Quad 2 Dose Subq	NON-COVERED
90586	Bcg Vaccine Intravesical	NON-COVERED
90612	Inf&Sarscov2 Vacc 31.7/.32Im	NON-COVERED
90613	Inf&Sarscov2 Vacc 40/0.4 Im	NON-COVERED
90634	Hepa Vacc Ped/Adol 3 Dose Im	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
90635	H5n1 Vacc Drv CII Cul Adj Im	NON-COVERED
90637	Vacc Qirv Mrna 30Mcg/.5MI Im	NON-COVERED
90638	Vacc Qirv Mrna 60Mcg/.5MI Im	NON-COVERED
90664	Laiv Vacc Pandemic Intranasl	NON-COVERED
90666	liv Vacc Pandem No Presrv Im	NON-COVERED
90667	liv Vacc Pandemic Adjvut Im	NON-COVERED
90668	liv Vaccine Pandemic Im	NON-COVERED
90735	Encephalitis Vaccine Sc	NON-COVERED
90749	Vaccine Toxoid	NON-COVERED
90845	Psychoanalysis	NON-COVERED
90865	Narcosynthesis	NON-COVERED
90875	Psychophysiological Therapy	NON-COVERED
90876	Psychophysiological Therapy	NON-COVERED
90882	Environmental Manipulation	NON-COVERED
90885	Psy Evaluation Of Records	NON-COVERED
90887	Consultation With Family	NON-COVERED
90889	Preparation Of Report	NON-COVERED
90901	Biofeedback Train Any Meth	NON-COVERED
90912	Biofeedback Training, Perineal Muscles, Anorectal Or Urethra	NON-COVERED
90913	Biofeedback Training, Perineal Muscles, Anorectal Or Urethra	NON-COVERED
91120	Rectal Sensation Test	NON-COVERED
91323	Sarscov2 Vac 10 Mcg/0.2MI Im	NON-COVERED
92065	Orthoptic/Pleoptic Training	NON-COVERED
92285	Eye Photography	NON-COVERED
92286	Internal Eye Photography	NON-COVERED
92287	Internal Eye Photography	NON-COVERED
92326	Replacement Of Contact Lens	NON-COVERED
92354	Fit Spectacles Single System	NON-COVERED
92355	Fit Spectacles Compound Lens	NON-COVERED
92358	Aphakia Prosth Service Temp	NON-COVERED
92517	Cervical Vemp Testing W/I&R	NON-COVERED
92518	Ocular Vemp Testing W/I&R	NON-COVERED
92519	Cervical & Ocular Vemp Testing W/I&R	NON-COVERED
92548	Posturography	NON-COVERED
92549	Computerized Dynamic Posturography Sensory Organization Test	NON-COVERED
92583	Select Picture Audiometry	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
92584	Electrocochleography	NON-COVERED
92592	Hearing Aid Check Monaural	NON-COVERED
92593	Hearing Aid Check Binaural	NON-COVERED
92596	Ear Protector Evaluation	NON-COVERED
92640	Aud Brainstem Implt Programg	NON-COVERED
93313	Echo Transesophageal	NON-COVERED
93314	Echo Transesophageal	NON-COVERED
93316	Echo Transesophageal	NON-COVERED
93668	Peripheral Vascular Rehab	NON-COVERED
93701	Bioimpedance Cv Analysis	NON-COVERED
93740	Temperature Gradient Studies	NON-COVERED
93770	Determination Venous Press	NON-COVERED
93792	Pt/Caregiver Trainj Home Inr	NON-COVERED
93895	Carotid Intima Atheroma Eval	NON-COVERED
94004	Vent Mgmt Nf Per Day	NON-COVERED
94005	Home Vent Mgmt Supervision	NON-COVERED
94070	Evaluation Of Wheezing	NON-COVERED
94452	Hast W/Report	NON-COVERED
94453	Hast W/Oxygen Titrate	NON-COVERED
94610	Surfactant Admin Thru Tube	NON-COVERED
94761	Measure Blood Oxygen Level	NON-COVERED
94762	Measure Blood Oxygen Level	NON-COVERED
94774	Ped Home Apnea Rec Compl	NON-COVERED
94775	Ped Home Apnea Rec Hk-Up	NON-COVERED
94776	Ped Home Apnea Rec Downld	NON-COVERED
94777	Ped Home Apnea Rec Report	NON-COVERED
94780	Car Seat/Bed Test 60 Min	NON-COVERED
94781	Car Seat/Bed Test + 30 Min	NON-COVERED
95120	Immunotherapy One Injection	NON-COVERED
95125	Immunotherapy 2/> Injections	NON-COVERED
95130	Immmtx 1 Sting Insect	NON-COVERED
95131	Immmtx 2 Sting Insects	NON-COVERED
95132	Immmtx 3 Sting Insects	NON-COVERED
95133	Immmtx 4 Sting Insects	NON-COVERED
95134	Immmtx 5 Sting Insects	NON-COVERED
95145	Antigen Therapy Services	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
95146	Antigen Therapy Services	NON-COVERED
95147	Antigen Therapy Services	NON-COVERED
95148	Antigen Therapy Services	NON-COVERED
95149	Antigen Therapy Services	NON-COVERED
95165	Antigen Therapy Services	NON-COVERED
95803	Actigraphy Testing	NON-COVERED
95921	Autonomic Nrv Parasym Inervj	NON-COVERED
95922	Autonomic Nrv Adrenrg Inervj	NON-COVERED
95923	Autonomic Nrv Syst Funj Test	NON-COVERED
95933	Blink Reflex Test	NON-COVERED
95954	Eeg Monitoring/Giving Drugs	NON-COVERED
95961	Electrode Stimulation Brain	NON-COVERED
95962	Electrode Stim Brain Add-On	NON-COVERED
95980	Io Anal Gast N-Stim Init	NON-COVERED
95981	Io Anal Gast N-Stim Subsq	NON-COVERED
95982	Io Ga N-Stim Subsq W/Reprog	NON-COVERED
96000	Motion Analysis Video/3D	NON-COVERED
96001	Motion Test W/Ft Press Meas	NON-COVERED
96002	Dynamic Surface Emg	NON-COVERED
96004	Phys Review Of Motion Tests	NON-COVERED
96041	Genetic Counseling Svc Ea 30	NON-COVERED
96160	Pt-Focused Hlth Risk Assmt	NON-COVERED
96161	Caregiver Health Risk Assmt	NON-COVERED
96376	Tx/Pro/Dx Inj Same Drug Adon	NON-COVERED
96380	Admn Rsv Monoc Antb Im Cnsl	NON-COVERED
96381	Admn Rsv Monoc Antb Im Njx	NON-COVERED
96902	Mcrscp Xm Hair Pluck/Clipped	NON-COVERED
96904	Whole Body Photography	NON-COVERED
96931	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96932	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96933	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96934	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96935	Rcm Celulr Subcelulr Img Skn	NON-COVERED
96936	Rcm Celulr Subcelulr Img Skn	NON-COVERED
97001	Pt Evaluation	NON-COVERED
97152	Behavior Identification-Supporting Assessment, Administered	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
97153	Adaptive Behavior Treatment By Protocol, Administered By Tec	NON-COVERED
97154	Group Adaptive Behavior Treatment By Protocol, Administered	NON-COVERED
97156	Family Adaptive Behavior Treatment Guidance, Administered By	NON-COVERED
97158	Group Adaptive Behavior Treatment With Protocol Modification	NON-COVERED
97169	Athletic Trn Eval Low Cmplx	NON-COVERED
97170	Athletic Trn Eval Mod Cmplx	NON-COVERED
97171	Athletic Trn Eval High Cmplx	NON-COVERED
97172	Athletic Trn Re-Eval Plan Cr	NON-COVERED
97535	Self Care Mngment Training	NON-COVERED
97537	Community/Work Reintegration	NON-COVERED
97542	Wheelchair Mngment Training	NON-COVERED
97545	Work Hardening	NON-COVERED
97546	Work Hardening Add-On	NON-COVERED
97550	Caregiver Traing 1St 30 Min	NON-COVERED
97602	Wound(S) Care Non-Selective	NON-COVERED
97605	Neg Press Wound Tx </=50 Cm	NON-COVERED
97606	Neg Press Wound Tx > 50 Cm	NON-COVERED
97607	Neg Press Wnd Tx </=50 Sq Cm	NON-COVERED
97608	Neg Press Wound Tx >50 Cm	NON-COVERED
97610	Low Frequency Non-Thermal Us	NON-COVERED
97755	Assistive Technology Assess	NON-COVERED
97763	Orthc/Prostc Mgmt Sbsq Enc	NON-COVERED
98000	Synch Audio-Video New Sf 15	NON-COVERED
98001	Synch Audio-Video New Low 30	NON-COVERED
98002	Synch Audio-Video New Mod 45	NON-COVERED
98003	Synch Audio-Video New Hi 60	NON-COVERED
98004	Synch Audio-Video Est Sf 10	NON-COVERED
98005	Synch Audio-Video Est Low 20	NON-COVERED
98006	Synch Audio-Video Est Mod 30	NON-COVERED
98007	Synch Audio-Video Est Hi 40	NON-COVERED
98008	Synch Audio-Only New Sf 15	NON-COVERED
98009	Synch Audio-Only New Low 30	NON-COVERED
98010	Synch Audio-Only New Mod 45	NON-COVERED
98011	Synch Audio-Only New High 60	NON-COVERED
98012	Synch Audio-Only Est Sf 10	NON-COVERED
98013	Synch Audio-Only Est Low 20	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
98014	Synch Audio-Only Est Mod 30	NON-COVERED
98015	Synch Audio-Only Est High 40	NON-COVERED
98927	Osteopath Manj 5-6 Regions	NON-COVERED
98928	Osteopath Manj 7-8 Regions	NON-COVERED
98929	Osteopath Manj 9-10 Regions	NON-COVERED
98966	Ph1 Assmt&Mgmt Nqhp 5-10	NON-COVERED
98967	Ph1 Assmt&Mgmt Nqhp 11-20	NON-COVERED
98968	Ph1 Assmt&Mgmt Nqhp 21-30	NON-COVERED
98970	Nqhp Ol Dig Assmt&Mgmt 5-10	NON-COVERED
98971	Nqhp Ol Dig Assmt&Mgmt 11-20	NON-COVERED
98972	Nqhp Ol Dig Assmt&Mgmt 21+	NON-COVERED
98975	Rem Ther Mntr 1St Set-Up&Edu	NON-COVERED
98976	Rem Ther Mntr Dev Supply W/Rec Respir Sys Ea 30D	NON-COVERED
98977	Rem Ther Mntr Dev Sply W/Rec Muscskel Sys Ea 30D	NON-COVERED
98980	Remote Ther Mntr Tx Mgmt Phys/Qhp 1St 20 Min	NON-COVERED
98981	Remote Ther Mntr Tx Mgmt Phys/Qhp Ea Addl 20 Min	NON-COVERED
99001	Specimen Handling Pt-Lab	NON-COVERED
99002	Device Handling Phys/Qhp	NON-COVERED
99024	Postop Follow-Up Visit	NON-COVERED
99026	In-Hospital On Call Service	NON-COVERED
99027	Out-Of-Hosp On Call Service	NON-COVERED
99051	Med Serv Eve/Wkend/Holiday	NON-COVERED
99053	Med Serv 10Pm-8Am 24 Hr Fac	NON-COVERED
99071	Patient Education Materials	NON-COVERED
99075	Medical Testimony	NON-COVERED
99078	Group Health Education	NON-COVERED
99080	Special Reports Or Forms	NON-COVERED
99100	Special Anesthesia Service	NON-COVERED
99116	Anesthesia With Hypothermia	NON-COVERED
99135	Special Anesthesia Procedure	NON-COVERED
99140	Emergency Anesthesia	NON-COVERED
99174	Ocular Instrumnt Screen Bil	NON-COVERED
99175	Induction Of Vomiting	NON-COVERED
99177	Ocular Instrumnt Screen Bil	NON-COVERED
99190	Special Pump Services	NON-COVERED
99191	Special Pump Services	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
99192	Special Pump Services	NON-COVERED
99288	Direct Advanced Life Support	NON-COVERED
99367	Team Conf W/O Pat By Phys	NON-COVERED
99374	Home Health Care Supervision	NON-COVERED
99375	Home Health Care Supervision	NON-COVERED
99377	Hospice Care Supervision	NON-COVERED
99378	Hospice Care Supervision	NON-COVERED
99379	Nursing Fac Care Supervision	NON-COVERED
99380	Nursing Fac Care Supervision	NON-COVERED
99402	Preventive Counseling Indiv	NON-COVERED
99403	Preventive Counseling Indiv	NON-COVERED
99404	Preventive Counseling Indiv	NON-COVERED
99408	Audit/Dast 15-30 Min	NON-COVERED
99409	Audit/Dast Over 30 Min	NON-COVERED
99411	Preventive Counseling Group	NON-COVERED
99412	Preventive Counseling Group	NON-COVERED
99421	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99422	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99423	Online Digital Evaluation And Management Service, For An Est	NON-COVERED
99444	Online E/M By Phys/Qhp	NON-COVERED
99446	Interprof Phone/Online 5-10	NON-COVERED
99447	Interprof Phone/Online 11-20	NON-COVERED
99448	Interprof Phone/Online 21-30	NON-COVERED
99449	Interprof Phone/Online 31/>	NON-COVERED
99450	Basic Life Disability Exam	NON-COVERED
99455	Work Related Disability Exam	NON-COVERED
99456	Disability Examination	NON-COVERED
99459	Pelvic Examination	NON-COVERED
99484	Care Mgmt Svc Bhvl Hlth Cond	NON-COVERED
99487	Cmplx Chron Care W/O Pt Vsit	NON-COVERED
99489	Cmplx Chron Care Addl 30 Min	NON-COVERED
99500	Home Visit Prenatal	NON-COVERED
99504	Home Visit For Mechanical Ventilation Care.	NON-COVERED
99505	Home Visit Stoma Care	NON-COVERED
99506	Home Visit Im Injection	NON-COVERED
99507	Home Visit Cath Maintain	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
99509	Home Visit For Assistance With Activities Of Daily Living An	NON-COVERED
99510	Home Visit Sing/M/Fam Couns	NON-COVERED
99511	Home Visit Fecal/Enema Mgmt	NON-COVERED
99512	Home Visit For Hemodialysis	NON-COVERED
99601	Home Infusion/Visit 2 Hrs	NON-COVERED
99602	Home Infusion Each Addtl Hr	NON-COVERED
99999	Unlisted Procedure	NON-COVERED
A0021	Outside State Ambulance Serv	NON-COVERED
A0160	Noner Transport Case Worker	NON-COVERED
A0180	Noner Transport Lodgng Recip	NON-COVERED
A0200	Noner Transport Lodgng Escrt	NON-COVERED
A0382	Basic Support Routine Suppls	NON-COVERED
A0394	Als Iv Drug Therapy Supplies	NON-COVERED
A0398	Als Routine Disposble Suppls	NON-COVERED
A0888	Noncovered Ambulance Mileage	NON-COVERED
A0998	Ambulance Response/Treatment	NON-COVERED
A2017	Permeaderm Glove Each	NON-COVERED
A4216	Sterile Water/Saline, 10 MI	NON-COVERED
A4221	Maint Drug Infus Cath Per Wk	NON-COVERED
A4222	Infusion Supplies With Pump	NON-COVERED
A4233	Alkaline Batt For Glucose Mon	NON-COVERED
A4234	J-Cell Batt For Glucose Mon	NON-COVERED
A4236	Silvr Oxide Batt Glucose Mon	NON-COVERED
A4238	Supply Allowance For Adjunctive Continuous Glucose Monitor (NON-COVERED
A4239	Non-Adju Cgm Supply Allow	NON-COVERED
A4255	Glucose Monitor Platforms	NON-COVERED
A4256	Calibrator Solution/Chips	NON-COVERED
A4262	Temporary Tear Duct Plug	NON-COVERED
A4290	Sacral Nerve Stim Test Lead	NON-COVERED
A4301	Implantable Access Syst Perc	NON-COVERED
A4397	Irrigation Supply Sleeve	NON-COVERED
A4438	Adhesive Clip Ext Ens Contr	NON-COVERED
A4458	Reusable Enema Bag	NON-COVERED
A4459	Manual Pump Enema, Reusable	NON-COVERED
A4467	Belt Strap Sleeve Grmnt	NON-COVERED
A4520	Incontinence Garment Anytype	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A4543	Supply Trans Elec Nerve Stim	NON-COVERED
A4544	Electro Nerve Stimulator Rls	NON-COVERED
A4545	Suppl Accessor Tibial Stim	NON-COVERED
A4555	Ca Tx E-Stim Electr/Transduc	NON-COVERED
A4565	Slings	NON-COVERED
A4590	Special Casting Material	NON-COVERED
A4593	Neuromod Sti Sys Adj Rehab	NON-COVERED
A4594	Neuromod Adj Rehab Mouthpie	NON-COVERED
A4596	Ces System Supplies & Accessories Per Month	NON-COVERED
A4608	Transtracheal Oxygen Cath	NON-COVERED
A4617	Mouth Piece	NON-COVERED
A4630	Repl Bat T.E.N.S. Own By Pt	NON-COVERED
A4651	Calibrated Microcap Tube	NON-COVERED
A4913	Misc Dialysis Supplies Noc	NON-COVERED
A5508	Diabetic Deluxe Shoe	NON-COVERED
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct	NON-COVERED
A6023	Collagen Dressing >48 Sq In	NON-COVERED
A6025	Silicone Gel Sheet, Each	NON-COVERED
A6260	Wound Cleanser Any Type/Size	NON-COVERED
A6402	Sterile Gauze <= 16 Sq In	NON-COVERED
A6448	Lt Compres Band <3"/Yd	NON-COVERED
A6449	Lt Compres Band >=3" <5"/Yd	NON-COVERED
A6451	Mod Compres Band W>=3" <5"/Yd	NON-COVERED
A6515	Grad Com Wrap W Str Fu Le Cu	NON-COVERED
A6516	Grad Com Wrap W Strap Foo Cu	NON-COVERED
A6517	Grad Com Wrap W Strap Bn Cus	NON-COVERED
A6518	Grad Com Wrap W Strap Arm Cu	NON-COVERED
A6519	Grad Com Garm Noc Night Use	NON-COVERED
A6520	G Com Garmnt Glove Ngthtime	NON-COVERED
A6522	G Com Garment Arm Nighttime	NON-COVERED
A6524	G Com Garmnt Lwr Leg/Ft Nght	NON-COVERED
A6526	G Com Garmt Full Leg/Ft Nght	NON-COVERED
A6528	G Com Garment Bra Nighttime	NON-COVERED
A6531	Compression Stocking Bk30-40	NON-COVERED
A6552	Grad Com Stocking Bk 30-40	NON-COVERED
A6578	Gradient Comp Sleeve	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
A6581	Gradient Comp Glove	NON-COVERED
A6582	Gradient Comp Gauntlet	NON-COVERED
A6583	Grad Com Wrap W Straps Bk	NON-COVERED
A6586	Grad Com Wrap W Straps Leg	NON-COVERED
A6588	Grad Com Wrap W Straps Arm	NON-COVERED
A6589	Grad Com Wrap W Straps Bra	NON-COVERED
A6611	Grad Com Wrap W Strap Ak Cus	NON-COVERED
A7025	Replace Chest Compress Vest	NON-COVERED
A7041	Water Seal Drain Container	NON-COVERED
A7047	Resp Suction Oral Interface	NON-COVERED
A9150	Misc/Exper Non-Prescript Dru	NON-COVERED
A9154	Artificial Saliva, 1 ML	NON-COVERED
A9270	Non-Covered Item Or Service	NON-COVERED
A9274	Ext Amb Insulin Delivery Sys	NON-COVERED
A9276	Disposable Sensor, Cgm Sys	NON-COVERED
A9277	External Transmitter, Cgm	NON-COVERED
A9283	Foot Press Off Load Supp Dev	NON-COVERED
A9286	Replcmnt Breastpump Lok Ring	NON-COVERED
A9293	Fertility Cycl Tracking Soft	NON-COVERED
A9555	Rb82 Rubidium	NON-COVERED
A9901	Delivery/Set Up/Dispensing	NON-COVERED
B4148	Enteral Feeding Supply Ki	NON-COVERED
B5000	Parenteral Sol Renal-Amirosy	NON-COVERED
B5200	Parenteral Sol Stres-Brnch C	NON-COVERED
C1605	Pmkr, Dual, Leadless	NON-COVERED
C1606	Adapter, Us To Endoscope	NON-COVERED
C1726	Cath, Bal Dil, Non-Vascular	NON-COVERED
C1729	Cath, Drainage	NON-COVERED
C1730	Cath, Ep, 19 Or Few Elect	NON-COVERED
C1735	Cath Renal Denerv Radiofreq	NON-COVERED
C1736	Cath Renal Denerv Ultrasnd	NON-COVERED
C1737	Si&Pelvis Fusn&Fixn Dev	NON-COVERED
C1738	Power Endo Us-Guid Bx Dev	NON-COVERED
C1739	Tissue Marker, Detectable	NON-COVERED
C1747	Endo, Single, Urinary Tract	NON-COVERED
C1750	Cath, Hemodialysis,Long-Term	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C1751	Cath, Inf, Per/Cent/Midline	NON-COVERED
C1752	Cath,Hemodialysis,Short-Term	NON-COVERED
C1757	Cath, Thrombectomy/Embolect	NON-COVERED
C1761	Cath, Trans Intra Litho/C	NON-COVERED
C1769	Guide Wire	NON-COVERED
C1787	Patient Progr, Neurostim	NON-COVERED
C1834	Pressure Snsr Sys Intramusc Exclud Mob Sw App	NON-COVERED
C1894	Intro/Sheath, Non-Laser	NON-COVERED
C2629	Intro/Sheath, Laser	NON-COVERED
C7500	Deb Bone 20 Cm2 W/Drug Dev	NON-COVERED
C7501	Perc Bx Breast Lesions Stero	NON-COVERED
C7502	Perc Bx Breast Lesions Mr	NON-COVERED
C7503	Open Exc Cerv Node(S) W/ Id	NON-COVERED
C7504	Perq Cvt&Ls Inj Vert Bodies	NON-COVERED
C7505	Perq Ls&Cvt Inj Vert Bodies	NON-COVERED
C7506	Fusion Of Finger Joints	NON-COVERED
C7507	Perq Thor&Lumb Vert Aug	NON-COVERED
C7508	Perq Lumb&Thor Vert Aug	NON-COVERED
C7509	Dx Bronch W/ Navigation	NON-COVERED
C7510	Bronch/Lavag W/ Navigation	NON-COVERED
C7511	Bronch/Bpsy(S) W/ Navigation	NON-COVERED
C7512	Bronch/Bpsy(S) W/ Ebus	NON-COVERED
C7513	Cath/Angio Dialcir W/Aplasty	NON-COVERED
C7514	Cath/Angio Dial Cir W/Stents	NON-COVERED
C7515	Cath/Angio Dial Cir W/Embol	NON-COVERED
C7530	Cath/Aplasty Dial Cir W/Stnt	NON-COVERED
C7531	Angio Fem/Pop W/ Us	NON-COVERED
C7532	Angio W/ Us Non-Coronary	NON-COVERED
C7534	Fem/Pop Revasc W/Arthr & Us	NON-COVERED
C7535	Fem/Pop Revasc W/Stent & Us	NON-COVERED
C7537	Insrt Atril Pm W/L Vent Lead	NON-COVERED
C7538	Insrt Vent Pm W/L Vent Lead	NON-COVERED
C7539	Insrt A & V Pm W/L Vent Lead	NON-COVERED
C7540	Rmv&Rplc Pm Dul W/L Vnt Lead	NON-COVERED
C7541	Ercp W/ Pancreatocopy	NON-COVERED
C7542	Ercp W/Bx & Pancreatocopy	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C7543	Ercp W/Otomy, Pancreatoscopy	NON-COVERED
C7544	Ercp Rmv Calc Pancreatoscopy	NON-COVERED
C7545	Exch Bil Cath W/ Rmv Calculi	NON-COVERED
C7546	Rep Nph/Urt Cath W/Dil Stric	NON-COVERED
C7547	Cnvrt Neph Cath W/ Dil Stric	NON-COVERED
C7548	Exch Neph Cath W/ Dil Stric	NON-COVERED
C7549	Chge Urtr Stent W/ Dil Stric	NON-COVERED
C7550	Cysto W/ Bx(S) W/ Blue Light	NON-COVERED
C7551	Exc Neuroma W/ Implnt Nv End	NON-COVERED
C7554	Cystureth Blu Li Cyst Fl Img	NON-COVERED
C7555	Rmvl Thyrd W/Autotran Parath	NON-COVERED
C7556	Bronch Lavage W/Ebus	NON-COVERED
C7557	Cor Angio/Vent W/Ffr	NON-COVERED
C7560	Ercp Remove Forgn Body&Endo	NON-COVERED
C7562	R&L Hrt Angio W/Ffr & 3D Map	NON-COVERED
C8000	Suprt Dev, A-V Fistula, Imp	NON-COVERED
C8005	Pef Bronch Ablt 3D Nav Ebus	NON-COVERED
C8900	Mra W/Cont, Abd	NON-COVERED
C8902	Mra W/O Fol W/Cont, Abd	NON-COVERED
C8904	Mri W/O Cont, Breast, Uni	NON-COVERED
C8906	Mri W/Cont, Breast, Bi	NON-COVERED
C8908	Mri W/O Fol W/Cont, Breast,	NON-COVERED
C8910	Mra W/O Cont, Chest	NON-COVERED
C8912	Mra W/Cont, Lwr Ext	NON-COVERED
C8914	Mra W/O Fol W/Cont, Lwr Ext	NON-COVERED
C8919	Mra W/O Cont, Pelvis	NON-COVERED
C8929	Tte W Or Wo Fol Wcon,Doppler	NON-COVERED
C8931	Mra, W/Dye, Spinal Canal	NON-COVERED
C8933	Mra, W/O&W/Dye, Spinal Canal	NON-COVERED
C8935	Mra, W/O Dye, Upper Extr	NON-COVERED
C8937	Computer-Aided Detection, Including Computer Algorithm Analy	NON-COVERED
C9014	Injection, Cerliponase Alfa	NON-COVERED
C9016	Inj, Triptorelin Ext Rel	NON-COVERED
C9028	Inj. Inotuzumab Ozogamicin	NON-COVERED
C9032	Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Geno	NON-COVERED
C9046	Cocaine Hydrochloride Nasal Solution For Topical Administrat	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
C9137	Adynovate Factor Viii Recom	NON-COVERED
C9174	Datopotamab Deruxtecan, 1 Mg	NON-COVERED
C9175	Inj, Treosulfan, 50 Mg	NON-COVERED
C9257	Bevacizumab Injection	NON-COVERED
C9354	Veritas Collagen Matrix, Cm2	NON-COVERED
C9356	Tenoglide Tendon Prot, Cm2	NON-COVERED
C9359	Implnt,Bon Void Filler-Putty	NON-COVERED
C9445	C-1 Esterase, Ruconest, 10 Units	NON-COVERED
C9448	Oral Netupitant Palonosetron	NON-COVERED
C9452	Inj, Ceftolozane/Tazobactam	NON-COVERED
C9454	Inj, Pasireotide Long Acting, 1 Mg	NON-COVERED
C9458	Florbetaben F18	NON-COVERED
C9482	Injection, Sotalol Hydrochloride, 1 Mg	NON-COVERED
C9493	Injection, Edaravone	NON-COVERED
C9610	Cath Coronary Drug-Delivery	NON-COVERED
C9726	Rxt Breast Appl Place/Remov	NON-COVERED
C9733	Non-Ophthalmic Fva	NON-COVERED
C9734	U/S Trtmt, Not Leiomyomata	NON-COVERED
C9741	Impl Pressure Sensor W/Angio	NON-COVERED
C9782	Blind Myocar Trpl Bon Mar	NON-COVERED
C9783	Blind Cor Sinus Reducer I	NON-COVERED
C9784	Endo Sleeve Gastro W/Tube	NON-COVERED
C9785	Endo Outlet Restrict W/Tu	NON-COVERED
C9792	Blind/Nonblind Trans Atrial	NON-COVERED
C9793	Pre-Plan 3D Model W/Ccta	NON-COVERED
C9804	Pump Elastomc Non-Opioid Dev	NON-COVERED
C9806	Pump Perist Non-Opioid Dev	NON-COVERED
C9807	Nerve Stim Non-Opioid Dev	NON-COVERED
C9808	Cryo Probe Non-Opioid Dev	NON-COVERED
C9809	Cryo Needle Non-Opioid Dev	NON-COVERED
C9901	Endo Defect Closure Gi Tract	NON-COVERED
D0120	Periodic Oral Evaluation	NON-COVERED
D0145	Oral Evaluation, Pt < 3Yrs	NON-COVERED
D0171	Re-Evl Post Op Off Visit	NON-COVERED
D0190	Screening Of A Patient	NON-COVERED
D0191	Assessment Of A Patient	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
D0601	Neurological With Motor >47.75.,Comorbidity In Tier 3	NON-COVERED
D1120	Dental Prophylaxis Child	NON-COVERED
D1206	Topical Applicatn Fluoride Varnish	NON-COVERED
D1330	Oral Hygiene Instructions	NON-COVERED
D1353	Sealant Repair Per Tooth	NON-COVERED
D1354	Application Caries Arrest Medicament-Per Tooth	NON-COVERED
D2921	Reattachment Tooth Fragment	NON-COVERED
D4341	Periodontal Scaling & Root	NON-COVERED
D5130	Dentures Immediat Maxillary	NON-COVERED
D5994	Periodontal Medicament Carrier	NON-COVERED
D6111	Imp/Abu Supp Rem Dent Mand	NON-COVERED
D6113	Imp/Abu Supp Rem Dent Par Mand	NON-COVERED
D6115	Imp/Abu Supp Fix Dent Mand	NON-COVERED
D6117	Imp/Abu Supp Fix Dent Par Mn	NON-COVERED
D7210	Rem Erpt Tooth W Mucoper Flp	NON-COVERED
D9215	Local Anesthesia W/Other Procedures	NON-COVERED
D9219	Eval Deep Sed/Gen Anesth	NON-COVERED
D9221	General Anesthesia Ea Ad 15M	NON-COVERED
D9242	Iv Sedation Ea Ad 30 M	NON-COVERED
D9430	Office Visit During Hours	NON-COVERED
D9920	Behavior Management	NON-COVERED
D9986	Missed Appointment	NON-COVERED
E0116	Crutch Underarm Each No Wood	NON-COVERED
E0118	Crutch Substitute	NON-COVERED
E0152	Walker, Battery Power Wheels	NON-COVERED
E0172	Seat Lift Mechanism Toilet	NON-COVERED
E0175	Commode Chair Foot Rest	NON-COVERED
E0183	Pwr Press Rduc Underlay/Pad Alternating W/Pump	NON-COVERED
E0190	Positioning Cushion	NON-COVERED
E0200	Heat Lamp Without Stand	NON-COVERED
E0203	Therapeutic Lightbox Tabletp	NON-COVERED
E0205	Heat Lamp With Stand	NON-COVERED
E0215	Electric Heat Pad Moist	NON-COVERED
E0217	Water Circ Heat Pad W Pump	NON-COVERED
E0218	Water Circ Cold Pad W Pump	NON-COVERED
E0221	Infrared Heating Pad System	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0225	Hydrocollator Unit	NON-COVERED
E0231	Wound Warming Device	NON-COVERED
E0232	Warming Card For Nwt	NON-COVERED
E0235	Paraffin Bath Unit Portable	NON-COVERED
E0236	Pump For Water Circulating P	NON-COVERED
E0239	Hydrocollator Unit Portable	NON-COVERED
E0249	Pad Water Circulating Heat U	NON-COVERED
E0250	Hosp Bed Fixed Ht W/ Mattres	NON-COVERED
E0251	Hosp Bed Fixd Ht W/O Mattres	NON-COVERED
E0255	Hospital Bed Var Ht W/ Mattr	NON-COVERED
E0256	Hospital Bed Var Ht W/O Matt	NON-COVERED
E0260	Hosp Bed Semi-Electr W/ Matt	NON-COVERED
E0261	Hosp Bed Semi-Electr W/O Mat	NON-COVERED
E0265	Hosp Bed Total Electr W/ Mat	NON-COVERED
E0266	Hosp Bed Total Elec W/O Matt	NON-COVERED
E0270	Hospital Bed Institutional T	NON-COVERED
E0274	Over-Bed Table	NON-COVERED
E0280	Bed Cradle	NON-COVERED
E0290	Hosp Bed Fx Ht W/O Rails W/M	NON-COVERED
E0292	Hosp Bed Var Ht W/O Rail W/O	NON-COVERED
E0294	Hosp Bed Semi-Elect W/ Mattr	NON-COVERED
E0296	Hosp Bed Total Elect W/ Matt	NON-COVERED
E0301	Hd Hosp Bed, 350-600 Lbs	NON-COVERED
E0302	Ex Hd Hosp Bed > 600 Lbs	NON-COVERED
E0315	Bed Accessory Brd/Tbl/Supprt	NON-COVERED
E0325	Urinal Male Jug-Type	NON-COVERED
E0326	Urinal Female Jug-Type	NON-COVERED
E0370	Air Elevator For Heel	NON-COVERED
E0468	Home Vent Dual Fnct Incl All	NON-COVERED
E0550	Humidif Extens Supple W Ippb	NON-COVERED
E0560	Humidifier Supplemental W/ I	NON-COVERED
E0572	Aerosol Compressor Adjust Pr	NON-COVERED
E0574	Ultrasonic Generator W Svneb	NON-COVERED
E0575	Nebulizer Ultrasonic	NON-COVERED
E0580	Nebulizer For Use W/ Regulat	NON-COVERED
E0585	Nebulizer W/ Compressor & He	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0606	Drainage Board Postural	NON-COVERED
E0610	Pacemaker Monitr Audible/Vis	NON-COVERED
E0615	Pacemaker Monitr Digital/Vis	NON-COVERED
E0617	Automatic Ext Defibrillator	NON-COVERED
E0620	Cap Bld Skin Piercing Laser	NON-COVERED
E0627	Seat Lift Incorp Lift-Chair	NON-COVERED
E0629	Seat Lift For Pt Furn-Non-El	NON-COVERED
E0636	Pt Support & Positioning Sys	NON-COVERED
E0640	Fixed Patient Lift System	NON-COVERED
E0652	Pneum Compres W/Cal Pressure	NON-COVERED
E0675	Pneumatic Compression Device	NON-COVERED
E0676	Inter Limb Compress Dev Nos	NON-COVERED
E0683	Non Pneu Peristaltic Comp Pmp	NON-COVERED
E0692	Uvl Sys Panel 4 Ft	NON-COVERED
E0693	Uvl Sys Panel 6 Ft	NON-COVERED
E0715	Intravag Pelvic Floor Kegel	NON-COVERED
E0716	Supp And Acces Intravag Pelv	NON-COVERED
E0721	Trans Elec Stim Auricular	NON-COVERED
E0736	Transcut Tibial Nerv Stimula	NON-COVERED
E0737	Transcut Tibial Stim By App	NON-COVERED
E0738	Upper Extremity Rehab	NON-COVERED
E0739	Rehab Sys Active Assist Rt	NON-COVERED
E0740	Incontinence Treatment System	NON-COVERED
E0743	Ext Low Ext Nerve Stimu Rls	NON-COVERED
E0744	Neuromuscular Stim For Scolio	NON-COVERED
E0745	Neuromuscular Stim For Shock	NON-COVERED
E0746	Electromyograph Biofeedback	NON-COVERED
E0749	Elec Osteogen Stim Implanted	NON-COVERED
E0755	Electronic Salivary Reflex S	NON-COVERED
E0761	Nontherm Electromgntc Device	NON-COVERED
E0762	Trans Elec Jt Stim Dev Sys	NON-COVERED
E0764	Functional Neuromuscularstim	NON-COVERED
E0765	Nerve Stimulator For Tx N&V	NON-COVERED
E0769	Electric Wound Treatment Dev	NON-COVERED
E0830	Ambulatory Traction Device	NON-COVERED
E0855	Cervical Traction Equipment	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E0856	Cervic Collar W Air Bladders	NON-COVERED
E0941	Gravity Assisted Traction De	NON-COVERED
E0946	Fracture Frame Dual W Cross	NON-COVERED
E0968	Wheelchair Commode Seat	NON-COVERED
E0969	Wheelchair Narrowing Device	NON-COVERED
E0980	Wheelchair Safety Vest	NON-COVERED
E0994	Wheelchair Arm Rest	NON-COVERED
E1050	Whelchr Fxd Full Length Arms	NON-COVERED
E1060	Wheelchair Detachable Arms	NON-COVERED
E1070	Wheelchair Detachable Foot R	NON-COVERED
E1083	Hemi-Wheelchair Fixed Arms	NON-COVERED
E1084	Hemi-Wheelchair Detachable A	NON-COVERED
E1085	Hemi-Wheelchair Fixed Arms	NON-COVERED
E1086	Hemi-Wheelchair Detachable A	NON-COVERED
E1087	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1088	Wheelchair Lightweight Det A	NON-COVERED
E1089	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1090	Wheelchair Lightweight Det A	NON-COVERED
E1092	Wheelchair Wide W/ Leg Rests	NON-COVERED
E1093	Wheelchair Wide W/ Foot Rest	NON-COVERED
E1100	Whchr S-Recl Fxd Arm Leg Res	NON-COVERED
E1110	Wheelchair Semi-Recl Detach	NON-COVERED
E1130	Whlchr Stand Fxd Arm Ft Rest	NON-COVERED
E1140	Wheelchair Standard Detach A	NON-COVERED
E1150	Wheelchair Standard W/ Leg R	NON-COVERED
E1160	Wheelchair Fixed Arms	NON-COVERED
E1170	Whlchr Ampu Fxd Arm Leg Rest	NON-COVERED
E1171	Wheelchair Amputee W/O Leg R	NON-COVERED
E1172	Wheelchair Amputee Detach Ar	NON-COVERED
E1180	Wheelchair Amputee W/ Foot R	NON-COVERED
E1190	Wheelchair Amputee W/ Leg Re	NON-COVERED
E1195	Wheelchair Amputee Heavy Dut	NON-COVERED
E1200	Wheelchair Amputee Fixed Arm	NON-COVERED
E1221	Wheelchair Spec Size W Foot	NON-COVERED
E1222	Wheelchair Spec Size W/ Leg	NON-COVERED
E1223	Wheelchair Spec Size W Foot	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E1224	Wheelchair Spec Size W/ Leg	NON-COVERED
E1227	Wheelchair Spec Sz Spec Ht A	NON-COVERED
E1240	Whchr Litwt Det Arm Leg Rest	NON-COVERED
E1250	Wheelchair Lightwt Fixed Arm	NON-COVERED
E1260	Wheelchair Lightwt Foot Rest	NON-COVERED
E1270	Wheelchair Lightweight Leg R	NON-COVERED
E1280	Whchr H-Duty Det Arm Leg Res	NON-COVERED
E1285	Wheelchair Heavy Duty Fixed	NON-COVERED
E1290	Wheelchair Hvy Duty Detach A	NON-COVERED
E1295	Wheelchair Heavy Duty Fixed	NON-COVERED
E1300	Whirlpool Portable	NON-COVERED
E1310	Whirlpool Non-Portable	NON-COVERED
E1352	O2 Flow Reg Pos Inspir Press	NON-COVERED
E1372	Oxy Suppl Heater For Nebuliz	NON-COVERED
E1405	O2/Water Vapor Enrich W/Heat	NON-COVERED
E1406	O2/Water Vapor Enrich W/O He	NON-COVERED
E1570	Adjustable Chair For Esrd Pt	NON-COVERED
E1575	Transducer Protect/Fld Bar	NON-COVERED
E1580	Unipuncture Control System	NON-COVERED
E1632	Wearable Artificial Kidney	NON-COVERED
E1634	Peritoneal Dialysis Clamp	NON-COVERED
E1635	Compact Travel Hemodialyzer	NON-COVERED
E1636	Sorbent Cartridges Per 10	NON-COVERED
E1699	Dialysis Equipment Noc	NON-COVERED
E1700	Jaw Motion Rehab System	NON-COVERED
E1701	Repl Cushions For Jaw Motion	NON-COVERED
E1702	Repl Measr Scales Jaw Motion	NON-COVERED
E1800	Adjust Elbow Ext & Flex Dev	NON-COVERED
E1801	Sps Elbow Device	NON-COVERED
E1802	Adjst Forearm Pro/Sup Device	NON-COVERED
E1803	Adjust Elbow Extension Dev	NON-COVERED
E1804	Adjust Elbow Flexion Dev	NON-COVERED
E1805	Adjust Wrist Ext & Flex Dev	NON-COVERED
E1806	Sps Wrist Device	NON-COVERED
E1807	Adjust Wrist Extension Dev	NON-COVERED
E1808	Adjust Wrist Flexion Device	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
E1811	Sps Knee Device	NON-COVERED
E1812	Knee Ext/Flex W Act Res Ctrl	NON-COVERED
E1813	Adjust Knee Extension Device	NON-COVERED
E1814	Adjust Knee Flexion Device	NON-COVERED
E1815	Adjust Ankle Ext & Flex Dev	NON-COVERED
E1816	Sps Ankle Device	NON-COVERED
E1818	Sps Forearm Device	NON-COVERED
E1820	Soft Interface Material	NON-COVERED
E1821	Replacement Interface Spsd	NON-COVERED
E1822	Adjust Ankle Extension Dev	NON-COVERED
E1823	Adjust Ankle Flexion Device	NON-COVERED
E1825	Adjust Finger Ext & Flex Dev	NON-COVERED
E1826	Adjust Finger Extension Dev	NON-COVERED
E1827	Adjust Finger Flexion Device	NON-COVERED
E1828	Adjust Toe Extension Device	NON-COVERED
E1829	Adjust Toe Flexion Device	NON-COVERED
E1830	Adjust Toe Ext & Flex Device	NON-COVERED
E1831	Static Str Toe Dev Ext/Flex	NON-COVERED
E1832	Sps Finger Device	NON-COVERED
E1840	Adj Shoulder Ext/Flex Device	NON-COVERED
E1841	Static Str Shldr Dev Rom Adj	NON-COVERED
E1905	Vr Cbt Therapy	NON-COVERED
E2103	Non-Adju Cgm Receiver/Mon	NON-COVERED
E2120	Pulse Gen Sys Tx Endolymph Fl	NON-COVERED
E2216	Foam Filled Propulsion Tire	NON-COVERED
E2217	Foam Filled Caster Tire Each	NON-COVERED
E2230	Manual Standing System	NON-COVERED
G0008	Admin Influenza Virus Vac	NON-COVERED
G0009	Admin Pneumococcal Vaccine	NON-COVERED
G0010	Admin Hepatitis B Vaccine	NON-COVERED
G0012	Injection Of Hiv Prep Drug	NON-COVERED
G0019	Comm Hlth Intg Svs Sdoh 60Mn	NON-COVERED
G0022	Comm Hlth Intg Svs Add 30 M	NON-COVERED
G0023	Pin Service 60M Per Month	NON-COVERED
G0024	Pin Srv Add 30 Min Pr M	NON-COVERED
G0030	Pt Scr Tob & Cess Int	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0042	Ref To Therapy	NON-COVERED
G0045	Mrs 90 Days Post Stk	NON-COVERED
G0047	Ped Blunt Hd Traum	NON-COVERED
G0068	Professional Services For The Administration Of Anti-Infecti	NON-COVERED
G0071	Payment For Communication Technology-Based Services For 5 Mi	NON-COVERED
G0101	Ca Screen;Pelvic/Breast Exam	NON-COVERED
G0102	Prostate Ca Screening; Dre	NON-COVERED
G0103	Psa Screening	NON-COVERED
G0104	Ca Screen;Flexi Sigmoidscope	NON-COVERED
G0123	Screen Cerv/Vag Thin Layer	NON-COVERED
G0128	Corf Skilled Nursing Service	NON-COVERED
G0136	Adm Of Soc Dtr Assess 5-15 M	NON-COVERED
G0138	Iv Cipaglucoasidase Alfa-Atga	NON-COVERED
G0141	Scr C/V Cyto,Autosys And Md	NON-COVERED
G0145	Scr C/V Cyto,Thinlayer,Rescr	NON-COVERED
G0154	Hhcx-Svs Of Rn,Ea 15 Min	NON-COVERED
G0157	Hhc Pt Assistant Ea 15	NON-COVERED
G0158	Hhc Ot Assistant Ea 15	NON-COVERED
G0159	Hhc Pt Maint Ea 15 Min	NON-COVERED
G0160	Hhc Occup Therapy Ea 15	NON-COVERED
G0168	Wound Closure By Adhesive	NON-COVERED
G0179	Md Recertification Hha Pt	NON-COVERED
G0180	Md Certification Hha Patient	NON-COVERED
G0181	Home Health Care Supervision	NON-COVERED
G0239	Oth Resp Proc, Group	NON-COVERED
G0245	Initial Foot Exam Pt Lops	NON-COVERED
G0247	Routine Footcare Pt W Lops	NON-COVERED
G0248	Demonstrate Use Home Inr Mon	NON-COVERED
G0249	Provide Inr Test Mater/Equip	NON-COVERED
G0257	Unsched Dialysis Esrd Pt Hos	NON-COVERED
G0271	Group Mnt 2 Or More 30 Mins	NON-COVERED
G0281	Elec Stim Unattend For Press	NON-COVERED
G0282	Elect Stim Wound Care Not Pd	NON-COVERED
G0283	Elec Stim Other Than Wound	NON-COVERED
G0289	Arthro, Loose Body + Chondro	NON-COVERED
G0296	Visit To Determ Ldct Elig	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0306	Cbc/Diffwbc W/O Platelet	NON-COVERED
G0307	Cbc Without Platelet	NON-COVERED
G0316	Prolong Inpt Eval Add15 M	NON-COVERED
G0317	Prolong Nursin Fac Eval 15M	NON-COVERED
G0318	Prolong Home Eval Add 15M	NON-COVERED
G0320	Two-Way Audio And Video Hhs	NON-COVERED
G0321	Audio-Only Hhs	NON-COVERED
G0328	Fecal Blood Scrn Immunoassay	NON-COVERED
G0333	Dispense Fee Initial 30 Day	NON-COVERED
G0365	Vessel Mapping Hemo Access	NON-COVERED
G0383	Lev 4 Hosp Type B Ed Visit	NON-COVERED
G0396	Alcohol/Subs Interv 15-30Mn	NON-COVERED
G0397	Alcohol/Subs Interv >30 Min	NON-COVERED
G0402	Initial Preventive Exam	NON-COVERED
G0403	Ekg For Initial Prevent Exam	NON-COVERED
G0405	Ekg Interpret & Report Preve	NON-COVERED
G0410	Grp Psych Partial Hosp 45-50	NON-COVERED
G0412	Open Tx Iliac Spine Uni/Bil	NON-COVERED
G0413	Pelvic Ring Fracture Uni/Bil	NON-COVERED
G0415	Open Tx Post Pelvic Fxcture	NON-COVERED
G0420	Ed Svc Ckd Ind Per Session	NON-COVERED
G0421	Ed Svc Ckd Grp Per Session	NON-COVERED
G0429	Dermal Filler Injection(S)	NON-COVERED
G0436	Tobacco-Use Counsel 3-10 Min	NON-COVERED
G0437	Tobacco-Use Counsel>10Min	NON-COVERED
G0438	Ppps, Initial Visit	NON-COVERED
G0439	Ppps, Subseq Visit	NON-COVERED
G0443	Brief Alcohol Misuse Counsel	NON-COVERED
G0444	Depression Screen Annual	NON-COVERED
G0445	High Inten Beh Couns Std 30M	NON-COVERED
G0460	Autologous Prp For Ulcers	NON-COVERED
G0464	Colorec Ca Scr, Sto Bas Dna	NON-COVERED
G0466	Fqhc Visit New Patient	NON-COVERED
G0467	Fqhc Visit, Estab Pt	NON-COVERED
G0468	Fqhc Visit, Ippe Or Awv	NON-COVERED
G0469	Fqhc Visit, Mh New Pt	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0470	Fqhc Visit, Mh Estab Pt	NON-COVERED
G0471	Ven Blood Coll Snf/Hha	NON-COVERED
G0476	Hpv Combo Assay Ca Screen	NON-COVERED
G0490	Home Visit Rn, Lpn By Rhc/Fq	NON-COVERED
G0491	Dialysis Acu Kidney No Esrd	NON-COVERED
G0501	Resource-Inten Svc During Ov	NON-COVERED
G0519	New Pt-Cg Dyad Dem Low Cmplx	NON-COVERED
G0520	New Pt-Cg Dyad Dem Mod Cmplx	NON-COVERED
G0521	New Pt-Cg Dyad Dem Hig Cmplx	NON-COVERED
G0522	Mgt Nw Pt Dementia Low Cmplx	NON-COVERED
G0523	Mgt Nw Pt Dem Mod-High Cmplx	NON-COVERED
G0524	Est Pt-Cg Dyad Dem Low Cmplx	NON-COVERED
G0525	Est Pt-Cg Dyad Dem Mod Cmplx	NON-COVERED
G0526	Est Pt-Cg Dyad Dem Hig Cmplx	NON-COVERED
G0527	Mgt Est Pt Dementia Low Cmplx	NON-COVERED
G0528	Mgt Est Pt Dem Mod-Hi Cmplx	NON-COVERED
G0529	In Home Respite Care, 4 Hr U	NON-COVERED
G0530	Adult Daycare Center, 8 Hr U	NON-COVERED
G0531	Fclty-Based Respite, 24 Hr U	NON-COVERED
G0532	Take Home Supp Nasal Spray	NON-COVERED
G0533	Buprenorphone Inj Weekly	NON-COVERED
G0534	Coordinated Care/Or Referral	NON-COVERED
G0535	Pt Navigat Svs Direct/Ref	NON-COVERED
G0536	Peer Recover Support Svs	NON-COVERED
G0538	Ascvd Rsk Mng Clin Stf Pr Mo	NON-COVERED
G0544	Post D/C Phone Follow Up	NON-COVERED
G0545	Inherent Visit To Inpt	NON-COVERED
G0546	Phone/Internet Ehr Assess	NON-COVERED
G0547	Phone/Internet Svs 11-20 M	NON-COVERED
G0548	Phone/Inter Svs 21-30 M	NON-COVERED
G0549	Phone/Inter For Treat>31M	NON-COVERED
G0550	Phone/Inter For Dx/Treat >5M	NON-COVERED
G0551	Phn/Intr Svs Fr Dx Treat 30M	NON-COVERED
G0556	Adv Prim Care Mgmt Lvl 1	NON-COVERED
G0557	Adv Prim Care Mgmt Lvl 2	NON-COVERED
G0558	Adv Prim Care Mgmt Lvl 3	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G0559	Unrelat Prac Follow Up Visit	NON-COVERED
G0567	Screening Hep C Detect	NON-COVERED
G2011	Alcohol And/Or Substance (Other Than Tobacco) Abuse Structur	NON-COVERED
G2013	Extensive (75 Minutes) In-Home Visit For An Existing Patient	NON-COVERED
G2015	Comprehensive (60 Mins) Home Care Plan Oversight. For Use On	NON-COVERED
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle Incl	NON-COVERED
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly	NON-COVERED
G2076	Intake Act W/Med Exam	NON-COVERED
G2077	Periodic Assessment	NON-COVERED
G2078	Take Home Supply Of Methadone; Up To 7 Additional Day Supply	NON-COVERED
G2079	Take Home Supply Of Buprenorphine (Oral); Up To 7 Additional	NON-COVERED
G2092	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin	NON-COVERED
G2099	Pt 66+ Frailty And Adv Ill	NON-COVERED
G2101	Pt 66+ Frailty And Adv Ill	NON-COVERED
G2116	Pt 66-80 Frailty And Adv Ill	NON-COVERED
G2168	Services Performed By A Physical Therapist Assistant In The	NON-COVERED
G2169	Services Performed By An Occupational Therapist Assistant In	NON-COVERED
G2179	Med Doc Rsn No Low Ex	NON-COVERED
G2181	Bmi Not Doc Medrsn Ptref	NON-COVERED
G2184	No Caregiver	NON-COVERED
G2187	Clin Ind Img Hd Trauma	NON-COVERED
G2193	<6Yr New Onset Hd Ache	NON-COVERED
G2194	New Hdache Ped Pt Dis	NON-COVERED
G2196	Screen Unhlthy Etoh Use	NON-COVERED
G2197	Screen Hlthy Etoh Use	NON-COVERED
G2204	Pt 50-85 W/ Scope	NON-COVERED
G2211	Complex E/M Visit Add On	NON-COVERED
G2212	Prolong Outpt/Office Vis	NON-COVERED
G2214	Init/Sub Psych Care M 1St 30	NON-COVERED
G2252	Brief Chkin By Md/Qhp, 11-20	NON-COVERED
G3002	Chronic Pain Mgmt 30 Mins	NON-COVERED
G3003	Chronic Pain Mgmt Addl 15M	NON-COVERED
G8395	Lvef> =40% Doc Normal Or Mild	NON-COVERED
G8404	Low Extemity Neur Exam Docum	NON-COVERED
G8417	Calc Bmi Abv Up Param F/U	NON-COVERED
G8420	Calc Bmi Norm Parameters	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G8427	Doc Cur Meds By Prov	NON-COVERED
G8539	Doc Funct And Care Plan	NON-COVERED
G8598	Asp Therp Used	NON-COVERED
G8599	No Asp Therp Used	NON-COVERED
G8647	Fun Stat Score Knee >= 0	NON-COVERED
G8650	Fun Stat Score Knee Not Done	NON-COVERED
G8752	Sys Bp Less 140	NON-COVERED
G8753	Sys Bp > Or = 140	NON-COVERED
G8754	Dias Bp Less 90	NON-COVERED
G8755	Dias Bp > Or = 90	NON-COVERED
G8756	No Bp Measure Doc	NON-COVERED
G8783	Bp Scrn Perf Rec Interval	NON-COVERED
G8938	Bmi Calc, Pt No F/U Plan Elg	NON-COVERED
G8978	Mobility Current Status	NON-COVERED
G8979	Mobility Goal Status	NON-COVERED
G8980	Mobility D/C Status	NON-COVERED
G8981	Body Pos Current Status	NON-COVERED
G8982	Body Pos Goal Status	NON-COVERED
G8983	Body Pos D/C Status	NON-COVERED
G8984	Carry Current Status	NON-COVERED
G8985	Carry Goal Status	NON-COVERED
G8987	Self Care Current Status	NON-COVERED
G8988	Self Care Goal Status	NON-COVERED
G8989	Self Care D/C Status	NON-COVERED
G8996	Swallow Current Status	NON-COVERED
G8997	Swallow Goal Status	NON-COVERED
G8998	Swallow D/C Status	NON-COVERED
G9016	Demo-Smoking Cessation Coun	NON-COVERED
G9050	Oncology Work-Up Evaluation	NON-COVERED
G9162	Lang Express Current Status	NON-COVERED
G9163	Lang Express Goal Status	NON-COVERED
G9187	Bpci Home Visit	NON-COVERED
G9197	Order For Ceph	NON-COVERED
G9225	Norsn No Foot Exam	NON-COVERED
G9226	3 Comp Foot Exam Completed	NON-COVERED
G9231	Doc Esrd Dia Trans Preg	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9307	No Ret For Surg W In 30D	NON-COVERED
G9309	No Unplnd Hosp Readm In 30D	NON-COVERED
G9311	No Surg Site Infection	NON-COVERED
G9316	Doc Comm Risk Calc	NON-COVERED
G9393	Ini Phq9 >9 Remiss <5	NON-COVERED
G9418	Lungcx Bx Rpt Docs Class	NON-COVERED
G9420	Spec Site No Lung	NON-COVERED
G9427	No Impro Med Time Pain Med	NON-COVERED
G9448	Born 1945-1965	NON-COVERED
G9529	Minor Blunt Trauma W/Head Ct	NON-COVERED
G9603	Pt Surv Improv Bslne Tx	NON-COVERED
G9606	Intraop Cyst Eval Trac Inj	NON-COVERED
G9609	Doc Order Anti-Plat Or P2y12	NON-COVERED
G9618	Doc Scr Uter Mal Or Us/Samp	NON-COVERED
G9623	Doc Med Rsn No Scr Etoh Use	NON-COVERED
G9625	Bld Inj At Surg/1Mos Post	NON-COVERED
G9634	Qual Life Tool 2X Same/Impr	NON-COVERED
G9643	Elective Surgery	NON-COVERED
G9649	Psori Tool Doc W/Benchmk	NON-COVERED
G9660	Doc Med Rsn Colo Pt >= 86Y	NON-COVERED
G9662	Prior Dx/Active Clin Ascvd	NON-COVERED
G9678	Oncology Care Model Service	NON-COVERED
G9686	Onsite Nursing Facility Conference, That Is Separate And Dis	NON-COVERED
G9695	Long Act Inhal Bronchdil Pre	NON-COVERED
G9712	Doc Med Rsn Presc Anbx	NON-COVERED
G9716	Bmi Not Norm, No Follow, Doc	NON-COVERED
G9717	Doc Dx Depr/Dx Bipol, No Scr	NON-COVERED
G9724	Pt W/Doc Use Anticoag Mst Yr	NON-COVERED
G9756	Surg Proc W/Silicone Oil	NON-COVERED
G9764	Pt Tx Oral Syst/Bio Med Psor	NON-COVERED
G9765	Pt Decl Chan/Conind Or <6M	NON-COVERED
G9770	Perip Nerve Block	NON-COVERED
G9771	Anes End, 1 Temp >35.5(95.9)	NON-COVERED
G9772	Doc Temp >35.5(95.9), Anest	NON-COVERED
G9773	No Temp >35.5(95.9), Anes	NON-COVERED
G9774	Pt Had Hyst	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
G9775	Recd 2 Anti-Emet Pre/Intraop	NON-COVERED
G9776	Doc Med Rsn No Proph Antiem	NON-COVERED
G9777	Pt No Antiemet Pre/Intraop	NON-COVERED
G9785	Path Rpt Snt Path/Derm In 7D	NON-COVERED
G9786	No Path Rpt Sent In 7D	NON-COVERED
G9793	Pt On Daily Asa/Antiplat	NON-COVERED
G9818	Doc Sex Activity	NON-COVERED
G9819	Pt W/Hosp Anytime Msmt Per	NON-COVERED
H0001	Alcohol And/Or Drug Assess	NON-COVERED
H0004	Alcohol And/Or Drug Services	NON-COVERED
H0019	Alcohol And/Or Drug Services	NON-COVERED
H0036	Comm Psy Face-Face Per 15Min	NON-COVERED
H0047	Alcohol/Drug Abuse Svc Nos	NON-COVERED
H0048	Spec Coll Non-Blood:A/D Test	NON-COVERED
H0051	Traditional Healing Service	NON-COVERED
H1000	Prenatal Care Atrisk Assessm	NON-COVERED
H1001	Antepartum Management	NON-COVERED
H2018	Psysoc Rehab Svc, Per Diem	NON-COVERED
H2029	Sex Offend Tx Svc, Per Diem	NON-COVERED
J0165	Inj Epinephrine Nos 0.1 Mg	NON-COVERED
J0166	Inj Epinephrine Nos 0.1 Mg	NON-COVERED
J0167	Inj Epinephrine (Hospira)	NON-COVERED
J0168	Epinephrine (Intl Med Sys)	NON-COVERED
J0169	Inj Epinephrine (Adrenalin)	NON-COVERED
J0209	Inj, Sod Thiosulfate (Hope), 100 Mg	NON-COVERED
J0211	Inj, Nithiodote, 3Mg / 125Mg	NON-COVERED
J0270	Alprostadi For Injection	NON-COVERED
J0280	Aminophyllin 250 Mg Inj	NON-COVERED
J0282	Amiodarone Hcl	NON-COVERED
J0295	Ampicillin Sodium Per 1.5 Gm	NON-COVERED
J0589	Inj Daxibotulinumtoxina-Lanm, 1 Uni	NON-COVERED
J0610	Calcium Gluconate Injection	NON-COVERED
J0616	Inj Metoprolol Tartrate 1 Mg	NON-COVERED
J0618	Inj, Calcium Chloride, 2 Mg	NON-COVERED
J0692	Cefepime Hcl For Injection	NON-COVERED
J0695	Inj Ceftolozane Tazobactam	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J0744	Ciprofloxacin Iv	NON-COVERED
J1163	Inj, Diltiazem Hcl, 0.5 Mg	NON-COVERED
J1245	Dipyridamole Injection	NON-COVERED
J1326	Inj, Zolbetuximab-Clzb, 2 Mg	NON-COVERED
J1443	Inj Ferric Pyrophosphate Cit	NON-COVERED
J1450	Fluconazole	NON-COVERED
J1726	Makena, 10 Mg	NON-COVERED
J1742	Ibutilide Fumarate Injection	NON-COVERED
J1749	Inj, Iloprost, 0.1 Mcg	NON-COVERED
J1833	Injection, Isavuconazonium	NON-COVERED
J1954	Inj Lutrate Depot 7.5 Mg	NON-COVERED
J1956	Levofloxacin Injection	NON-COVERED
J2185	Meropenem	NON-COVERED
J2253	Inj Midazolam (Seizalam)	NON-COVERED
J2312	Inj Naloxone Hcl Nos, 0.01 Mg	NON-COVERED
J2313	Inj, Naloxone (Zimhi) 0.01 Mg	NON-COVERED
J2359	Inj. Olanzapine, 0.5Mg	NON-COVERED
J2403	Chloroprocaine Opht Gel, 1Mg	NON-COVERED
J2440	Papaverin Hcl Injection	NON-COVERED
J2502	Injection, Pasireotide Long Acting, 1 Mg	NON-COVERED
J2543	Piperacillin/Tazobactam	NON-COVERED
J2783	Rasburicase	NON-COVERED
J2950	Promazine Hcl Injection	NON-COVERED
J3030	Sumatriptan Succinate / 6 Mg	NON-COVERED
J3121	Inj Testostero Enanthate 1Mg	NON-COVERED
J3250	Trimethobenzamide Hcl Inj	NON-COVERED
J3265	Injection Torsemide 10 Mg/MI	NON-COVERED
J3373	Inj, Vancomycin Hcl, 10 Mg	NON-COVERED
J3374	Inj, Vancomycin (Mylan) 10 Mg	NON-COVERED
J3375	Inj Vancomycin (Xellia) 10 Mg	NON-COVERED
J3391	Inj, Atidarsagene Autotemcel	NON-COVERED
J3411	Thiamine Hcl 100 Mg	NON-COVERED
J3415	Pyridoxine Hcl 100 Mg	NON-COVERED
J3472	Ovine, 1000 Usp Units	NON-COVERED
J3480	Inj Potassium Chloride	NON-COVERED
J3530	Nasal Vaccine Inhalation	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
J7121	5% Dextrose In Lac Ringers	NON-COVERED
J7172	Inj Marstacim-Hncq, 0.5 Mg	NON-COVERED
J7199	Hemophilia Clot Factor Noc	NON-COVERED
J7214	Altuviiiio Per Factor Viii Iu	NON-COVERED
J7308	Aminolevulinic Acid Hcl Top	NON-COVERED
J7330	Cultured Chondrocytes Implnt	NON-COVERED
J7356	Inj Foscarb/Foslevodopa 5 Mg	NON-COVERED
J7506	Prednisone Oral	NON-COVERED
J7510	Prednisolone Oral Per 5 Mg	NON-COVERED
J7512	Prednisone Ir Or Dr Oral 1Mg	NON-COVERED
J7612	Levalbuterol Non-Comp Con	NON-COVERED
J7620	Albuterol Ipratrop Non-Comp	NON-COVERED
J7624	Betamethasone Comp Unit	NON-COVERED
J7626	Budesonide Non-Comp Unit	NON-COVERED
J7644	Ipratropium Bromide Non-Comp	NON-COVERED
J7699	Inhalation Solution For Dme	NON-COVERED
J7799	Non-Inhalation Drug For Dme	NON-COVERED
J8540	Oral Dexamethasone	NON-COVERED
J8655	Netupitant Palonosetron Oral	NON-COVERED
J9057	Injection, Copanlisib, 1 Mg	NON-COVERED
J9098	Cytarabine Liposome Inj	NON-COVERED
J9174	Inj, Docetaxel (Beizray) 1Mg	NON-COVERED
J9220	Indigotindisulfonate Sod 1Mg	NON-COVERED
J9248	Inj Melphalan (Hepzato) 1 Mg	NON-COVERED
J9275	Inj Cosibelimab-Ipdl, 2 Mg	NON-COVERED
J9276	Inj Zanidatamab-Hrii, 2 Mg	NON-COVERED
J9289	Inj Nivolumab 2 Mg Hyaluron	NON-COVERED
J9341	Inj Thiotepa (Tepylute) 1 Mg	NON-COVERED
J9342	Inj Thiotepa Nos 1 Mg	NON-COVERED
J9361	Inj, Efbemalenograstim Alfa-	NON-COVERED
J9382	Inj Zenocutuzumab-Zbco 1 Mg	NON-COVERED
K0462	Temporary Replacement Eqpmnt	NON-COVERED
K0553	Ther Cgm Supply Allowance	NON-COVERED
K0554	Ther Cgm Receiver/Monitor	NON-COVERED
K1007	Bil Hkaf Pc S/D Micro Sensor	NON-COVERED
K1027	Oral Dev Without Fix Mech	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
K1037	Docking Station For Oral Dev	NON-COVERED
L0720	Ctlso A-P-L Control Custom	NON-COVERED
L1006	Scoliosis Orth Sag/ Cor	NON-COVERED
L1320	Pectus Carinatum Ortho Cust	NON-COVERED
L1499	Spinal Orthosis Nos	NON-COVERED
L1653	Ho Abduction Static Ots	NON-COVERED
L1681	Ho Bilateral Hip Abduction	NON-COVERED
L1821	Ko Elas W/ Condyle Pads Otf	NON-COVERED
L1902	Afo Ankle Gauntlet Pre Ots	NON-COVERED
L1933	Afo Rig Ant Tib Tcf/= Ots	NON-COVERED
L1952	Afo Spiral Prefab Ots	NON-COVERED
L2999	Lower Extremity Orthosis Nos	NON-COVERED
L3030	Foot Arch Support Remov Prem	NON-COVERED
L3031	Foot Lamin/Prepreg Composite	NON-COVERED
L3040	Ft Arch Suprt Premold Longit	NON-COVERED
L5783	Add Low Ext Mec Limb Vol Sys	NON-COVERED
L5827	Endo Knee Shin Single Axis	NON-COVERED
L5841	Addition Endoskletl Knee-Shi	NON-COVERED
L6028	Part Handfng Endoskel Molded	NON-COVERED
L6029	Test Interface Part Handfng	NON-COVERED
L6030	External Frame Part Handfng	NON-COVERED
L6031	Rep Interface Handfng Molded	NON-COVERED
L6032	Part Handfng Ultralite Tcf/=	NON-COVERED
L6033	Part Handfng Acrylic	NON-COVERED
L6037	Postop Dsg Cast Chg Handfng	NON-COVERED
L6700	Ue Add Ext Power Myoel	NON-COVERED
L7406	Add To Upp Extr User Adj Mec	NON-COVERED
L8039	Breast Prosthesis Nos	NON-COVERED
L8720	Ext Low Ext Sens Prosthe Mec	NON-COVERED
L8721	Receptor Sole L8720 Replace	NON-COVERED
M1008	<50% Of Total Number Of A Patient's Outpatient Ra Encounters	NON-COVERED
M1027	Imaging Of The Head (Ct Or Mri) Was Obtained	NON-COVERED
M1029	Imaging Of The Head (Ct Or Mri) Was Not Obtained, Reason Not	NON-COVERED
M1030	Patients With Clinical Indications For Imaging Of The Head	NON-COVERED
M1031	Patients With No Clinical Indications For Imaging Of The Hea	NON-COVERED
M1149	No Neck Fs Prom Incap	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
M1150	Lvef <=40% Or Mod/Sev L Vsf	NON-COVERED
M1153	Pt W/ Dx Osteo Doe	NON-COVERED
M1168	Pt Recd Flu Vax 7/1-6/30	NON-COVERED
M1189	Doc Khe Pef W/Efgr/Uacr	NON-COVERED
M1193	Rpts W/ Imp/Con Mmr/Msi	NON-COVERED
M1194	Med Rsn No Imp/Con Mmr/Msi	NON-COVERED
M1207	#Pts Scrn Sdoh	NON-COVERED
M1208	#Pts No Scrn Sdoh	NON-COVERED
M1210	>=2 Same Meds Tbl4 Not Ord	NON-COVERED
M1211	Gsa Level>9.0%	NON-COVERED
M1212	Missing Gsa Not Perf	NON-COVERED
M1221	Dre W/O Rtnophy	NON-COVERED
M1223	Glaucoma Plan Of Care Doc	NON-COVERED
M1225	Iop Dec>=20% From Base	NON-COVERED
M1315	Crc No Doc No Rsn	NON-COVERED
M1371	Mst Rec Gsa<7	NON-COVERED
M1372	Mst Rec Gsa >=7 And<8	NON-COVERED
M1373	Mst Rec Gsa >=8 And <=9	NON-COVERED
M1374	Ra Dx Enc 90 Days Dur Per Pd	NON-COVERED
M1375	Ra Dx Enc 90 Days Dur Per Pd	NON-COVERED
M1376	Ra Dx Enc 90 Days Dur Per Pd	NON-COVERED
M1377	Fu Colscop 10 Yr Doc W/ Disc	NON-COVERED
M1378	Med Rsn No 10 Yr Fu Colscope	NON-COVERED
M1379	10 Yr Fu No Rec Rsn Not Giv	NON-COVERED
M1380	2 Rx In Perf Pd Any Com Meds	NON-COVERED
M1381	Pt Sec Strk Wthin 5 Days	NON-COVERED
M1382	Enc Dur Perf Pd Pos 11	NON-COVERED
M1383	Acute Pvd	NON-COVERED
M1384	Pt Died Dur Perf Pd	NON-COVERED
M1385	Pt Rsn Not Seen 2Nd Pam	NON-COVERED
M1386	Exc Sx Melmn Or Mlnm Is	NON-COVERED
M1387	Pt Died Dur Perf Pd	NON-COVERED
M1388	Pt Doc Exm Rec Melmn	NON-COVERED
M1390	Pt No Doc Exm For Rec	NON-COVERED
M1391	All Pt Dx W/ Rec Mlnm	NON-COVERED
M1392	Pt Rsn No Exm Or Lst To Fu	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
M1393	Pr No Dx Rec Mlnm	NON-COVERED
M1394	Stg I-iii Br Ca	NON-COVERED
M1395	Init Chemo W/Def Dur Ec Grp	NON-COVERED
M1396	Pt Ther Clin Trial	NON-COVERED
M1397	Pt W/ Recur/Prog	NON-COVERED
M1398	Bslne And Fu Promis Doc	NON-COVERED
M1399	Pt Lve Prac	NON-COVERED
M1400	Pt Died Dur Perf Pd	NON-COVERED
M1401	Stg I-iii Br Ca	NON-COVERED
M1402	Init Chemo W/Def Dur Ec Grp	NON-COVERED
M1403	Bslne And Fu Promis Doc	NON-COVERED
M1404	Pt Ther Clin Trial	NON-COVERED
M1405	Pt W/ Recur/Prog	NON-COVERED
M1406	Pt Lve Prac	NON-COVERED
M1407	Pt Died Dur Perf Pd	NON-COVERED
M1408	Gmln Brca Bef Dx Ca	NON-COVERED
M1409	Recd Gmln Brca1/Brca2 Couns	NON-COVERED
M1410	No Gmln Brca1/Brca2 Couns	NON-COVERED
M1411	1St Ln Ici No Chemo	NON-COVERED
M1412	Met Nslcl W/ Egfr Alk Oth Ab	NON-COVERED
M1413	Pos Pdl1 Bef Init Ici Tx	NON-COVERED
M1414	Med Rsn No Pdl1 Bef 1St Ther	NON-COVERED
M1415	No Pos Pdl1 Bef Ici Ther	NON-COVERED
M1416	Pt Rec Hosp	NON-COVERED
M1417	Pt Up To Date Cov	NON-COVERED
M1418	Med Rsn Not Up To Date Cov	NON-COVERED
M1419	Pt Not Up To Date Cov	NON-COVERED
M1420	Complete Ophthalmologic Mvp	NON-COVERED
M1421	Dermatological Care Mvp	NON-COVERED
M1422	Gastroenterology Care Mvp	NON-COVERED
M1423	Opt Care Urologic Cnd Mvp	NON-COVERED
M1424	Pulmonology Care Mvp	NON-COVERED
M1425	Surgical Care Mvp	NON-COVERED
P2028	Cephalin Flocculation Test	NON-COVERED
P3000	Screen Pap By Tech W Md Supv	NON-COVERED
P3001	Screening Pap Smear By Phys	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
P9070	Pathogen Reduced Plasma Pool	NON-COVERED
P9071	Pathogen Reduced Plasma Sing	NON-COVERED
P9604	One-Way Allow Prorated Trip	NON-COVERED
P9612	Catheterize For Urine Spec	NON-COVERED
Q0091	Obtaining Screen Pap Smear	NON-COVERED
Q0155	Dronabinol (Syndros) 0.1 Mg	NON-COVERED
Q0162	Ondansetron Oral	NON-COVERED
Q0163	Diphenhydramine Hcl 50Mg	NON-COVERED
Q0240	Casirivi And Imdevi 600Mg	NON-COVERED
Q0249	Tocilizumab For Covid-19	NON-COVERED
Q0510	Dispens Fee Immunosuppressive	NON-COVERED
Q0511	Sup Fee Antiem,Antica,Immuno	NON-COVERED
Q0512	Px Sup Fee Anti-Can Sub Pres	NON-COVERED
Q0513	Disp Fee Inhal Drugs/30 Days	NON-COVERED
Q0514	Disp Fee Inhal Drugs/90 Days	NON-COVERED
Q0521	Supply Fee Hiv Prep Fda Appr	NON-COVERED
Q2009	Fosphenytoin Inj Pe	NON-COVERED
Q2037	Fluvirin Vacc, 3 Yrs & >, Im	NON-COVERED
Q2038	Fluzone Vacc, 3 Yrs & >, Im	NON-COVERED
Q2058	Obechtge Autol Up To 400 Mil	NON-COVERED
Q4001	Cast Sup Body Cast Plaster	NON-COVERED
Q4006	Cast Sup Long Arm Adult Fbrg	NON-COVERED
Q4008	Cast Sup Long Arm Ped Fbrgls	NON-COVERED
Q4010	Cast Sup Sht Arm Adult Fbrgl	NON-COVERED
Q4024	Cast Sup Sht Arm Splnt Ped F	NON-COVERED
Q4032	Cast Sup Lng Leg Ped Fbrgls	NON-COVERED
Q4038	Cast Sup Shrt Leg Fiberglass	NON-COVERED
Q4046	Cast Sup Sht Leg Splnt Fbrgl	NON-COVERED
Q4049	Finger Splint, Static	NON-COVERED
Q4051	Splint Supplies Misc	NON-COVERED
Q4141	Alloskin Ac, 1 Cm	NON-COVERED
Q4143	Repriza, 1 Cm	NON-COVERED
Q4150	Allowrap Ds Or Dry Per Sq Cm	NON-COVERED
Q4152	Dermapure Per Square Cm	NON-COVERED
Q4153	Dermavest Per Square Cm	NON-COVERED
Q4155	Neoxflo Or Clarixflo 1 Mg	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
Q4156	Neox 100 Per Square Cm	NON-COVERED
Q4157	Revitalon Per Square Cm	NON-COVERED
Q4161	Bio-Connekt Wound Matrix, Per Sq Cm	NON-COVERED
Q4162	Amniopro Flow, Bioskin Flow, .5 Cc	NON-COVERED
Q4163	Amniopro, Bioskin, Bior Rnew, 200 Per Sq Cm	NON-COVERED
Q4164	Helicoll, Per Sq Cm	NON-COVERED
Q4165	Keramatrix, Per Sq Cm	NON-COVERED
Q4368	Amchothick Per Sq Cm	NON-COVERED
Q4369	Amnioplast 3 Per Sq Cm	NON-COVERED
Q4370	Aeroguard Per Sq Cm	NON-COVERED
Q4371	Neoguard Per Sq Cm	NON-COVERED
Q4372	Amchoplast Excl Per Sq Cm	NON-COVERED
Q4373	Membrane Wrp Lt Per Sq Cm	NON-COVERED
Q4375	Duograft Ac Per Sq Cm	NON-COVERED
Q4376	Duograft Aa Per Sq Cm	NON-COVERED
Q4377	Trigraft Ft Per Sq Cm	NON-COVERED
Q4378	Renew Ft Matrix Per Sq Cm	NON-COVERED
Q4379	Amniodefend Ft Per Sq Cm	NON-COVERED
Q4380	Advograft One Per Sq Cm	NON-COVERED
Q4382	Advograft Dual Per Sq Cm	NON-COVERED
Q5002	Hospice/Home Hlth In Asst Lv	NON-COVERED
Q5004	Hospice In Snf	NON-COVERED
Q5098	Inj Ustekinumab-Srlf, 1 Mg	NON-COVERED
Q5099	Inj Ustekinumab-Stba, 1 Mg	NON-COVERED
Q5100	Inj Ustekinumab-Kfce, 1 Mg	NON-COVERED
Q5148	Inj, Nyposi 1 Mcg	NON-COVERED
Q5153	Inj, Aflibercept-Yszy, 1 Mg	NON-COVERED
S0209	Wc Van Mileage Per Mi	NON-COVERED
S0285	Cnslt Before Screen Colonosc	NON-COVERED
S0612	Annual Gynecological Examina	NON-COVERED
S0613	Ann Breast Exam	NON-COVERED
S0630	Removal Of Sutures	NON-COVERED
S1016	Non-Pvc Intravenous Administ	NON-COVERED
S2900	Robotic Surgical System	NON-COVERED
S3600	Stat Lab	NON-COVERED
S3652	Saliva Test, Hormone Level;	NON-COVERED

Non Covered Codes

Non Covered Codes for Current Procedural Terminology (CPT) Codes.

CPT Code	CPT Description	Status
S5012	5% Dextrose With Potassium	NON-COVERED
S8055	Us Guidance Fetal Reduct	NON-COVERED
S8096	Portable Peak Flow Meter	NON-COVERED
S8100	Spacer Without Mask	NON-COVERED
S8101	Spacer With Mask	NON-COVERED
S8431	Compression Bandage	NON-COVERED
S9002	Intra-Vag Motion Sens Biofk	NON-COVERED
S9083	Urgent Care Center Global	NON-COVERED
S9088	Services Provided In Urgent	NON-COVERED
S9347	Hit Longterm Infusion Diem	NON-COVERED
S9348	Hit Sympathomim Diem	NON-COVERED
S9355	Hit Chelation Diem	NON-COVERED
S9432	Med Food Non Inborn Err Meta	NON-COVERED
S9443	Lactation Class	NON-COVERED
S9444	Parenting Class	NON-COVERED
S9445	Pt Education Noc Individ	NON-COVERED
S9446	Pt Education Noc Group	NON-COVERED
S9981	Med Record Copy Admin	NON-COVERED
T1001	Nursing Assessment/Evaluatn	NON-COVERED
T1002	Rn Services Up To 15 Minutes	NON-COVERED
T1003	Lpn/Lvn Services Up To 15Min	NON-COVERED
T1004	Nsg Aide Service Up To 15Min	NON-COVERED
T1040	Comm Bh Clinic Svc Per Diem	NON-COVERED
T1502	Medication Admin Visit	NON-COVERED
T2004	N-Et; Commerc Carrier Pass	NON-COVERED
T4536	Reusable Pull-On Any Size	NON-COVERED
V2790	Amniotic Membrane	NON-COVERED
V5261	Hearing Aid, Digit, Bin, Bte	NON-COVERED
Z5800	Epsdt Service-Research Ps	NON-COVERED
Z5810	Epsdt Services - Nurse Pr	NON-COVERED