

# 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 footer in this PDF contains the date and time the list was generated..**

*\*\*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 |
| 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 |
| 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 Vmnt                                 | COVERED |
| 0029U    | Rx Metab Advrs Trgt Seq Alys                                 | COVERED |
| 0030U    | Rx Metab Warf Trgt Seq Alys                                  | COVERED |
| 0031U    | Cyp1a2 Gene  | COVERED |
| 0032U    | Comt Gene  | COVERED |
| 0033U    | Htr2a Htr2c Genes  | COVERED |
| 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 |
| 0046U    | Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leuk | COVERED |

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| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |
| 0060U    | Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromos | COVERED |
| 0071T    | Us Leiomyomata Ablate <200                                   | COVERED |
| 0072T    | Us Leiomyomata Ablate >200                                   | 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 |
| 0084U    | Red Blood Cell Antigen Typing, Dna, Genotyping Of 10 Blood G | COVERED |
| 0087U    | Cardiology (Heart Transplant), Mrna Gene Expression Profilin | COVERED |
| 0088U    | Transplantation Medicine (Kidney Allograft Rejection), Micro | COVERED |
| 00922    | Anesth Sperm Duct Surgery                                    | 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 |

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| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 Cll Lymphm Mrna 58 Gen                                 | COVERED |
| 0121U    | Sc Dis Vcam-1 Whole Blood                                    | COVERED |
| 0122U    | Sc Dis P-Selectin Whl Blood                                  | 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 |
| 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 |
| 0154U    | Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis    | COVERED |
| 0157U    | Apc (Apc Regulator Of Wnt Signaling Pathway) (Eg, Familial A | COVERED |

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|----------|--|---------|
| 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 |
| 0164T    | Remove Lumb Artif Disc Addl                                  | 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 Tpm1 (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 |
| 0174T    | Cad Cxr With Interp  | COVERED |
| 0175T    | Cad Cxr Remote   | 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 |
| 0182T    | Hdr Elect Brachytherapy                                      | 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 |
| 0196T    | Prescl Fuse W/O Instr L4/L5                                  | COVERED |

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| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 0225U    | Oph Amd Alys Gene Variants                                   | COVERED |
| 0226U    | Surrogate Viral Neutralization Test (Svnt), Severe Acute Res | COVERED |



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| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 CII-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 |
| 0254T    | Evasc Rpr Iliac Art Bifur                        | COVERED |
| 0255T    | Evasc Rpr Iliac Art Bifr S&I                     | COVERED |

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| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 Crted Sns Dev Lead                     | COVERED |
| 0268T    | Implt/Rpl Crted Sns Dev Gen                      | COVERED |
| 0268U    | Hem Ahus Gen Seq Alys 15 Gen                     | COVERED |
| 0269T    | Rev/Remvl Crted Sns Dev Total                    | COVERED |
| 0269U    | Hem Aut Dm Cgen Trmbctpna 14                     | COVERED |
| 0270T    | Rev/Remvl Crted Sns Dev Lead                     | COVERED |
| 0271T    | Rev/Remvl Crted Sns Dev Gen                      | COVERED |
| 0271U    | Hem Cgen Neutropenia 23 Gen                      | COVERED |
| 0272T    | Interrogate Crted 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 |
| 0288U    | Onc Lung Mrna Quan Pcr Alys Gen & Ref Gen Alg    | COVERED |
| 0289T    | Laser Inc For Pkp/Lkp Donor                      | COVERED |

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| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Mntnrg Sys Compl                                  | COVERED |
| 0302U    | Iadna Brtnla Hnsleae & Quintn Ddpcr Flwg Liq Nrchmt          | COVERED |
| 0303T    | Icar Ischm Mntnrg Sys Eltrd                                  | COVERED |
| 0303U    | Hem Rbc Ads Ndothl/Subndothl Ads Molec Hypoxic               | COVERED |
| 0304T    | Icar Ischm Mntnrg Sys Device                                 | COVERED |

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| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 SrvInc Hcc Alys Methyln Patterns Cfdna  | COVERED |
| 0334U    | Onc Sld Orgn Tgsa Ffpe Tum Tiss Dna 84/+ Gen    | COVERED |
| 0335T    | Extraosseous Joint Stblztion                    | COVERED |
| 0336T    | Lap Ablat Uterine Fibroids                      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 |
| 0345U    | Psyc Genomic Alys Panel Variant Alys 15 Genes    | 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 |
| 0364U    | Onc HI Neo Gen Seq Alys Alg                      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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    | Anoscopy 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 Sl 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    | Hyrphenylalninmia 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 |
| 0388T    | Leadless C Pm Remove Ventr    | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                 | Status  |
|----------|---------------------------------|---------|
| 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    | Iaad 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    | Prgmg Eval Cardiac Modulj       | COVERED |
| 0418T    | Interro Eval Cardiac Modulj     | COVERED |
| 0419T    | Dstrj Neurofibromata Xtmsv      | COVERED |
| 0420T    | Dstrj Neurofibromata Xtmsv      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 0421T    | Waterjet Prostate Abltj Cmpl                                 | COVERED |
| 0422T    | Tactile Breast Img Uni/Bi                                    | COVERED |
| 0423T    | Assay Secretary 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 |
| 0481T    | Njx Autol Wbc Concentrate                                    | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 0542T    | Myocardial Imaging Mcg I&R                                   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 0563U    | Nfct Ds Pthgn-Sna 11Vir&4Bct                                 | COVERED |
| 0564U    | Nfct Ds Pthgn-Sna 10Vir&4Bct                                 | COVERED |
| 0569T    | Transcatheter Tricuspid Valve Repair, Percutaneous Approach; | COVERED |
| 0570T    | Transcatheter Tricuspid Valve Repair, Percutaneous Approach; | COVERED |
| 0580U    | Bbrgdrferi Antb Detc 24Rprtn                                 | COVERED |
| 0588U    | Nfct Ds Bct/Vir 32Genes Mrna                                 | COVERED |
| 0595U    | Nfct Ds Tfp Vctrbrn&Zoonotic                                 | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                      | Status  |
|----------|--|---------|
| 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 |
| 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 Cpctr 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 Prgrm 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                   | Status  |
|----------|---|---------|
| 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 |
| 0722T    | Quan Ct Tiss Charac W/Ct                          | COVERED |
| 0723T    | Qmrpc W/O Dx Mri Sm Anat Ses                      | COVERED |
| 0724T    | Qmrpc 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 |
| 0950T    | Abltj B9 Prst8 Tissue Hifu                        | COVERED |
| 0951T    | Tot Impl Amei 1St Plmt                            | COVERED |
| 0952T    | Tot Impl Amei Rev/Rplc Mstdc                      | COVERED |
| 0953T    | Tot Impl Amei Rev/Rplc W/O                        | COVERED |
| 0954T    | Tot Impl Amei Rplc Snd Proc                       | COVERED |
| 0955T    | Tot Impl Amei Removal                             | COVERED |
| 0961T    | Shortwave Ifr Radiation Img                       | COVERED |
| 0970T    | Ablt B9 Brst Tum Perq Lsr Ea                      | COVERED |
| 0971T    | Ablt Mal Brst Tum Pq Lsr Uni                      | COVERED |
| 0972T    | Asstv Alg Clsfcn Burn Hlg                         | COVERED |
| 0978T    | Submucosal Cryolysis Therapy                      | COVERED |
| 0979T    | Sbmcsl Crylys Ther Sft Palt                       | COVERED |
| 0980T    | Sbmcsl Crylys Ther Tng&Tnsl                       | COVERED |
| 0984T    | Iv Img Xtrc Cere Vsl Oct 1St                      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 0985T    | Iv Img Xtrc Cere Vsl Oct Ea                                  | COVERED |
| 0986T    | Iv Img Icr Cere Vsl Oct 1St                                  | COVERED |
| 0987T    | Iv Img Icr Cere Vsl Oct Ea                                   | 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 |
| 1140     | Anesth Amputation At Pelvis                                  | 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 |
| 1234     | Anesth Radical Femur Surg                                    | COVERED |
| 1340     | Anesth Knee Area Procedure                                   | COVERED |
| 1404     | Anesth Amputation At Knee                                    | COVERED |
| 1420     | Anesth Knee Joint Casting                                    | COVERED |
| 1442     | Anesth Knee Artery Surg                                      | COVERED |
| 147      | Anesth Iridectomy  | COVERED |
| 148      | Anesth Eye Exam  | COVERED |
| 1490     | Anesth Lower Leg Casting                                     | COVERED |
| 15002    | Wound Prep Trk/Arm/Leg                                       | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 15004    | Wound Prep F/N/Hf/G          | COVERED |
| 15011    | Hrv Skn CII Ssp Agrft 1St 25 | COVERED |
| 15012    | Hrv Skn CII Ssp Agrft Ea Add | COVERED |
| 15013    | Prepj Skn CII Ssp Agrft 1St  | COVERED |
| 15014    | Prepj Skn CII Ssp Agrft Ea   | COVERED |
| 15015    | App Skn CI Ssp Agrft T/A/L 1 | COVERED |
| 15016    | App Skn CI Ssp Agrf T/A/L Ea | COVERED |
| 15017    | App Skn CII Ssp F/N/G/Hf 1St | COVERED |
| 15018    | App Skn CII 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 |
| 15730    | Mdfc Flap W/Prsrv Vasc Pedcl | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 15951    | Exc Trchntr Pr Ulc Ostc                                      | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 15952    | Exc Trchntr Pr Ulc Flp Clsr  | COVERED |
| 15953    | Exc Trchntr Pr Ulc Flp Ostc  | COVERED |
| 1634     | Anesth Shoulder Joint Amput  | COVERED |
| 1636     | Anesth Forequarter Amput     | COVERED |
| 1652     | Anesth Shoulder Vessel Surg  | 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 |
| 1732     | Anesth Dx Elbow Arthroscopy  | COVERED |
| 17360    | Chemical Exfoliation Acne    | COVERED |
| 174      | Anesth Pharyngeal Surgery    | COVERED |
| 1756     | Anesth Radical Humerus Surg  | COVERED |
| 1758     | Anesth Humeral Lesion Surg   | COVERED |
| 1782     | Anesth Uppr Arm Vein Repair  | COVERED |
| 1829     | Anesth Dx Wrist Arthroscopy  | COVERED |
| 1852     | Anesth Lwr Arm Vein Repair   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 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 |
| 1969     | Anesth/Analg Cs Hyst Add-On                                 | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 B 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |
| 212      | Anesth Skull Drainage        | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 218      | Anesth Special Head Surgery  | 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                                   | Status  |
|----------|---|---------|
| 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 Vertebroplasty 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 |
| 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    | Prescrl 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 23105    | Remove Shoulder Joint Lining | COVERED |
| 23106    | Incision Of Collarbone Joint | COVERED |
| 23107    | Explore Treat Shoulder Joint | COVERED |
| 23125    | Claviclectomy 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                           | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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    | Autgrft Implnt Knee W/Scope  | COVERED |
| 29867    | Allgrft Implnt 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                          | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 322      | Anesth Biopsy Of Thyroid     | 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 |
| 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 |
| 326      | Anesth Larynx/Trach < 1 Yr   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Singl                                  | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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    | Cl 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 |
| 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 Crjt St Congenital Cardiac Anomal 1St Shunt | COVERED |
| 33746    | Tis Crjt St Congenital Cardiac Anomal Ea Addl   | COVERED |
| 33750    | Shunt Subclavian To Pulm Art                    | COVERED |
| 33762    | Shunt Desc Aorta To Pulm Art                    | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Sbplum 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 35189    | Rpr Acq Av Fistula Thrx&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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 35351    | Rechannelling Of Artery       | COVERED |
| 35363    | Rechannelling 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-Axillary | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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-Tibl-Prl-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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 36440    | Bl Push Transfuse 2 Yr/<                                    | COVERED |
| 36450    | Bl 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 St 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                   | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 38228    | Car-T Admn Autologous  | 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 |
| 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    | Mediastinoscpy W/Lmph Nod Bx                                 | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description             | Status  |
|----------|-----------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                     | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| 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 |
| 43645    | Lap Gastr Bypass Incl Sml 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Strictureplasty   | COVERED |
| 44660    | Repair Bowel-Bladder Fistula | COVERED |
| 44680    | Surgical Revision Intestine  | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                              | Status  |
|----------|--|---------|
| 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 Flxr Abltj Les        | COVERED |
| 45387    | Colsc Flx Prox Splenic Flxr Tndsc Stent Plmt | COVERED |
| 454      | Anesth Collar Bone Biopsy                    | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Crysrg                                 | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Cavernosography  | COVERED |
| 54240    | Penile Plethysmography       | COVERED |
| 54250    | Nctrnl Pen Tmscn&/Rgdity Tst | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 54535    | Extensive Testis Surgery     | COVERED |
| 54560    | Exploration For Testis       | COVERED |
| 546      | Anesth Lung Chest Wall Surg  | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                              | Status  |
|----------|--|---------|
| 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 |
| 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 Matrl                 | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 604      | Anesth Sitting Procedure     | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 63011    | Remove Spine Lamina 1/2 Scrcl                    | 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 Addtl Cervical                        | COVERED |
| 63044    | Laminotomy Addtl 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 |
| 63052    | Lam Facetec/Foramot Drg Arthrd Lmbr 1 Vert Sgm   | COVERED |
| 63053    | Lam Facetec/Foramot Drg Arthrd Lmbr Ea Addtl 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                | Status  |
|----------|--------------------------------|---------|
| 63087    | Remov Vertbr Dcmprn ThrcImbr   | 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 Thrlmb   | COVERED |
| 63265    | Excise Intraspinal Lesion Crv  | COVERED |
| 63266    | Excise Intraspinal Lesion Thrc | COVERED |
| 63267    | Excise Intraspinal Lesion Lmbr | COVERED |
| 63268    | Excise Intraspinal Lesion Scrl | COVERED |
| 63270    | Excise Intraspinal Lesion Crvl | COVERED |
| 63271    | Excise Intraspinal Lesion Thrc | COVERED |
| 63272    | Excise Intraspinal Lesion Lmbr | COVERED |
| 63273    | Excise Intraspinal Lesion Scrl | COVERED |
| 63275    | Bx/Exc Xdrl Spine Lesn Crvl    | COVERED |
| 63276    | Bx/Exc Xdrl Spine Lesn Thrc    | COVERED |
| 63277    | Bx/Exc Xdrl Spine Lesn Lmbr    | COVERED |
| 63278    | Bx/Exc Xdrl Spine Lesn Scrl    | COVERED |
| 63280    | Bx/Exc Idrl Spine Lesn Crvl    | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 63283    | Bx/Exc Idrl Spine Lesn Scrl  | COVERED |
| 63285    | Bx/Exc Idrl lmed Lesn Cervl  | COVERED |
| 63286    | Bx/Exc Idrl lmed Lesn Thrc   | COVERED |
| 63287    | Bx/Exc Idrl lmed Lesn Thrmb  | COVERED |
| 63290    | Bx/Exc Xdrl/Idrl Lsn Any Lvl | COVERED |
| 63295    | Repair Laminectomy Defect    | COVERED |
| 63300    | Remove Vert Xdrl Body Crvcl  | COVERED |
| 63301    | Remove Vert Xdrl Body Thrc   | COVERED |
| 63302    | Remove Vert Xdrl Body Thrmb  | COVERED |
| 63303    | Remov Vert Xdrl Bdy Lmbr/Sac | COVERED |
| 63304    | Remove Vert Idrl Body Crvcl  | COVERED |
| 63305    | Remove Vert Idrl Body Thrc   | 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 |
| 63621    | Srs Spinal Lesion Addl       | COVERED |
| 63650    | Implant Neuroelectrodes      | COVERED |
| 63655    | Implant Neuroelectrodes      | COVERED |
| 63661    | Remove Spine Eltrd Perq Aray | COVERED |
| 63662    | Remove Spine Eltrd Plate     | COVERED |
| 63663    | Revise Spine Eltrd Perq Aray | 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Hpglsl Nrv Nstim Ra Pg&Respir Sensor             | COVERED |
| 64583    | Revj/Rplcmt Hpglsl 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 Upr Extrm W/O&W/Dye | COVERED |
| 73225    | Mr Angio Upr 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 74185    | Mra Abd W Or W/O Cntrst                                      | COVERED |
| 74190    | Peritoneogram Rs&l   | 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 |
| 74775    | X-Ray Exam Of Perineum                                       | COVERED |
| 754      | Anesth Repair Of Hernia                                      | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 80504    | Pathology Clinical Consultation Mod Mdm 21-40 Min            | COVERED |
| 80505    | Pathology Clinical Consultation 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 |
| 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    | Atxn (Ataxin ) (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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 Vrint                                     | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Vrnrs                                 | 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 |
| 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    | Npm 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                          | Status  |
|----------|--|---------|
| 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 |
| 81439    | Inherited Cardmyopathy 5 Gns             | COVERED |
| 81445    | Targeted Genomic Seq Analys              | COVERED |
| 81448    | Hrdtry Perph Neurphy Panel               | COVERED |
| 81455    | Targeted Genomic Seq Analys              | COVERED |
| 81479    | Unlisted Molecular Pathology             | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 836      | Anesth Hernia Repair Preemie                                 | COVERED |
| 83632    | Placental Lactogen   | COVERED |
| 83633    | Test Urine For Lactose                                       | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 86320    | Serum Immuno-electrophoresis                                 | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 87798    | Detect Agent Nos Dna Amp     | COVERED |
| 87799    | Detect Agent Nos Dna Quant   | 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 |
| 882      | Anesth Major Vein Ligation   | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 90382    | Rsv Monoc Antb Seasn .7Ml Im                                 | COVERED |
| 90385    | Rh Ig Minidose Im  | COVERED |
| 90386    | Rh Ig Iv   | COVERED |
| 90396    | Varicella-Zoster Ig Im                                       | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                         | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 928      | Anesth Removal Of Testis     | COVERED |
| 92924    | Prq Card Angio/Athrect 1 Art | COVERED |
| 92925    | Prq Card Angio/Athrect Addl  | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Lmtd   | COVERED |
| 93312    | Echo Transesophageal   | COVERED |
| 93315    | Echo Transesophageal   | COVERED |
| 93317    | Echo Transesophageal   | COVERED |
| 93320    | Doppler Echo Complete  | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 934      | Anesth Penis Nodes Removal                                   | 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 |
| 936      | Anesth Penis Nodes Removal                                   | COVERED |
| 93600    | Bundle Of His Recording                                      | COVERED |
| 93602    | Intra-Atrial Recording                                       | COVERED |
| 93603    | Right Ventricular Recording                                  | COVERED |
| 93609    | Intra-Vntr Mapg Tchycar Site                                 | COVERED |
| 93610    | Intra-Atrial Pacing  | COVERED |
| 93612    | Intraventricular Pacing                                      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Njx | COVERED |
| 93898    | Ven-Artl Shunt Det Mbubb Njx | COVERED |
| 93924    | Lwr Xtr Vasc Stdy Bilat      | COVERED |
| 93925    | Lower Extremity Study        | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Efft                                  | 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 Nrv 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 Comunicaj Tech-Bsd Svc                                 | COVERED |
| 98978    | Rem Ther Mntr Dev Sply Cbt                                   | COVERED |
| 99183    | Hyperbaric Oxygen Therapy                                    | COVERED |
| 99222    | Initial Hospital Care  | COVERED |
| 99340    | Domicil/R-Home Care Supervis                                 | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| A0430    | Fixed Wing Air Transport                                     | COVERED |
| A0431    | Rotary Wing Air Transport                                    | COVERED |
| A0433    | Als 2  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                  | Status  |
|----------|----------------------------------|---------|
| A0434    | Specialty Care Transport         | COVERED |
| A0435    | Fixed Wing Air Mileage           | COVERED |
| A0436    | Rotary Wing Air Mileage          | COVERED |
| A2001    | Innovamatrix Ac, Per Sq Cm       | COVERED |
| A2004    | Xcellistem, Per Sq Cm            | 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 |
| A2026    | Restrata Minimatrix, 5 Mg        | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| A2033    | Myriad Morcells, Mg  | COVERED |
| A2034    | Found Drs Solo, Per Sq Cm                                    | COVERED |
| A2035    | Corpl P Therac P Allac P Mg                                  | COVERED |
| A2036    | Cohealyx Col Dml Mx Pr Sq Cm                                 | COVERED |
| A2037    | G4derm Plus, Per MI  | COVERED |
| A2038    | Marigen Pacto, Per Sq Cm                                     | COVERED |
| A2039    | Innovamatrix Fd, Per Sq Cm                                   | 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 |
| A4265    | Paraffin   | COVERED |
| A4280    | Brst Prsths Adhsv Attchmnt                                   | COVERED |
| A4288    | Replacement Breastpump Valve                                 | COVERED |
| A4300    | Cath Impl Vasc Access Portal                                 | COVERED |
| A4306    | Drug Delivery System <=50 MI                                 | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| A4366    | Ostomy Vent                  | COVERED |
| 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 Bltinconv  | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| A4463    | Surgical Dress Holder Reuse  | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| A4660    | Sphyg/Bp App W Cuff And Stet | COVERED |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| A4771    | Serum Clotting Time Tube     | COVERED |
| 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 |
| A6000    | Wound Warming Wound Cover    | COVERED |
| A6011    | Collagen Gel/Paste Wound Fil | COVERED |
| A6024    | Collagen Dsg Wound Filler    | COVERED |
| A6154    | Wound Pouch Each             | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| A6402    | Sterile Gauze <= 16 Sq In    | 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/Bttm             | 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 , Dotatate, Therapeutic, 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 Ibriumomab, Dx                                   | COVERED |
| A9543    | Y90 Ibriumomab, Rx                                     | COVERED |
| A9546    | Co57/58  | COVERED |
| A9548    | In111 Pentetate  | COVERED |
| A9550    | Tc99m Glucaptate                                       | COVERED |
| A9554    | I125 Iothalamate, Dx                                   | COVERED |
| A9557    | Tc99m Biscate  | 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, Gadopichol, 1 MI                                  | COVERED |
| A9574    | Air Polymer-Type A Intrauterine Foam, 0.1 MI           | 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, (Iluccix), 1 Mci | COVERED |
| A9597    | Pet, Dx, For Tumor Id, Noc                             | COVERED |
| A9598    | Pet Dx For Non-Tumor Id, Noc                           | COVERED |
| A9600    | Sr89 Strontium   | COVERED |
| A9601    | Flortaucipir F 18 Injection, Diagnostic, 1 Mci         | COVERED |
| A9602    | Fluorodopa F-18 Diagnostic Per Mci                     | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                           | Status  |
|----------|---|---------|
| 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 |
| A9612    | Inj, Fluorescein, 1 Mg                    | COVERED |
| A9615    | Inj, Pegulicianine, 1 Mg                  | COVERED |
| A9616    | Gallium Gozellix 1 Millicurie             | 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, 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-Hdrr-192                                   | COVERED |
| C1728    | Cath, Brachytx Seed Adm                                      | COVERED |
| C1734    | Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or S | COVERED |
| C1741    | Anchor/Screw Bone Absorb                                     | COVERED |
| C1742    | Pressure Sens Syst, Cont Im                                  | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| C1899    | Lead, Pmkr/Aicd Combination                                  | COVERED |
| C1982    | Catheter, Pressure Generating, One-Way Valve, Intermittently | COVERED |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                               | Status  |
|----------|---|---------|
| C8002    | Prep Skin Cell Susp, Automtd                  | COVERED |
| C8003    | Imp Extar Knee Shck Absrb                     | COVERED |
| C8004    | Sim Ang W/Prs Cath Rad Emb                    | COVERED |
| C8006    | Inst Pleu-Perit Shnt W Pump                   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| C9080    | Injection, Melphalan Flufenamide Hcl, 1 Mg                   | COVERED |
| C9087    | Inj Cyclophosphamd Auromedic                                 | COVERED |
| 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 |
| C9305    | Inj, Nipocalimab-Aahu, 3 Mg                                  | COVERED |
| C9306    | Telisotuzumab Vedotin-Tllv                                   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| C9725    | Place Endorectal App   | COVERED |
| C9727    | Insert Palate Implants                                       | COVERED |
| C9728    | Place Device/Marker, Non Pro                                 | COVERED |
| C9738    | Blue Light Cysto Imag Agent                                  | COVERED |
| 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 |
| D0160    | Extensv Oral Eval Prob Focus                                 | COVERED |
| D0170    | Re-Eval,Est Pt,Problem Focus                                 | COVERED |
| D0180    | Comp Periodontal Evaluation                                  | COVERED |
| D0230    | Intraoral Periapical Each Add Image                          | COVERED |
| D0240    | Intraoral Occlusal Radiograph Image                          | COVERED |

## Prior Authorization List

### 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 |
| 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 |
| D0393    | Treatment Simulation 3D Image Vol   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| D1208    | Topical App Fluoride Excl Varnish                            | COVERED |
| D1351    | Dental Sealant Per Tooth                                     | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                              | Status  |
|----------|--|---------|
| D2620    | Inlay Porcelain/Ceramic 2 Su                 | COVERED |
| D2630    | Dental Onlay Porc 3/More Sur                 | COVERED |
| D2642    | Dental Onlay Porcelain 2 Surf                | COVERED |
| D2643    | Dental Onlay Porcelain 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| 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 |
| D2999    | Dental Unspec Restorative Pr       | COVERED |
| D3110    | Pulp Cap Direct                    | COVERED |
| D3120    | Pulp Cap Indirect                  | COVERED |
| D3220    | Therapeutic Pulpotomy              | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 |
| D3431    | Biologic Materials To Aid Tissue    | COVERED |
| D3432    | Guided Tissue Regeneration          | COVERED |
| D3450    | Root Amputation                     | COVERED |
| D3460    | Endodontic Endosseous Implan        | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 Resorble          | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| D4381    | Localized Delivery Antimicro       | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| D5914    | Auricular Prosthesis              | COVERED |
| D5915    | Orbital Prosthesis                | COVERED |
| D5916    | Ocular Prosthesis                 | COVERED |
| D5919    | Facial Prosthesis                 | COVERED |
| D5922    | Nasal Septal Prosthesis           | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| 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 |
| D5986    | Fluoride Applicator                | COVERED |
| D5987    | Commissure Splint                  | COVERED |
| D5988    | Surgical Splint                    | COVERED |
| D5991    | Vesiculobullous Medicament Carrier | COVERED |
| D5992    | Maxillofacial Prosthesis, Adjust   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                    | Status  |
|----------|------------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 |
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                  | Status  |
|----------|----------------------------------|---------|
| 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 > . Cm               | COVERED |
| D7450    | Rem Odontogen Cyst To 1.25Cm     | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 Suture 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| 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 Habt      | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                      | Status  |
|----------|--------------------------------------|---------|
| D8660    | Preorthodontic Tx Exam               | COVERED |
| D8670    | Periodic Orthodontic 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 Reattach | 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 Or > Admin           | COVERED |
| D9630    | Other Drugs/Medicaments              | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| E0150    | Combo Walker-Transport Chair      | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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    | Intrpulmnry 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 |
| E0602    | Manual Breast Pump   | COVERED |
| E0604    | Hosp Grade Elec Breast Pump                                  | COVERED |
| E0616    | Implantable Cardiac Event Recorder With Memory, Activator    | COVERED |
| E0618    | Apnea Monitor  | COVERED |
| E0619    | Apnea Monitor W Recorder                                     | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| E0658    | Seg Pneum Comp 2 Arm Chest   | COVERED |
| E0659    | Seg Pneum Comp Head Neck Che | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| E0780    | Mech Amb Infusion Pump <8Hrs                                 | COVERED |
| E0782    | Non-Programable Infusion Pump                                | COVERED |
| E0783    | Programmable Infusion Pump                                   | COVERED |
| E0784    | Ext Amb Infusn Pump Insulin                                  | 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 |
| E0966    | Wheelchair Head Rest Extensi                                 | COVERED |
| E0971    | Wheelchair Anti-Tipping Devi                                 | COVERED |
| E0973    | W/Ch Access Det Adj Armrest                                  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| E1028    | W/C Manual Swingaway         | COVERED |
| E1029    | W/C Vent Tray Fixed          | COVERED |
| E1030    | W/C Vent Tray Gimbaled       | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                           | Status  |
|----------|---|---------|
| 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 |
| E1353    | Oxygen Supplies Regulator                 | COVERED |
| E1354    | Wheeled Cart, Port Cyl/Conc               | COVERED |
| E1355    | Oxygen Supplies Stand/Rack                | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| E2000    | Gastric Suction Pump Hme Mdl  | COVERED |
| E2201    | Man W/Ch Acc Seat W>=20"<24"  | COVERED |
| E2202    | Seat Width 24-27 In           | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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    | U 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Prgm For Pc/Pda   | COVERED |
| E2512    | Sgd Accessory, Mounting Sys  | COVERED |
| E2513    | Sgd Accessory, Emg Sensor    | COVERED |
| E2599    | Sgd Accessory Noc            | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description             | Status  |
|----------|-----------------------------|---------|
| 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 |
| G0063    | Cardiology Ss               | COVERED |
| G0064    | Cert Nurse Midwife Ss       | COVERED |
| G0065    | Chiropractic Ss             | COVERED |
| G0066    | Clinical Social Work Ss     | COVERED |
| G0067    | Dentistry Ss                | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| G0157    | Hhc Pt Assistant Ea 15                                       | COVERED |
| G0158    | Hhc Ot Assistant Ea 15                                       | 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 |
| G0288    | Recon, Cta For Surg Plan                                     | COVERED |
| G0293    | Non-Cov Surg Proc,Clin Trial                                 | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                     | Status  |
|----------|---|---------|
| G0435    | Oral Hiv-1/Hiv-2 Screen                             | COVERED |
| G0448    | Place Perm Pacing Cardiovert                        | COVERED |
| G0451    | Devlopment Test Interprt&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                           | 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 |
| G0554    | Add 20 M Of Monthly Tx                              | COVERED |
| G0555    | Replacment Pt Electronic Sys                        | COVERED |
| G0560    | Safety Plan Interven                                | COVERED |
| G0562    | Complex Simulation W/Pet-Ct                         | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| G0563    | Sbrr W/Positron Emission Del                                 | COVERED |
| G0566    | 3D Bn Img Algor Drvd Fr Mri                                  | COVERED |
| G0567    | Screening Hep C Detect                                       | 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 Mch 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 |
| G4012    | Interventional Rad Ss  | COVERED |
| G4013    | Mentl/Behav Health Ss  | COVERED |
| G4014    | Nephrology Ss  | COVERED |
| G4015    | Neurology Ss   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| G6007    | Radiation Treatment Delivery | COVERED |
| G6010    | Radiation Treatment Delivery | COVERED |
| G6011    | Radiation Treatment Delivery | COVERED |
| G6016    | Delivery Comp Imrt           | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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    | Asssay 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 <=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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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    | Wrfrn Or Oral Antigoag Pres  | COVERED |
| G8968    | Md Rsn No Pres Wrfrn Or Othr | COVERED |
| G8969    | Pt Rsn No Pres Wrfrn 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| G9053    | Onc Expectant Management Pt  | COVERED |
| G9054    | Onc Supervision Palliative   | COVERED |
| G9055    | Onc Visit Unspecified Nos    | COVERED |
| G9056    | Onc Prac Mgmt Adheres Guide  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 Stga-B Or      | 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| G9168    | Memory Current Status        | COVERED |
| G9169    | Memory Goal Status           | COVERED |
| G9170    | Memory D/C Status            | COVERED |
| G9171    | Voice Current Status         | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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-lv Init Eval      | COVERED |
| G9213    | No Doc Of Dsm-lv             | 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 D      | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| G9641    | Amp Req'd 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 |
| 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 Assesd 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 Prophy   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| G9998    | Doc Med Rsn <3 Colon         | COVERED |
| G9999    | Doc Sys Rsn <3 Colon         | COVERED |
| H0005    | Alcohol And/Or Drug Services | COVERED |
| H0006    | Alcohol And/Or Drug Services | COVERED |
| 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 |
| H0027    | Alcohol And/Or Drug Preventi | COVERED |
| H0028    | Alcohol And/Or Drug Preventi | COVERED |
| H0029    | Alcohol And/Or Drug Preventi | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                           | Status  |
|----------|---|---------|
| 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 |
| 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 |
| J0163    | Epinephrine In Nacl (Endo)                | COVERED |
| J0164    | Epinephrine In Nacl (Baxter)              | COVERED |
| J0165    | Inj Epinephrine Nos 0.1 Mg                | COVERED |
| J0167    | Inj Epinephrine (Hospira)                 | COVERED |
| J0168    | Epinephrine (Intl Med Sys)                | COVERED |
| J0169    | Inj Epinephrine (Adrenalin)               | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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       | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| J0458    | Aztreonam/Avibactam 10 Mg         | COVERED |
| J0462    | Atropine Sulf, Nte, 0.01 Mg       | COVERED |
| J0470    | Dimecaprol Injection              | COVERED |
| J0475    | Baclofen 10 Mg Injection          | COVERED |
| J0476    | Baclofen Intrathecal Trial        | COVERED |
| J0480    | Basiliximab                       | COVERED |
| J0490    | Belimumab Injection               | COVERED |
| J0491    | Inj, Anifrolumab-Fnia 1Mg         | COVERED |
| J0517    | Injection, Benralizumab, 1 Mg     | COVERED |
| J0520    | Bethanechol Chloride Inject       | COVERED |
| J0525    | Inj Cefotetan Disodium 10 Mg      | COVERED |
| J0561    | Penicillin G Benzathine Inj       | COVERED |
| J0565    | Inj, Bezlotoxumab, 10 Mg          | COVERED |
| J0567    | Injection, Cerliponase Alfa, 1 Mg | COVERED |
| J0570    | Buprenorphine Implant 74.2Mg      | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J0577    | Inj, Brixadi, 7 Days Or Less                                 | COVERED |
| J0578    | Inj Brixadi, More Than 7 Day                                 | COVERED |
| J0582    | Bivalirudin (Endo) 1 Mg                                      | COVERED |
| J0584    | Injection, Burosumab-Twza 1 Mg                               | COVERED |
| J0585    | Injection, Onabotulinumtoxin A                               | COVERED |
| J0586    | Abobotulinumtoxin A  | COVERED |
| J0587    | Inj, Rimabotulinumtoxin B                                    | 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 |
| 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 |
| J0614    | Inj, Treosulfan, 50 Mg                                       | COVERED |
| J0615    | Calcium Acetate, Oral, 23 Mg                                 | COVERED |
| J0616    | Inj Metoprolol Tartrate 1 Mg                                 | COVERED |
| J0618    | Inj, Calcium Chloride, 2 Mg                                  | COVERED |
| J0620    | Calcium Glycer & Lact/10 MI                                  | COVERED |
| J0637    | Caspofungin Acetate  | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| J0668    | Instill, Bupivac And Meloxic                                 | COVERED |
| J0675    | Inj, Carboprost, 0.1 Mg                                      | 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 |
| J0725    | Chorionic Gonadotropin/1000U                                 | COVERED |
| J0736    | Inj, Clindamycin Phosp 30                                    | COVERED |
| J0737    | Inj, Clindamycin (Baxter)                                    | COVERED |
| J0738    | Hiv Prep, Inj, Lenacapavir                                   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J0743    | Cilastatin Sodium Injection                                  | COVERED |
| J0745    | Inj Codeine Phosphate /30 Mg                                 | COVERED |
| J0752    | Hiv Prep, Oral Lenacapavir                                   | COVERED |
| J0759    | Inj, Clevidipine, 1 Mg                                       | 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 |
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                                 | Status  |
|----------|---|---------|
| 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 |
| J1163    | Inj, Diltiazem Hcl, 0.5 Mg                      | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J1301    | Injection, Edaravone, 1 Mg                                   | COVERED |
| J1302    | Injection Sutimlimab-Jome 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 |
| J1326    | Inj, Zolbetuximab-Clzb, 2 Mg                                 | COVERED |
| J1330    | Ergonovine Maleate Injection                                 | COVERED |
| J1335    | Ertapenem Injection  | COVERED |
| J1364    | Erythro Lactobionate /500 Mg                                 | COVERED |
| J1370    | Inj, Esomeprazole Sod, 1 Mg                                  | COVERED |
| J1380    | Estradiol Valerate 10 Mg Inj                                 | COVERED |
| J1411    | Inj, Hemgenix, Per Tx Dose                                   | COVERED |
| J1412    | Inj Roctavian MI 2X10 <sup>13</sup> 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| J1568    | Octagam Injection  | COVERED |
| J1569    | Gammagard Liquid Injection                                   | COVERED |
| J1570    | Ganciclovir Sodium Injection                                 | COVERED |
| J1571    | Hepagam B Im Injection                                       | COVERED |
| J1572    | Flebogamma Injection   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| J1612    | Inj Glucagon (Gvoke) 0.01 Mg      | 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 Capot Nos       | COVERED |
| J1730    | Diazoxide Injection               | COVERED |
| J1738    | Inj. Meloxicam 1 Mg               | COVERED |
| J1740    | Ibandronate Sodium Injection      | COVERED |
| J1741    | Ibuprofen Injection               | COVERED |
| J1743    | Idursulfase Injection             | COVERED |
| J1745    | Infliximab Injection              | COVERED |
| J1746    | Injection, Ibalizumab-Uiyk, 10 Mg | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| J1807    | Inj, Ethacrynate Sod, 1 Mg                                   | COVERED |
| J1808    | Inj, Folic Acid, 0.1 Mg                                      | COVERED |
| J1809    | Inj, Fosdenopterin, 0.1Mg                                    | 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 |
| J1834    | Inj, Isoniazid, 1 Mg   | 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 |
| J1955    | Inj Levocarnitine Per 1 Gm                                   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| J1960    | Levorphanol Tartrate Inj                                | COVERED |
| J1961    | Inj, Lenacapavir, 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 |
| J2151    | Inj, Mannitol, 250 Mg                                   | 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 |
| J2291    | Inj, Nafcillin (Baxter) 20Mg                            | COVERED |
| J2312    | Inj Naloxone Hcl Nos, 0.01 Mg                           | COVERED |
| J2313    | Inj, Naloxone (Zimhi) 0.01 Mg                           | COVERED |
| J2315    | Naltrexone, Depot Form                                  | COVERED |
| J2320    | Nandrolone Decanoate 50 Mg                              | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J2323    | Natalizumab Injection  | COVERED |
| J2326    | Inj, Nusinersen, 0.1Mg                                       | COVERED |
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| J2547    | Injection, Peramivir  | COVERED |
| J2561    | Inj, Sezaby, 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                          | Status  |
|----------|--|---------|
| J2820    | Sargramostim Injection                   | COVERED |
| 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, Taliglucerase 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J3290    | Inj, Tranexamic Acid 5 Mg                                    | COVERED |
| J3300    | Triamcinolone A Inj Prs-Free                                 | COVERED |
| 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 |
| J3373    | Inj, Vancomycin Hcl, 10 Mg                                   | COVERED |
| J3374    | Inj, Vancomycin (Mylan) 10 Mg                                | COVERED |
| J3375    | Inj Vancomycin (Xellia) 10 Mg                                | COVERED |
| J3380    | Injection, Vedolizumab                                       | COVERED |
| J3385    | Velaglucerase Alfa   | COVERED |
| J3391    | Inj, Atidarsagene Autotemcel                                 | COVERED |
| J3392    | Inj, Exagamglogene Autotem                                   | COVERED |
| J3396    | Verteporfin Injection  | COVERED |
| J3397    | Injection, Vestronidase Alfa-Vjvk, 1 Mg                      | COVERED |
| J3398    | Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Geno | COVERED |
| J3399    | Injection, Onasemnogene Abeparvovec-Xioi, Per Treatment, Up  | COVERED |
| J3400    | Triflupromazine Hcl Inj                                      | COVERED |
| J3401    | Vyjuvek 5X10 <sup>9</sup> Pfu/ML, 0.1 ML                     | COVERED |
| J3402    | Inj. Remestemcel-L-Rknd/ Td                                  | COVERED |
| J3403    | Revakinagene, Per Implant                                    | COVERED |
| J3424    | Inj Hydroxocobalamin Iv 25 Mg                                | COVERED |
| J3470    | Hyaluronidase Injection                                      | COVERED |
| J3485    | Zidovudine   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| J7169    | Injection, Coagulation Factor Xa (Recombinant), Inactivated- | COVERED |
| J7170    | Injection, Emericizumab-Kxwh, 0.5 Mg                         | COVERED |
| J7172    | Inj Marstacim-Hncq, 0.5 Mg                                   | COVERED |
| J7173    | Inj. Concizumab-Mtci, 0.5 Mg                                 | COVERED |
| J7174    | Injection Fitusiran 0.04 Mg                                  | COVERED |
| J7175    | Inj, Factor X, (Human), 1 Iu                                 | COVERED |
| J7177    | Injection, Human Fibrinogen Concentrate (Fibryga), 1 Mg      | COVERED |
| J7178    | Human Fibrinogen Conc Inj                                    | COVERED |
| J7179    | Vonvendi Inj 1 Iu Vwf:Rco                                    | COVERED |
| J7180    | Factor Xiii Anti-Hem Factor                                  | COVERED |
| J7181    | Factor Xiii Recomb A-Subunit Per Iu                          | COVERED |
| J7182    | Factor Viii Recomb Novoeight Per Iu                          | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J7195    | Factor Ix Recombinant Nos                                    | COVERED |
| J7196    | Antithrombin Recombinant                                     | COVERED |
| J7197    | Antithrombin Iii Injection                                   | COVERED |
| J7200    | Factor Ix Recombinan Rixubis Per Iu                          | COVERED |
| J7201    | Factor Ix Fc Fusion Recomb, Per Iu                           | 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 Iu   | COVERED |
| J7209    | Factor Viii Nuwiq Recomb 1 Iu                                | COVERED |
| J7210    | Inj, Afstyl, 1 I.U.  | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| J7328    | Gel-Syn Injection 0.1 Mg                                  | COVERED |
| J7331    | Hyal/Deriv Synojoynt 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 |
| J7356    | Inj Foscarb/Foslevodopa 5 Mg                              | COVERED |
| J7402    | Mometasone Furoate Sinus Implant, (Sinuva), 10 Micrograms | COVERED |
| J7503    | Tacrol Envarsus Ex Rel Oral                               | COVERED |
| J7505    | Monoclonal Antibodies                                     | COVERED |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                  | Status  |
|----------|----------------------------------|---------|
| 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 |
| J9000    | Doxorubicin Hcl Injection        | COVERED |
| J9011    | Datopotamab Deruxtecan, 1 Mg     | 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-DlIe, 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| J9036    | Inj., Belrapzo, 1 Mg   | COVERED |
| J9038    | Inj Axatilimab-Csfr . 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                          | Status  |
|----------|--|---------|
| J9219    | Leuprolide Acetate Implant               | COVERED |
| J9220    | Indigotindisulfonate Sod Mg              | 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 |
| 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 |
| J9276    | Inj Zanidatamab-Hrii, 2 Mg               | COVERED |
| J9280    | Mitomycin Injection                      | COVERED |
| J9281    | Mitomycin Instillation                   | COVERED |
| J9285    | Inj, Olaratumab, 10 Mg                   | COVERED |
| J9286    | Inj Glofitamab Gxbm, 2.5 Mg              | COVERED |
| J9289    | Inj Nivolumab 2 Mg Hyaluron              | COVERED |
| J9292    | Inj, Pemetrexed (Avyxa) 10Mg             | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 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 |
| J9328    | Temozolomide Injection  | COVERED |
| J9329    | Inj, Tislelizumab-Jsgr  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                                  | Status  |
|----------|--|---------|
| J9330    | Temsirolimus Injection                           | COVERED |
| J9331    | Injection, Sirolimus Protein-Bound Particles, 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 |
| J9341    | Inj Thiotepa (Tepylute) 1 Mg                     | COVERED |
| J9342    | Inj Thiotepa Nos 1 Mg                            | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| K0002    | Stnd Hemi (Low Seat) Whlchr   | COVERED |
| K0003    | Lightweight Wheelchair        | COVERED |
| K0004    | High Strength Ltwl 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    | Ltwl 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| K0603    | Repl Batt Alkaline 1.5 V     | COVERED |
| K0606    | Aed Garment W Elec Analysis  | 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| K0868    | Pwc Gp 4 Std Seat/Back                                       | COVERED |
| K0869    | Pwc Gp 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Milwauke 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 Supprt Att To Sho Longit | COVERED |
| L3080    | Arch Supp Att To Shoe Metata  | COVERED |
| L3090    | Arch Supp Att To Shoe Long/M  | COVERED |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| L3215    | Orthopedic Ftwear Ladies Oxf | COVERED |
| L3224    | Woman's Shoe Oxford Brace    | COVERED |
| L3225    | Man's Shoe Oxford Brace      | 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 |
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                | Status  |
|----------|--------------------------------|---------|
| 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 Disartic Sach Laminat Mold | COVERED |
| L5610    | Above Knee Hydracadence        | COVERED |
| L5611    | Ak 4 Bar Link W/Fric Swing     | COVERED |
| L5613    | Ak 4 Bar Link 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 Pwrd 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                   | Status  |
|----------|-----------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| L7499    | Upper Extremity Prothes 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description                                      | Status  |
|----------|--|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| Q2058    | Obecbtge Autol Up To 400 Mil                                 | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                 | Status  |
|----------|---------------------------------|---------|
| 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 |
| Q4116    | Alloderm                        | COVERED |
| Q4117    | Hyalomatrix                     | COVERED |
| Q4118    | Matristem Micromatrix           | COVERED |
| Q4121    | Theraskin                       | COVERED |
| Q4122    | Dermacell                       | COVERED |
| Q4123    | Alloskin                        | COVERED |
| Q4124    | Oasis Tri-Layer Wound Matrix    | COVERED |
| Q4125    | Arthroflex                      | COVERED |
| Q4126    | Memoderm/Derma/Tranz/Integup    | COVERED |
| Q4127    | Talymed                         | COVERED |
| Q4128    | Flexhd Or Allopatchhd Per Sq Cm | COVERED |
| Q4130    | Strattice Tm                    | COVERED |
| Q4131    | Epifix                          | COVERED |
| Q4132    | Grafix Core                     | COVERED |
| Q4133    | Grafix Prime                    | COVERED |
| Q4134    | Hmatrix                         | COVERED |
| Q4135    | Mediskin                        | COVERED |
| Q4136    | Ezderm                          | COVERED |
| Q4137    | Amnioexcel Or Biodexcel, 1 Cm   | COVERED |
| Q4138    | Biodfence Dryflex, 1 Cm         | COVERED |
| Q4139    | Amnio Or Biodmatrix, Inj 1Cc    | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                                     | Status  |
|----------|---|---------|
| 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 |
| Q4151    | Amnioband, Guardian Per Sq Cm                       | COVERED |
| Q4154    | Biovance Per Square Cm                              | COVERED |
| Q4158    | Marigen Per Square Cm                               | COVERED |
| Q4159    | Affinity1 Per Square Cm                             | COVERED |
| Q4160    | Nushield Per Square Cm                              | COVERED |
| Q4166    | Cytal, Per Square Centimeter                        | COVERED |
| Q4167    | Truskin, Per Sq Centimeter                          | COVERED |
| Q4168    | Amnioband, 1 Mg                                     | COVERED |
| Q4169    | Artacent Wound, Per Sq Cm                           | COVERED |
| Q4170    | Cygnus, Per Sq Cm                                   | COVERED |
| Q4171    | Interfyl, 1 Mg                                      | COVERED |
| Q4173    | Palingen Or Palingen Xplus                          | COVERED |
| Q4174    | Palingen Or Promatrx                                | COVERED |
| Q4175    | Miroderm  | COVERED |
| Q4176    | Neopatch, Per Sq Centimeter                         | 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description                      | Status  |
|----------|--------------------------------------|---------|
| Q4186    | Epifix, Per Sq Cm                    | COVERED |
| Q4187    | Epicord, Per Sq Cm                   | COVERED |
| Q4188    | Amnioarmor, 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 |
| Q4197    | Puraply Xt, 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 |
| Q4201    | Matrion, Per Sq Cm                   | COVERED |
| Q4202    | Keroxx (2.5 G/Cc), 1 Cc              | COVERED |
| Q4203    | Derma-Gide, Per Sq Cm                | COVERED |
| Q4204    | Xwrap, Per Sq Cm                     | COVERED |
| Q4205    | Membrane Gft/Membrane Wrap P 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 |
| Q4236    | Carepatch, Per Sq Cm   | 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 Protext, 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 |
| Q4252    | Counseling, Individual, By Department Of Veterans Affairs Ch | COVERED |
| Q4253    | Counseling, Group, By Department Of Veterans Affairs Chaplai | COVERED |
| Q4254    | Novafix DI Per Sq Cm   | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description                                      | Status  |
|----------|--|---------|
| Q4255    | Reguard, Topical Use Per Sq                          | COVERED |
| Q4256    | Mlg-Complete, Per Sq Cm                              | COVERED |
| Q4257    | Relese, 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 |
| Q4278    | Epieffect, Per Sq Cm                                 | COVERED |
| Q4279    | Vendaje Ac, 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 Slw, Per Sq Cm                           | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| Q4287    | Dermabind DI, Per Sq Cm      | COVERED |
| Q4288    | Dermabind Ch, Per Sq Cm      | COVERED |
| Q4289    | Revoshield+ Amnio, Per Sq Cm | COVERED |
| Q4290    | Membrane Wrap Hydr Per Sq Cm | COVERED |
| Q4291    | Lamellas Xt, Per Sq Cm       | COVERED |
| Q4292    | Lamellas, Per Sq Cm          | COVERED |
| Q4293    | Acesso DI, Per Sq Cm         | COVERED |
| Q4294    | Amnio Quad-Core, Per Sq Cm   | COVERED |
| Q4295    | Amnio Tri-Core, Per Sq Cm    | COVERED |
| Q4296    | Rebound Matrix, Per Sq Cm    | COVERED |
| Q4297    | Emerge Matrix, Per Sq Cm     | COVERED |
| Q4298    | Amnicore Pro, Per Sq Cm      | COVERED |
| Q4299    | Amnicore Pro+, Per Sq Cm     | COVERED |
| Q4300    | Acesso TI, Per Sq Cm         | COVERED |
| Q4301    | Activate Matrix, Per Sq Cm   | COVERED |
| Q4302    | Complete Aca, Per Sq Cm      | COVERED |
| Q4303    | Complete Aa, Per Sq Cm       | COVERED |
| Q4304    | Grafix Plus, Per Sq Cm       | COVERED |
| Q4305    | Amer Am Ac Tri-Lay Per Sq Cm | COVERED |
| Q4306    | Americ Amnion Ac Per Sq Cm   | COVERED |
| Q4307    | American Amnion, Per Sq Cm   | COVERED |
| Q4308    | Sanopellis, Per Sq Cm        | COVERED |
| Q4309    | Via Matrix, Per Sq Cm        | COVERED |
| Q4310    | Procenta, Per 100 Mg         | COVERED |
| Q4311    | Acesso, Per Sq Cm            | COVERED |
| Q4312    | Acesso Ac, Per Sq Cm         | COVERED |
| Q4313    | Dermabind Fm, Per Sq Cm      | COVERED |
| Q4314    | Reeva, Per Sq Cm             | COVERED |
| Q4315    | Regenelink Amniotic Mem Allo | COVERED |
| Q4316    | Amchoplast, Per Sq Cm        | COVERED |
| Q4317    | Vitograft, Per Sq Cm         | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| Q4318    | E-Graft, Per Sq Cm            | COVERED |
| Q4319    | Sanograft, Per Sq Cm          | COVERED |
| Q4320    | Pellograft, Per Sq Cm         | COVERED |
| Q4321    | Renograft, Per Sq Cm          | COVERED |
| Q4322    | Caregraft, Per Sq Cm          | COVERED |
| Q4323    | Alloply, Per Sq Cm            | COVERED |
| Q4324    | Amniotx, Per Sq Cm            | COVERED |
| Q4325    | Acapatch, Per Sq Cm           | COVERED |
| Q4326    | Woundplus, Per Sq Cm          | COVERED |
| Q4327    | Duoamnion, Per Sq Cm          | COVERED |
| Q4328    | Most, Per Sq Cm               | COVERED |
| Q4329    | Singlay, Per Sq Cm            | COVERED |
| Q4330    | Total, Per Sq Cm              | COVERED |
| Q4331    | Axolotl Graft, Per Sq Cm      | COVERED |
| Q4332    | Axolotl Dualgraft, Per Sq Cm  | COVERED |
| Q4333    | Ardeograft, 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 |
| 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 Matrxx 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 |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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    | Choriplay, 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 |
| Q4368    | Amchothick Per Sq Cm         | COVERED |
| Q4369    | Amnioplast 3 Per Sq Cm       | COVERED |
| Q4370    | Aeroguard Per Sq Cm          | COVERED |
| Q4371    | Neoguard Per Sq Cm           | COVERED |
| Q4372    | Amchoplast Excl Per Sq Cm    | COVERED |
| Q4373    | Membrane Wrp Lt Per Sq Cm    | COVERED |
| Q4375    | Duograft Ac Per Sq Cm        | COVERED |
| Q4377    | Trigraft Ft Per Sq Cm        | COVERED |
| Q4378    | Renew Ft Matrix Per Sq Cm    | COVERED |
| Q4379    | Amniodefend Ft Per Sq Cm     | COVERED |
| Q4380    | Advograft One Per Sq Cm      | COVERED |
| Q4382    | Advograft Dual Per Sq Cm     | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| Q4383    | Axolotl Graft Ult Per Sq Cm                                  | COVERED |
| Q4384    | Axolotl Dual Ult Per Sq Cm                                   | COVERED |
| Q4385    | Apollo Ft Per Sq Cm  | COVERED |
| Q4386    | Acesso Trifaca Per Sq Cm                                     | COVERED |
| Q4387    | Neothelium Ft Per Sq Cm                                      | COVERED |
| Q4388    | Neothelium 4L Per Sq Cm                                      | COVERED |
| Q4389    | Neothelium 4L+ Per Sq Cm                                     | COVERED |
| Q4390    | Ascendion Per Sq Cm  | COVERED |
| Q4391    | Amnioplast Double Per Sq Cm                                  | COVERED |
| Q4392    | Grafix Duo Per Sq Cm   | COVERED |
| Q4393    | Surgraft Ac Per Sq Cm  | COVERED |
| Q4394    | Surgraft Aca Per Sq Cm                                       | COVERED |
| Q4395    | Acelagraft Per Sq Cm   | COVERED |
| Q4396    | Natalin Per Sq Cm  | COVERED |
| Q4397    | Summit Aaa Per Sq Cm   | COVERED |
| Q5007    | Hospice In Ltch  | COVERED |
| Q5008    | Hospice In Inpatient Psych                                   | COVERED |
| Q5098    | Inj Ustekinumab-Srlf, 1 Mg                                   | COVERED |
| Q5099    | Inj Ustekinumab-Stba, 1 Mg                                   | COVERED |
| Q5100    | Inj Ustekinumab-Kfce, 1 Mg                                   | 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 |

## Prior Authorization List

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

| CPT Code | CPT Description   | Status  |
|----------|---|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| Q5153    | Inj, Aflibercept-Yszy, 1 Mg                                  | COVERED |
| Q5154    | Inj, Omlyclo, 5 Mg   | COVERED |
| Q5155    | Inj, Aflibercept-Jbvf, 1 Mg                                  | COVERED |
| Q5156    | Inj, Tocilizumab-Anoh, 1 Mg                                  | COVERED |
| Q5157    | Inj, Denosumab-Bmwo, 1 Mg                                    | COVERED |
| Q5158    | Inj, Denosumab-Bnht, 1 Mg                                    | COVERED |
| Q5159    | Inj, Denosumab-Dssb, 1 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 F Diagnosti                                      | COVERED |
| Q9991    | Buprenorph Xr 100 Mg Or Less                                 | COVERED |
| Q9992    | Buprenorphine Xr Over 100 Mg                                 | COVERED |
| Q9996    | Ustekinumab- Ttwe Sub Cu Inj                                 | COVERED |
| Q9997    | Ustekinumab-Ttwe Iv Inj 1 Mg                                 | COVERED |
| Q9998    | Ustekinumab-Aekn Inj   | COVERED |
| Q9999    | Inj Ustekinumab-Aaaz 1 Mg                                    | COVERED |
| R0076    | Transport Portable Ekg                                       | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| 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 |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Days      | COVERED |
| S0273    | Md Home Visit Outside Cap    | COVERED |
| S0274    | Nurse Practr Visit Outs Cap  | COVERED |
| S0281    | Medical Home, Maintenance    | COVERED |
| S0302    | Completed Epsdt              | COVERED |
| S0310    | Hospitalist Visit            | COVERED |
| S0315    | Disease Management Program   | COVERED |
| S0316    | Follow-Up/Reassessment       | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description               | Status  |
|----------|-------------------------------|---------|
| 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 |
| 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 |

## Prior Authorization List

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

| CPT Code | CPT Description  | Status  |
|----------|--|---------|
| 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 |
| S1040    | Cranial Remolding Orthosis                                   | 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 |
| S2080    | Laup   | COVERED |
| S2083    | Adjustment Gastric Band                                      | COVERED |
| S2095    | Transcath Emboliz Microspher                                 | COVERED |
| S2102    | Islet Cell Tissue Transplant                                 | COVERED |
| S2103    | Adrenal Tissue Transplant                                    | COVERED |
| S2107    | Adoptive Immunotherapy                                       | COVERED |
| S2112    | Knee Arthroscop Harv   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| S2401    | Fetal Surg Urin Trac Obstr   | COVERED |
| S2402    | Fetal Surg Cong Cyst Malf    | COVERED |
| S2403    | Fetal Surg Pulmon Sequest    | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| S3870    | Cgh Test Developmental Delay | COVERED |
| S3890    | Fecal Dna Analysis           | COVERED |
| S3900    | Surface Emg                  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 Iui 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 |
| S5035    | Hit Routine Device Maint     | COVERED |
| S5036    | Hit Device Repair            | COVERED |
| S5100    | Adult Daycare Services 15Min | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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/Sessio | 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 |
| S5180    | Hh Respiratory Thrpy In Eval | COVERED |
| S5181    | Hh Respiratory Thrpy Nos/Day | COVERED |
| S5185    | Med Reminder Serv Per Month  | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| S8121    | O2 Contents Liquid Lb        | COVERED |
| S8130    | Interferential Stim 2 Chan   | COVERED |
| S8131    | Interferential Stim 4 Chan   | COVERED |



## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 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 |
| S9007    | Ultrafiltration Monitor      | COVERED |
| S9015    | Automated Eeg Monitoring     | COVERED |
| S9024    | Paranasal Sinus Ultrasound   | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| 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 |
| S9325    | Hit Pain Mgmt 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 |
| S9349    | Hit Tocolysis Diem           | COVERED |
| S9353    | Hit Cont Insulin Diem        | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description              | Status  |
|----------|------------------------------|---------|
| S9357    | Hit Enzyme Replace Diem      | COVERED |
| S9361    | Hit Diuretic Infus Diem      | COVERED |
| S9363    | Hit Anti-Spasmotic Diem      | COVERED |
| S9366    | Hit Tpn 2 Liter Diem         | COVERED |
| S9370    | Ht Inj Antiemetic Diem       | COVERED |
| S9372    | Ht Inj Anticoag Diem         | COVERED |
| S9376    | Hit Hydra 3 Liter 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 |
| 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 |
| S9475    | Ambulatory Setting Substance | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                     | Status  |
|----------|-------------------------------------|---------|
| 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 |
| S9994    | Lodging Costs (E.G. Hotel Ch        | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                                     | Status  |
|----------|---|---------|
| 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 |
| T2020    | Day Habil Waiver Per Diem                           | COVERED |

## Prior Authorization List

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

| CPT Code | CPT Description                               | Status  |
|----------|---|---------|
| 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 |
| T2101    | Breast Milk Proc/Store/Dist                   | 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 PermbL 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 Bicross                                      | 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 Mg/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    | Hyrho-D/Micrhogam Mini Dose  | COVERED |
| X6352    | Imipramine Hcl/Tofranil-25Mg | COVERED |
| X6354    | Inderal/Propranolol Hci-1 Mg | COVERED |
| X6408    | Iprenol/Isuprol :Soluti      | 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/Staphcillin-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/MIlf | 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 |

## 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 (1e, 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&Myeloma 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 |
| 0347U    | Rx Metab/Pcx Dna 16 Gene Vrnt Alys&Reprtd Phnt    | NON-COVERED |
| 0348U    | Rx Metab/Pcx Dna 25 Gene Vrnt Alys&Reprtd Phnt    | NON-COVERED |
| 0349U    | Rx Metab/Pcx Dna 27 Gen Vrnt Alys&Phnt Gen-Rx Ia  | NON-COVERED |
| 0350U    | Rx Metab/Pcx Dna 27 Gene Vrnt Alys&Reprtd Phnt    | NON-COVERED |
| 0351U    | Nfct Ds Bct/Viral Trail Ip-10 C-React Prtn Srm    | NON-COVERED |
| 0356U    | Onc Orop 17 Dna Ddpcr Alg                         | 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      |
|----------|------------------------------|-------------|
| 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 |
| 0500U    | Autoinflam Ds Vexas Synd Dna | NON-COVERED |
| 0502U    | Hpv E6/E7 Mrk Hi-Rsk Typ Crv | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 lbd Ia Quan Deter Adl Lvl | NON-COVERED |
| 0515U    | Gi lbd Ia Quan Deter lfx 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 lga&lgm 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 lp    | 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 Vmnt  | 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 |
| 0542U    | Nefro Renal Trnspl Ur Nmr 84 | NON-COVERED |
| 0544U    | Nefro Trnsp Mntr 48Vmnt Dpcr | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |
| 0575U    | Trnsply Med Lar Rtpcr 4Genes                                 | NON-COVERED |
| 0576T    | Interrogation Device Evaluation (In Person) Of Implantable C | NON-COVERED |
| 0576U    | Trnsply Med Lar Quan Ddcfdna                                 | NON-COVERED |
| 0577U    | Onc Ovr Serum Alys 39 Gps                                    | NON-COVERED |
| 0578U    | Onc Cutan Mln Rna Qpcr 10Gen                                 | NON-COVERED |
| 0579U    | Nfro Dbtc Ckd Elisa Apoa4                                    | NON-COVERED |
| 0581T    | Ablation, Malignant Breast Tumor(S), Percutaneous, Cryothera | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 0581U    | Trnspl Med Antb Nohla 39Trgt                                 | NON-COVERED |
| 0582U    | Rare Ds Rpd Whlgen Dna Vrnst                                 | NON-COVERED |
| 0583U    | Rare Ds Rpd Whlgen Cmptr Dna                                 | NON-COVERED |
| 0584U    | Neuro Csf Prion Prtn Qual                                    | NON-COVERED |
| 0585U    | Tgsap So Neo Cfdna 521 Genes                                 | NON-COVERED |
| 0586U    | Onc Mrna Gen Xprsn 216 Genes                                 | NON-COVERED |
| 0587T    | Percutaneous Implantation Or Replacement Of Integrated Singl | NON-COVERED |
| 0587U    | Ther Rx Mntr 60-150Rx&Metabl                                 | NON-COVERED |
| 0589U    | Pfas24cmpnd Hi-Perf Lc-Ms/Ms                                 | NON-COVERED |
| 0590U    | Nfct Ds Bct&Fngl Dna 44 Orgs                                 | NON-COVERED |
| 0591U    | Onc Prst8 Ca 3Prtns Plsm Srm                                 | NON-COVERED |
| 0592U    | Onc HI Neo Dna Tgs 417 Genes                                 | NON-COVERED |
| 0593U    | Nfct Ds Gu Pthgn Dna 46Trgt                                  | NON-COVERED |
| 0594U    | Nfct Ds Sepsis Pncrtc Spc                                    | NON-COVERED |
| 0596U    | Neuro Alzds Plsm 3Dstnct lsp                                 | NON-COVERED |
| 0597U    | Onc Breast Rna Xprsn 329Gens                                 | NON-COVERED |
| 0598U    | Gi lbs Igg Antb 18Food Items                                 | NON-COVERED |
| 0599U    | Onc Pncrtc Ca Mult Ia Serum                                  | NON-COVERED |
| 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 |
| 0659T    | Tcat Intra-C Nfs Supersat                                    | NON-COVERED |
| 0660T    | Implt Ant Sgm Io Nbio Rx                                     | NON-COVERED |
| 0661T    | Rmvl&Rimpltj Ant Sgm Impl                                    | NON-COVERED |
| 0663T    | Scalp Cool Plmt Mntr Rmvl                                    | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 Glc Mcrscp Sld Lvl Iii  | NON-COVERED |
| 0753T    | Dgtz Glc Mcrscp Sld Level Iv | NON-COVERED |
| 0756T    | Dgtz Glc Mcrscp Sld Spc Grpi | NON-COVERED |
| 0761T    | Dgtz Glc Mcrscp SI Imm Ea 1  | NON-COVERED |
| 0763T    | Dgtz Glc Mcrscp Mphmtrc Alys | 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    | Prgrmg Evl Ldls Pm 2Chmbr Ip | NON-COVERED |
| 0810T    | Subrta Njx Rx Agt W/Vtrc     | NON-COVERED |
| 0816T    | Opn Insj/Rplcmt Ins Ptn Subq | NON-COVERED |
| 0823T    | Tcat Ins 1Chmbr Ldls Pm Ra   | NON-COVERED |
| 0826T    | Prgrmg Evl Ldls Pm 1Chmbr Ip | NON-COVERED |
| 0851T    | Dgtz Glc Mcrscp Mphmtrc 1St  | NON-COVERED |
| 0852T    | Dgtz Glc Mcrscp Mphmtrc Ea 1 | NON-COVERED |
| 0854T    | Dgtz Glc Mcrscp Bld Smr Prph | NON-COVERED |
| 0855T    | Dgtz Glc Mcrscp B1 Marow Smr | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 0874T    | Rmvl Ptrl Ascites Pmp Sys     | NON-COVERED |
| 0875T    | Prgrm Subq Ptrl 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 |
| 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 |



## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |
| 0962T    | Asstv Alg Alys Acous&Ecg Rec | NON-COVERED |
| 0963T    | Anosc Sbmcsl 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 |
| 0973T    | Slctv Nzmtc Dbrdmt T/A/L 1St | NON-COVERED |



## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 0981T    | Tcat Impl Wrts lvc Snr       | NON-COVERED |
| 0982T    | Rem Mntr Impl lvc Snr Set-Up | NON-COVERED |
| 0983T    | Rem Mntr Impl lvc Snr Phys   | NON-COVERED |
| 11719    | Trim Nail(S) Any Number      | NON-COVERED |
| 11920    | Correct Skin Color 6.0 Cm/<  | NON-COVERED |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description                                  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description                          | Status      |
|----------|--|-------------|
| 36430    | Blood Transfusion Service                | NON-COVERED |
| 36468    | Injection(S) Spider Veins                | NON-COVERED |
| 36469    | 1/Mlt Njxs Sclrsg 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 |
| 38226    | Car-T Prep T Lymphcyt F/Trns             | NON-COVERED |
| 38227    | Car-T Receipt&Prepj Admn                 | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 Rmdlg  | NON-COVERED |
| 53866    | Cathj Rmvl Dev Ischmc Rmdlg  | NON-COVERED |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 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 |
| 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    | Benzodiazepines 1-12          | 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 |



## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 Micrarray Copy Nmbr  | 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 |



## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 Analys                                  | 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 Analys                                  | 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 Dbt                                    | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 81471    | X-Linked Intellectual DbIt   | 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 Subsqq   | NON-COVERED |
| 95982    | Io Ga N-Stim Subsqq 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |



## Non Covered Codes

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

| CPT Code | CPT Description                                  | Status      |
|----------|--|-------------|
| 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 |
| 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 |



## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description   | Status      |
|----------|---|-------------|
| 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 |
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| A6572    | Grad Com Garment Toe Caps    | NON-COVERED |
| A6578    | Gradient Comp Sleeve         | NON-COVERED |
| 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 |
| A6587    | Grad Com Wrap W Straps Foot  | NON-COVERED |
| A6588    | Grad Com Wrap W Straps Arm   | NON-COVERED |
| A6589    | Grad Com Wrap W Straps Bra   | NON-COVERED |
| A6590    | Urinary Cath Disp Suc Pump   | NON-COVERED |
| A6594    | G Comp Bandge Liner Lwr Extr | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description                              | Status      |
|----------|--|-------------|
| C1726    | Cath, Bal Dil, Non-Vascular                  | NON-COVERED |
| C1729    | Cath, Drainage                               | NON-COVERED |
| C1730    | Cath, Ep, 19 Or Few Elect                    | NON-COVERED |
| C1732    | Cath, Ep, Diag/Abl, 3D/Vect                  | 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 |
| C1740    | Lt Vent Pacing Syst, Sequen                  | NON-COVERED |
| C1747    | Endo, Single, Urinary Tract                  | NON-COVERED |
| C1750    | Cath, Hemodialysis,Long-Term                 | NON-COVERED |
| C1751    | Cath, Inf, Per/Cent/Midline                  | NON-COVERED |
| C1752    | Cath,Hemodialysis,Short-Term                 | NON-COVERED |
| C1757    | Cath, Thrombectomy/Embolect                  | NON-COVERED |
| C1759    | Cath, Intra Echocardiography                 | NON-COVERED |
| C1761    | Cath, Trans Intra Litho/C                    | NON-COVERED |
| C1769    | Guide Wire                                   | NON-COVERED |
| C1787    | Patient Progr, Neurostim                     | NON-COVERED |
| C1834    | Pressure Snr 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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/ Pancreatascopy       | NON-COVERED |
| C7542    | Ercp W/Bx & Pancreatascopy   | NON-COVERED |
| C7543    | Ercp W/Otomy, Pancreatascopy | NON-COVERED |
| C7544    | Ercp Rmv Calc Pancreatascopy | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| C9137    | Adynovate Factor Viii Recom                                  | 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 |
| C9776    | Intraoperative Near-Infrared Fluorescence Imaging Of Major E | NON-COVERED |
| C9777    | Esophageal Mucosal Integrity Testing By Electrical Impedance | 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 |



## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| D0140    | Limit Oral Eval Problm Focus                                 | NON-COVERED |
| D0145    | Oral Evaluation, Pt < 3Yrs                                   | NON-COVERED |
| D0150    | Comprehensve Oral Evaluation                                 | 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 |
| D0210    | Intraor Complete Rad Image Series                            | NON-COVERED |
| D0220    | Intraoral Periapical First Image                             | NON-COVERED |
| D0270    | Bitewing Single Radiographic Image                           | NON-COVERED |
| D0601    | Neurological With Motor >47.75.,Comorbidity In Tier 3        | NON-COVERED |
| D0603    | Neurological With Motor >25.85 & Motor <37.35.,Comorbidity I | NON-COVERED |
| D1110    | Dental Prophylaxis Adult                                     | NON-COVERED |
| D1120    | Dental Prophylaxis Child                                     | NON-COVERED |
| D1206    | Topical Applicatn Fluoride Varnish                           | NON-COVERED |
| D1310    | Nutri Counsel-Control Caries                                 | 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 |
| D4910    | Periodontal Maint Procedures                                 | 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 |



## Non Covered Codes

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

| CPT Code | CPT Description                                | Status      |
|----------|--|-------------|
| D7140    | Extraction Erupted Tooth/Exr                   | 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 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 Systm  | 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 Spds   | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| E2001    | Suct Pum Ext Urine Mgmt Sys                                  | 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 |
| 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 |
| 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 Cipaglucosidase Alfa-Atga                                 | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| G0141    | Scr C/V Cyto,Autosys And Md  | NON-COVERED |
| G0145    | Scr C/V Cyto,Thinlayer,Rescr | NON-COVERED |
| G0154    | Hhcp-Svs Of Rn,Ea 15 Min     | 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 |
| G0277    | Hbot, Full Body Chamber, 30M | 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 |
| 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 |



## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 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 Aww       | NON-COVERED |
| G0469    | Fqhc Visit, Mh New Pt         | NON-COVERED |
| 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 |



## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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    | Buprenorphine 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 |
| G0559    | Unrelat Prac Follow Up Visit                                 | NON-COVERED |
| G0561    | Temp Tube Delivery, Unil                                     | 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 III                                   | NON-COVERED |
| G2101    | Pt 66+ Frailty And Adv III                                   | NON-COVERED |
| G2116    | Pt 66-80 Frailty And Adv III                                 | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| 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 |
| 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 |
| H0025    | Alcohol And/Or Drug Preventi                                 | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description                          | Status      |
|----------|--|-------------|
| 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 |
| J0166    | Inj Epinephrine Nos 0.1 Mg               | NON-COVERED |
| J0209    | Inj, Sod Thiosulfate (Hope), 100 Mg      | NON-COVERED |
| J0211    | Inj, Nithiodote, 3Mg / 125Mg             | NON-COVERED |
| J0270    | Alprostadil 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 |
| J0681    | Inj Ceftobipole Medocarl 3Mg             | NON-COVERED |
| J0692    | Cefepime Hcl For Injection               | NON-COVERED |
| J0695    | Inj Ceftolozane Tazobactam               | NON-COVERED |
| J0744    | Ciprofloxacin Iv                         | NON-COVERED |
| J1245    | Dipyridamole Injection                   | 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 |
| 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 |
| J7121    | 5% Dextrose In Lac Rings     | NON-COVERED |
| J7199    | Hemophilia Clot Factor Noc   | NON-COVERED |
| J7214    | Altuviiio Per Factor Viii Iu | NON-COVERED |
| J7308    | Aminolevulinic Acid Hcl Top  | NON-COVERED |
| J7330    | Cultured Chondrocytes Implnt | 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 |
| J9248    | Inj Melphalan (Hepzato) 1 Mg | NON-COVERED |
| J9275    | Inj Cosibelimab-Ipdl, 2 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| K1007    | Bil Hkaf Pc S/D Micro Sensor | NON-COVERED |
| K1027    | Oral Dev Without Fix Mech    | NON-COVERED |
| K1037    | Docking Station For Oral Dev | NON-COVERED |
| L0720    | Ctlso A-P-L Control Custom   | NON-COVERED |
| L1006    | Scoliosis Orth Sag/ Cor      | NON-COVERED |
| L1007    | Scoliosis Orth S-C Custom    | 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 |
| L5657    | Add Low Ext Man Aut Vol Any  | 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 |
| L6034    | Part Hand Finger Distal Amp  | NON-COVERED |
| L6035    | Prosthetic Digit Mechanical  | NON-COVERED |
| L6036    | Prosthetic Thumb Mechanical  | NON-COVERED |
| L6037    | Postop Dsg Cast Chg Handfng  | NON-COVERED |
| L6038    | Multiax Rotation Attachment  | NON-COVERED |
| L6039    | Passive Custom Digit/Thumb   | NON-COVERED |
| L6700    | Ue Add Ext Power Myoel       | NON-COVERED |
| L7406    | Add To Upp Extr User Adj Mec | NON-COVERED |



## Non Covered Codes

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

| CPT Code | CPT Description  | Status      |
|----------|--|-------------|
| L8039    | Breast Prosthesis Nos  | NON-COVERED |
| L8720    | Ext Low Ext Sens Prosthe Mec                                 | NON-COVERED |
| L8721    | Receptor Sole L8720 Replace                                  | NON-COVERED |
| M0235    | Intrav Inf, Mon Anti, Fir Do                                 | NON-COVERED |
| M0236    | Intrav Inf, Mon Anti, Sec Do                                 | NON-COVERED |
| M0237    | Intrav Inf, Toci, First Dose                                 | NON-COVERED |
| M0238    | Intrav Inf, Toci, Second Dose                                | 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 |
| M1069    | Patient Screened For Future Fall Risk                        | NON-COVERED |
| M1149    | No Neck Fs Prom Incap  | NON-COVERED |
| 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 |
| M1195    | Rpt Wo 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 Rtnophthy  | 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 |
| M1339    | Pts F/U 30-180 Dys + Improv                                  | 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 |



## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| 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 |
| 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 Nsclc W/ Egfr Alk Oth Ab | NON-COVERED |

## Non Covered Codes

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

| CPT Code | CPT Description               | Status      |
|----------|-------------------------------|-------------|
| 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 |
| 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 |
| Q0235    | Inj, Monoclon Antibody, 1 Mg  | NON-COVERED |
| Q0237    | Inj, Tocilizumab-Anoh, Hospi  | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description                             | Status      |
|----------|---|-------------|
| Q2038    | Fluzone Vacc, 3 Yrs & >, Im                 | 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 |
| 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 |
| Q4376    | Duograft Aa Per Sq Cm                       | NON-COVERED |
| Q5002    | Hospice/Home Hlth In Asst Lv                | NON-COVERED |
| Q5004    | Hospice In Snf                              | NON-COVERED |
| Q5148    | Inj, Nyposi 1 Mcg                           | NON-COVERED |
| S0209    | Wc Van Mileage Per Mi                       | NON-COVERED |
| S0280    | Medical Home, Initial Plan                  | 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 |

## Non Covered Codes

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

| CPT Code | CPT Description              | Status      |
|----------|------------------------------|-------------|
| S3600    | Stat Lab                     | NON-COVERED |
| S3652    | Saliva Test, Hormone Level;  | NON-COVERED |
| 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 |
| S9452    | Nutrition Class              | NON-COVERED |
| S9981    | Med Record Copy Admin        | NON-COVERED |
| T1000    | Private Duty/Independent Nsg | 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 |