

2021 MA PPO Prior Authorization CPT Code List-FLORIDA  
Version 1.8

Release Date: March 22, 2021



Note: If In-Network options can be identified, an administrative denial will be issued (please refer to IFP Certificate of Coverage for more details). For services noted as not requiring a prior authorization, please contact Provider Services to ensure the service is a covered benefit for the Bright Health member. SAD means Self Administered Drug.

| General CPT Information |                             |  | Claims System Logic     |          |   | UM Execution   |                        |
|-------------------------|-----------------------------|--|-------------------------|----------|---|----------------|------------------------|
| CPT Code                | Short Description           | Long Description                                 | Authorization Required? | PA Group | PA for Code in Group Applies to All Codes within Specific Group | UM Review Type | SAD CPT Code Indicator |
| 00100                   | ANESTH SALIVARY GLAND       | ANESTHESIA SALIVARY GLANDS WITH BIOPSY           | No Auth Required        |          |   |                |                        |
| 00102                   | ANESTH REPAIR OF CLEFT LIP  | ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR    | No Auth Required        |          |   |                |                        |
| 00103                   | ANESTH BLEPHAROPLASTY       | ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE       | No Auth Required        |          |   |                |                        |
| 00104                   | ANESTH ELECTROSHOCK         | ANESTHESIA ELECTROCONVULSIVE THERAPY             | No Auth Required        |          |   |                |                        |
| 00120                   | ANESTH EAR SURGERY          | ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS  | No Auth Required        |          |   |                |                        |
| 00124                   | ANESTH EAR EXAM             | ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY   | No Auth Required        |          |   |                |                        |
| 00126                   | ANESTH TYMPANOTOMY          | ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY      | No Auth Required        |          |   |                |                        |
| 00140                   | ANESTH PROCEDURES ON EYE    | ANESTHESIA EYE NOT OTHERWISE SPECIFIED           | No Auth Required        |          |   |                |                        |
| 00142                   | ANESTH LENS SURGERY         | ANESTHESIA EYE LENS SURGERY                      | No Auth Required        |          |   |                |                        |
| 00144                   | ANESTH CORNEAL TRANSPLANT   | ANESTHESIA EYE CORNEAL TRANSPLANT                | No Auth Required        |          |   |                |                        |
| 00145                   | ANESTH VITREORETINAL SURG   | ANESTHESIA EYE VITREORETINAL SURGERY             | No Auth Required        |          |   |                |                        |
| 00147                   | ANESTH IRIDECTOMY           | ANESTHESIA EYE IRIDECTOMY                        | No Auth Required        |          |   |                |                        |
| 00148                   | ANESTH EYE EXAM             | ANESTHESIA EYE OPHTHALMOSCOPY                    | No Auth Required        |          |   |                |                        |
| 00160                   | ANESTH NOSE/SINUS SURGERY   | ANESTHESIA NOSE & ACCESSORY SINUSES NOS          | No Auth Required        |          |   |                |                        |
| 00162                   | ANESTH NOSE/SINUS SURGERY   | ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY    | No Auth Required        |          |   |                |                        |
| 00164                   | ANESTH BIOPSY OF NOSE       | ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE | No Auth Required        |          |   |                |                        |
| 00170                   | ANESTH PROCEDURE ON MOUTH   | ANESTHESIA INTRAORAL WITH BIOPSY NOS             | No Auth Required        |          |   |                |                        |
| 00172                   | ANESTH CLEFT PALATE REPAIR  | ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE      | No Auth Required        |          |   |                |                        |
| 00174                   | ANESTH PHARYNGEAL SURGERY   | ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR    | No Auth Required        |          |   |                |                        |
| 00176                   | ANESTH PHARYNGEAL SURGERY   | ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY    | No Auth Required        |          |   |                |                        |
| 00190                   | ANESTH FACE/SKULL BONE SURG | ANESTHESIA FACIAL BONES OR SKULL NOS             | No Auth Required        |          |   |                |                        |
| 00192                   | ANESTH FACIAL BONE SURGERY  | ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM   | No Auth Required        |          |   |                |                        |
| 00210                   | ANESTH CRANIAL SURG NOS     | ANESTHESIA INTRACRANIAL PROCEDURE NOS            | No Auth Required        |          |   |                |                        |
| 00211                   | ANESTH CRAN SURG HEMOTOMA   | ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA   | No Auth Required        |          |   |                |                        |
| 00212                   | ANESTH SKULL DRAINAGE       | ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS  | No Auth Required        |          |   |                |                        |
| 00214                   | ANESTH SKULL DRAINAGE       | ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY  | No Auth Required        |          |   |                |                        |
| 00215                   | ANESTH SKULL REPAIR/FRACT   | ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL | No Auth Required        |          |   |                |                        |
| 00216                   | ANESTH HEAD VESSEL SURGERY  | ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE       | No Auth Required        |          |   |                |                        |
| 00218                   | ANESTH SPECIAL HEAD SURGERY | ANES INTRACRANIAL PROCEDURE IN SITTING POSITION  | No Auth Required        |          |   |                |                        |
| 00220                   | ANESTH INTRCRN NERVE        | ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING   | No Auth Required        |          |   |                |                        |
| 00222                   | ANESTH HEAD NERVE SURGERY   | ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE  | No Auth Required        |          |   |                |                        |
| 00300                   | ANESTH HEAD/NECK/PTRUNK     | ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK  | No Auth Required        |          |   |                |                        |
| 00320                   | ANESTH NECK ORGAN 1YR/>     | ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR   | No Auth Required        |          |   |                |                        |
| 00322                   | ANESTH BIOPSY OF THYROID    | ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD | No Auth Required        |          |   |                |                        |
| 00326                   | ANESTH LARYNX/TRACH < 1 YR  | ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR     | No Auth Required        |          |   |                |                        |
| 00350                   | ANESTH NECK VESSEL SURGERY  | ANESTHESIA MAJOR VESSELS NECK NOS                | No Auth Required        |          |   |                |                        |
| 00352                   | ANESTH NECK VESSEL SURGERY  | ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION    | No Auth Required        |          |   |                |                        |
| 00400                   | ANESTH SKIN EXT/PER/ATRUNK  | ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS  | No Auth Required        |          |   |                |                        |
| 00402                   | ANESTH SURGERY OF BREAST    | ANESTHESIA RECONSTRUCTION BREAST                 | No Auth Required        |          |   |                |                        |
| 00404                   | ANESTH SURGERY OF BREAST    | ANESTHESIA RADICAL/MODIFIED RADICAL BREAST       | No Auth Required        |          |   |                |                        |
| 00406                   | ANESTH SURGERY OF BREAST    | ANES RADICAL/MODIFIED RADICAL BREAST W/NODES     | No Auth Required        |          |   |                |                        |
| 00410                   | ANESTH CORRECT HEART RHYTHM | ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS       | No Auth Required        |          |   |                |                        |
| 00450                   | ANESTH SURGERY OF SHOULDER  | ANESTHESIA CLAVICLE AND SCAPULA NOS              | No Auth Required        |          |   |                |                        |
| 00454                   | ANESTH COLLAR BONE BIOPSY   | ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE    | No Auth Required        |          |   |                |                        |
| 00470                   | ANESTH REMOVAL OF RIB       | ANESTHESIA PARTIAL RIB RESECTION NOS             | No Auth Required        |          |   |                |                        |
| 00472                   | ANESTH CHEST WALL REPAIR    | ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY   | No Auth Required        |          |   |                |                        |
| 00474                   | ANESTH SURGERY OF RIB       | ANESTHESIA PARTIAL RIB RESECTION RADICAL         | No Auth Required        |          |   |                |                        |

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| 00500 | ANESTH ESOPHAGEAL SURGERY     | ANESTHESIA ESOPHAGUS                              | No Auth Required |  |  |  |
| 00520 | ANESTH CHEST PROCEDURE        | ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS        | No Auth Required |  |  |  |
| 00522 | ANESTH CHEST LINING BIOPSY    | ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA      | No Auth Required |  |  |  |
| 00524 | ANESTH CHEST DRAINAGE         | ANESTHESIA CLOSED CHEST PNEUMOCENTESIS            | No Auth Required |  |  |  |
| 00528 | ANES MEDIASCPY & DX THORSCPY  | ANES MEDIASTINOSCOPY&THORACOSCOPY W/O 1 LUNG VNTJ | No Auth Required |  |  |  |
| 00529 | ANES MEDSCPY&THORSCPY 1 LUNG  | ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT    | No Auth Required |  |  |  |
| 00530 | ANESTH PACEMAKER INSERTION    | ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION    | No Auth Required |  |  |  |
| 00532 | ANESTH VASCULAR ACCESS        | ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION      | No Auth Required |  |  |  |
| 00534 | ANESTH CARDIOVERTER/DEFIB     | ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB    | No Auth Required |  |  |  |
| 00537 | ANESTH CARDIAC ELECTROPHYS    | ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION    | No Auth Required |  |  |  |
| 00539 | ANESTH TRACH-BRONCH RECONST   | ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION        | No Auth Required |  |  |  |
| 00540 | ANESTH CHEST SURGERY          | ANES THORACOTOMY & THORACOSCOPY NOS               | No Auth Required |  |  |  |
| 00541 | ANESTH ONE LUNG VENTILATION   | ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ     | No Auth Required |  |  |  |
| 00542 | ANESTHESIA REMOVAL PLEURA     | ANES THORACOTOMY & THORACOSCOPY DECORTICATION     | No Auth Required |  |  |  |
| 00546 | ANESTH LUNG CHEST WALL SURG   | ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC    | No Auth Required |  |  |  |
| 00548 | ANESTH TRACHEA BRONCHI SURG   | ANES THORACOTOMY & THORACOSCOPY TRACHEA & BRONCHI | No Auth Required |  |  |  |
| 00550 | ANESTH STERNAL DEBRIDEMENT    | ANESTHESIA FOR STERNAL DEBRIDEMENT                | No Auth Required |  |  |  |
| 00560 | ANESTH HEART SURG W/O PUMP    | ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT   | No Auth Required |  |  |  |
| 00561 | ANESTH HEART SURG <1 YR       | ANES HRT PERICARD SAC&GREAT VLSL W/PMP OXTJ <1YR  | No Auth Required |  |  |  |
| 00562 | ANESTH HRT SURG W/PMP AGE 1+  | ANES HRT PERICARD SAC&GRT VLSL W/PMP OXTJ >1MO PO | No Auth Required |  |  |  |
| 00563 | ANESTH HEART SURG W/ARREST    | ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPHT  | No Auth Required |  |  |  |
| 00566 | ANESTH CABG W/O PUMP          | ANES DIRECT CABG W/O PUMP OXYGENATOR              | No Auth Required |  |  |  |
| 00567 | ANESTH CABG W/PUMP            | ANES DIRECT CABG W/PUMP OXYGENATOR                | No Auth Required |  |  |  |
| 00580 | ANESTH HEART/LUNG TRANSPLNT   | ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT       | No Auth Required |  |  |  |
| 00600 | ANESTH SPINE CORD SURGERY     | ANESTHESIA CERVICAL SPINE & CORD NOS              | No Auth Required |  |  |  |
| 00604 | ANESTH SITTING PROCEDURE      | ANES CERVICAL SPINE & CORD W/PATIENT SITTING      | No Auth Required |  |  |  |
| 00620 | ANESTH SPINE CORD SURGERY     | ANESTHESIA THORACIC SPINE & CORD NOS              | No Auth Required |  |  |  |
| 00625 | ANES SPINE TRANSTHOR W/O VENT | ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ  | No Auth Required |  |  |  |
| 00626 | ANES SPINE TRANSTHOR W/VENT   | ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT  | No Auth Required |  |  |  |
| 00630 | ANESTH SPINE CORD SURGERY     | ANESTHESIA LUMBAR REGION NOS                      | No Auth Required |  |  |  |
| 00632 | ANESTH REMOVAL OF NERVES      | ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY     | No Auth Required |  |  |  |
| 00635 | ANESTH LUMBAR PUNCTURE        | ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE       | No Auth Required |  |  |  |
| 00640 | ANESTH SPINE MANIPULATION     | ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE  | No Auth Required |  |  |  |
| 00670 | ANESTH SPINE CORD SURGERY     | ANESTHESIA EXTENSIVE SPINE & SPINAL CORD          | No Auth Required |  |  |  |
| 00700 | ANESTH ABDOMINAL WALL SURG    | ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS      | No Auth Required |  |  |  |
| 00702 | ANESTH FOR LIVER BIOPSY       | ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX      | No Auth Required |  |  |  |
| 00730 | ANESTH ABDOMINAL WALL SURG    | ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL         | No Auth Required |  |  |  |
| 00731 | ANES UPR GI NDSC PX NOS       | ANESTHESIA UPPER GI ENDOSCOPIC PX NOS             | No Auth Required |  |  |  |
| 00732 | ANES UPR GI NDSC PX ERCP      | ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP            | No Auth Required |  |  |  |
| 00750 | ANESTH REPAIR OF HERNIA       | ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS        | No Auth Required |  |  |  |
| 00752 | ANESTH REPAIR OF HERNIA       | ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC  | No Auth Required |  |  |  |
| 00754 | ANESTH REPAIR OF HERNIA       | ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE      | No Auth Required |  |  |  |
| 00756 | ANESTH REPAIR OF HERNIA       | ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA    | No Auth Required |  |  |  |
| 00770 | ANESTH BLOOD VESSEL REPAIR    | ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS          | No Auth Required |  |  |  |
| 00790 | ANESTH SURG UPPER ABDOMEN     | ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS     | No Auth Required |  |  |  |
| 00792 | ANESTH HEMORR/EXCISE LIVER    | ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR  | No Auth Required |  |  |  |
| 00794 | ANESTH PANCREAS REMOVAL       | ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY    | No Auth Required |  |  |  |
| 00796 | ANESTH FOR LIVER TRANSPLANT   | ANES LAPAROSCOPIC LIVER TRANSPLANT                | No Auth Required |  |  |  |
| 00797 | ANESTH SURGERY FOR OBESITY    | ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO      | No Auth Required |  |  |  |
| 00800 | ANESTH ABDOMINAL WALL SURG    | ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS      | No Auth Required |  |  |  |
| 00802 | ANESTH FAT LAYER REMOVAL      | ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY      | No Auth Required |  |  |  |

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| 00811 | ANES LWR INTST NDSC NOS       | ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS         | No Auth Required |  |  |  |  |
| 00812 | ANES LWR INTST SCR COLSC      | ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC   | No Auth Required |  |  |  |  |
| 00813 | ANES UPR LWR GI NDSC PX       | ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX | No Auth Required |  |  |  |  |
| 00820 | ANESTH ABDOMINAL WALL SURG    | ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL        | No Auth Required |  |  |  |  |
| 00830 | ANESTH REPAIR OF HERNIA       | ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS       | No Auth Required |  |  |  |  |
| 00832 | ANESTH REPAIR OF HERNIA       | ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR  | No Auth Required |  |  |  |  |
| 00834 | ANESTH HERNIA REPAIR < 1 YR   | ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE   | No Auth Required |  |  |  |  |
| 00836 | ANESTH HERNIA REPAIR PREEEMIE | ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK  | No Auth Required |  |  |  |  |
| 00840 | ANESTH SURG LOWER ABDOMEN     | ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS  | No Auth Required |  |  |  |  |
| 00842 | ANESTH AMNIOCENTESIS          | ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS     | No Auth Required |  |  |  |  |
| 00844 | ANESTH PELVIS SURGERY         | ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ    | No Auth Required |  |  |  |  |
| 00846 | ANESTH HYSTERECTOMY           | ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY      | No Auth Required |  |  |  |  |
| 00848 | ANESTH PELVIC ORGAN SURG      | ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION   | No Auth Required |  |  |  |  |
| 00851 | ANESTH TUBAL LIGATION         | ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT | No Auth Required |  |  |  |  |
| 00860 | ANESTH SURGERY OF ABDOMEN     | ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS | No Auth Required |  |  |  |  |
| 00862 | ANESTH KIDNEY/URETER SURG     | ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT  | No Auth Required |  |  |  |  |
| 00864 | ANESTH REMOVAL OF BLADDER     | ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC | No Auth Required |  |  |  |  |
| 00865 | ANESTH REMOVAL OF PROSTATE    | ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT | No Auth Required |  |  |  |  |
| 00866 | ANESTH REMOVAL OF ADRENAL     | ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY | No Auth Required |  |  |  |  |
| 00868 | ANESTH KIDNEY TRANSPLANT      | ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL  | No Auth Required |  |  |  |  |
| 00870 | ANESTH BLADDER STONE SURG     | ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY  | No Auth Required |  |  |  |  |
| 00872 | ANESTH KIDNEY STONE DESTRUCT  | ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH    | No Auth Required |  |  |  |  |
| 00873 | ANESTH KIDNEY STONE DESTRUCT  | ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH  | No Auth Required |  |  |  |  |
| 00880 | ANESTH ABDOMEN VESSEL SURG    | ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS     | No Auth Required |  |  |  |  |
| 00882 | ANESTH MAJOR VEIN LIGATION    | ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION  | No Auth Required |  |  |  |  |
| 00902 | ANESTH ANORECTAL SURGERY      | ANESTHESIA ANORECTAL PROCEDURE                   | No Auth Required |  |  |  |  |
| 00904 | ANESTH PERINEAL SURGERY       | ANESTHESIA RADICAL PERINEAL PROCEDURE            | No Auth Required |  |  |  |  |
| 00906 | ANESTH REMOVAL OF VULVA       | ANESTHESIA VULVECTOMY                            | No Auth Required |  |  |  |  |
| 00908 | ANESTH REMOVAL OF PROSTATE    | ANESTHESIA PERINEAL PROSTATECTOMY                | No Auth Required |  |  |  |  |
| 00910 | ANESTH BLADDER SURGERY        | ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS       | No Auth Required |  |  |  |  |
| 00912 | ANESTH BLADDER TUMOR SURG     | ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR    | No Auth Required |  |  |  |  |
| 00914 | ANESTH REMOVAL OF PROSTATE    | ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE   | No Auth Required |  |  |  |  |
| 00916 | ANESTH BLEEDING CONTROL       | ANES TRURL POST-TRURL RESECTION BLEEDING         | No Auth Required |  |  |  |  |
| 00918 | ANESTH STONE REMOVAL          | ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS | No Auth Required |  |  |  |  |
| 00920 | ANESTH GENITALIA SURGERY      | ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX  | No Auth Required |  |  |  |  |
| 00921 | ANESTH VASECTOMY              | ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX      | No Auth Required |  |  |  |  |
| 00922 | ANESTH SPERM DUCT SURGERY     | ANES SEMINAL VESICLES INCL OPEN URETHRAL PX      | No Auth Required |  |  |  |  |
| 00924 | ANESTH TESTIS EXPLORATION     | ANES UNDSKND TESTIS UNI/BI INCL OPEN URTL PX     | No Auth Required |  |  |  |  |
| 00926 | ANESTH REMOVAL OF TESTIS      | ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX     | No Auth Required |  |  |  |  |
| 00928 | ANESTH REMOVAL OF TESTIS      | ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL     | No Auth Required |  |  |  |  |
| 00930 | ANESTH TESTIS SUSPENSION      | ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX     | No Auth Required |  |  |  |  |
| 00932 | ANESTH AMPUTATION OF PENIS    | ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL    | No Auth Required |  |  |  |  |
| 00934 | ANESTH PENIS NODES REMOVAL    | ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL | No Auth Required |  |  |  |  |
| 00936 | ANESTH PENIS NODES REMOVAL    | ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL | No Auth Required |  |  |  |  |
| 00938 | ANESTH INSERT PENIS DEVICE    | ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL      | No Auth Required |  |  |  |  |
| 00940 | ANESTH VAGINAL PROCEDURES     | ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS        | No Auth Required |  |  |  |  |
| 00942 | ANESTH SURG ON VAG/URETHRAL   | ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL   | No Auth Required |  |  |  |  |
| 00944 | ANESTH VAGINAL HYSTERECTOMY   | ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY      | No Auth Required |  |  |  |  |
| 00948 | ANESTH REPAIR OF CERVIX       | ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY    | No Auth Required |  |  |  |  |
| 00950 | ANESTH VAGINAL ENDOSCOPY      | ANESTHESIA CULDOSCOPY INCLUDING BIOPSY           | No Auth Required |  |  |  |  |
| 00952 | ANESTH HYSTEROSCOPE/GRAPH     | ANES HYSTEROSCOPY&/HYSTEOSALPINGO GRAPHY W/BX    | No Auth Required |  |  |  |  |
| 01112 | ANESTH BONE ASPIRATE/BX       | ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST   | No Auth Required |  |  |  |  |
| 01120 | ANESTH PELVIS SURGERY         | ANESTHESIA ON BONY PELVIS                        | No Auth Required |  |  |  |  |

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| 01130 | ANESTH BODY CAST PROCEDURE  | ANESTHESIA BODY CAST APPLICATION OR REVISION     | No Auth Required |  |  |  |  |
| 01140 | ANESTH AMPUTATION AT PELVIS | ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION       | No Auth Required |  |  |  |  |
| 01150 | ANESTH PELVIC TUMOR SURGERY | ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP    | No Auth Required |  |  |  |  |
| 01160 | ANESTH PELVIS PROCEDURE     | ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT     | No Auth Required |  |  |  |  |
| 01170 | ANESTH PELVIS SURGERY       | ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT       | No Auth Required |  |  |  |  |
| 01173 | ANESTH FX REPAIR PELVIS     | ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM  | No Auth Required |  |  |  |  |
| 01200 | ANESTH HIP JOINT PROCEDURE  | ANESTHESIA CLOSED HIP JOINT PROCEDURE            | No Auth Required |  |  |  |  |
| 01202 | ANESTH ARTHROSCOPY OF HIP   | ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE      | No Auth Required |  |  |  |  |
| 01210 | ANESTH HIP JOINT SURGERY    | ANESTHESIA OPEN HIP JOINT PROCEDURE NOS          | No Auth Required |  |  |  |  |
| 01212 | ANESTH HIP DISARTICULATION  | ANESTHESIA OPEN HIP JOINT DISARTICULATION        | No Auth Required |  |  |  |  |
| 01214 | ANESTH HIP ARTHROPLASTY     | ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY           | No Auth Required |  |  |  |  |
| 01215 | ANESTH REVISE HIP REPAIR    | ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY  | No Auth Required |  |  |  |  |
| 01220 | ANESTH PROCEDURE ON FEMUR   | ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR     | No Auth Required |  |  |  |  |
| 01230 | ANESTH SURGERY OF FEMUR     | ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS   | No Auth Required |  |  |  |  |
| 01232 | ANESTH AMPUTATION OF FEMUR  | ANESTHESIA UPPER 2/3 FEMUR AMPUTATION            | No Auth Required |  |  |  |  |
| 01234 | ANESTH RADICAL FEMUR SURG   | ANES UPPER 2/3 FEMUR RADICAL RESCECTION          | No Auth Required |  |  |  |  |
| 01250 | ANESTH UPPER LEG SURGERY    | ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG | No Auth Required |  |  |  |  |
| 01260 | ANESTH UPPER LEG VEINS SURG | ANES VEINS OF UPPER LEG INCLUDING EXPLORATION    | No Auth Required |  |  |  |  |
| 01270 | ANESTH THIGH ARTERIES SURG  | ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT  | No Auth Required |  |  |  |  |
| 01272 | ANESTH FEMORAL ARTERY SURG  | ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG    | No Auth Required |  |  |  |  |
| 01274 | ANESTH FEMORAL EMBOLECTOMY  | ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY | No Auth Required |  |  |  |  |
| 01320 | ANESTH KNEE AREA SURGERY    | ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT  | No Auth Required |  |  |  |  |
| 01340 | ANESTH KNEE AREA PROCEDURE  | ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR     | No Auth Required |  |  |  |  |
| 01360 | ANESTH KNEE AREA SURGERY    | ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR       | No Auth Required |  |  |  |  |
| 01380 | ANESTH KNEE JOINT PROCEDURE | ANESTHESIA CLOSED PROCEDURES KNEE JOINT          | No Auth Required |  |  |  |  |
| 01382 | ANESTH DX KNEE ARTHROSCOPY  | ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT   | No Auth Required |  |  |  |  |
| 01390 | ANESTH KNEE AREA PROCEDURE  | ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA  | No Auth Required |  |  |  |  |
| 01392 | ANESTH KNEE AREA SURGERY    | ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA  | No Auth Required |  |  |  |  |
| 01400 | ANESTH KNEE JOINT SURGERY   | ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS  | No Auth Required |  |  |  |  |
| 01402 | ANESTH KNEE ARTHROPLASTY    | ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY  | No Auth Required |  |  |  |  |
| 01404 | ANESTH AMPUTATION AT KNEE   | ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION     | No Auth Required |  |  |  |  |
| 01420 | ANESTH KNEE JOINT CASTING   | ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT  | No Auth Required |  |  |  |  |
| 01430 | ANESTH KNEE VEINS SURGERY   | ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS       | No Auth Required |  |  |  |  |
| 01432 | ANESTH KNEE VESSEL SURG     | ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS    | No Auth Required |  |  |  |  |
| 01440 | ANESTH KNEE ARTERIES SURG   | ANES ARTERIES OF KNEE & POPLITEAL AREA NOS       | No Auth Required |  |  |  |  |
| 01442 | ANESTH KNEE ARTERY SURG     | ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT   | No Auth Required |  |  |  |  |
| 01444 | ANESTH KNEE ARTERY REPAIR   | ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS   | No Auth Required |  |  |  |  |
| 01462 | ANESTH LOWER LEG PROCEDURE  | ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT    | No Auth Required |  |  |  |  |
| 01464 | ANESTH ANKLE/FT ARTHROSCOPY | ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT   | No Auth Required |  |  |  |  |
| 01470 | ANESTH LOWER LEG SURGERY    | ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS   | No Auth Required |  |  |  |  |
| 01472 | ANESTH ACHILLES TENDON SURG | ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT     | No Auth Required |  |  |  |  |
| 01474 | ANESTH LOWER LEG SURGERY    | ANESTHESIA GASTROCNEMIUS RECESSON                | No Auth Required |  |  |  |  |
| 01480 | ANESTH LOWER LEG BONE SURG  | ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS    | No Auth Required |  |  |  |  |
| 01482 | ANESTH RADICAL LEG SURGERY  | ANES RADICAL RESEJ INCL BELOW KNEE AMPUTATION    | No Auth Required |  |  |  |  |
| 01484 | ANESTH LOWER LEG REVISION   | ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA    | No Auth Required |  |  |  |  |
| 01486 | ANESTH ANKLE REPLACEMENT    | ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT          | No Auth Required |  |  |  |  |
| 01490 | ANESTH LOWER LEG CASTING    | ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR   | No Auth Required |  |  |  |  |
| 01500 | ANESTH LEG ARTERIES SURG    | ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS | No Auth Required |  |  |  |  |
| 01502 | ANESTH LWR LEG EMBOLECTOMY  | ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH  | No Auth Required |  |  |  |  |
| 01520 | ANESTH LOWER LEG VEIN SURG  | ANESTHESIA VEINS OF LOWER LEG NOS                | No Auth Required |  |  |  |  |
| 01522 | ANESTH LOWER LEG VEIN SURG  | ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH    | No Auth Required |  |  |  |  |
| 01610 | ANESTH SURGERY OF SHOULDER  | ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 01620 | ANESTH SHOULDER PROCEDURE    | ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT  | No Auth Required |  |  |  |  |
| 01622 | ANES DX SHOULDER ARTHROSCOPY | ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS   | No Auth Required |  |  |  |  |
| 01630 | ANESTH SURGERY OF SHOULDER   | ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS  | No Auth Required |  |  |  |  |
| 01634 | ANESTH SHOULDER JOINT AMPUT  | ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION | No Auth Required |  |  |  |  |
| 01636 | ANESTH FOREQUARTER AMPUT     | ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION      | No Auth Required |  |  |  |  |
| 01638 | ANESTH SHOULDER REPLACEMENT  | ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT     | No Auth Required |  |  |  |  |
| 01650 | ANESTH SHOULDER ARTERY SURG  | ANESTHESIA ARTERIES SHOULDER & AXILLA NOS        | No Auth Required |  |  |  |  |
| 01652 | ANESTH SHOULDER VESSEL SURG  | ANESTHESIA AXILLARY-BRACHIAL ANEURYSM            | No Auth Required |  |  |  |  |
| 01654 | ANESTH SHOULDER VESSEL SURG  | ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT     | No Auth Required |  |  |  |  |
| 01656 | ANESTH ARM-LEG VESSEL SURG   | ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT         | No Auth Required |  |  |  |  |
| 01670 | ANESTH SHOULDER VEIN SURG    | ANESTHESIA VEINS SHOULDER & AXILLA               | No Auth Required |  |  |  |  |
| 01680 | ANESTH SHOULDER CASTING      | ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS       | No Auth Required |  |  |  |  |
| 01710 | ANESTH ELBOW AREA SURGERY    | ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS     | No Auth Required |  |  |  |  |
| 01712 | ANESTH UPPR ARM TENDON SURG  | ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER       | No Auth Required |  |  |  |  |
| 01714 | ANESTH UPPR ARM TENDON SURG  | ANESTHESIA TENOPLASTY ELBOW TO SHOULDER          | No Auth Required |  |  |  |  |
| 01716 | ANESTH BICEPS TENDON REPAIR  | ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON  | No Auth Required |  |  |  |  |
| 01730 | ANESTH UPPR ARM PROCEDURE    | ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW     | No Auth Required |  |  |  |  |
| 01732 | ANESTH DX ELBOW ARTHROSCOPY  | ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC   | No Auth Required |  |  |  |  |
| 01740 | ANESTH UPPER ARM SURGERY     | ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS       | No Auth Required |  |  |  |  |
| 01742 | ANESTH HUMERUS SURGERY       | ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS    | No Auth Required |  |  |  |  |
| 01744 | ANESTH HUMERUS REPAIR        | ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS | No Auth Required |  |  |  |  |
| 01756 | ANESTH RADICAL HUMERUS SURG  | ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW   | No Auth Required |  |  |  |  |
| 01758 | ANESTH HUMERAL LESION SURG   | ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS   | No Auth Required |  |  |  |  |
| 01760 | ANESTH ELBOW REPLACEMENT     | ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT  | No Auth Required |  |  |  |  |
| 01770 | ANESTH UPPR ARM ARTERY SURG  | ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS        | No Auth Required |  |  |  |  |
| 01772 | ANESTH UPPR ARM EMBOLECTOMY  | ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM   | No Auth Required |  |  |  |  |
| 01780 | ANESTH UPPER ARM VEIN SURG   | ANESTHESIA VEINS UPPER ARM & ELBOW NOS           | No Auth Required |  |  |  |  |
| 01782 | ANESTH UPPR ARM VEIN REPAIR  | ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY | No Auth Required |  |  |  |  |
| 01810 | ANESTH LOWER ARM SURGERY     | ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST | No Auth Required |  |  |  |  |
| 01820 | ANESTH LOWER ARM PROCEDURE   | ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX      | No Auth Required |  |  |  |  |
| 01829 | ANESTH DX WRIST ARTHROSCOPY  | ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST    | No Auth Required |  |  |  |  |
| 01830 | ANESTH LOWER ARM SURGERY     | ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND  | No Auth Required |  |  |  |  |
| 01832 | ANESTH WRIST REPLACEMENT     | ANESTHESIA ARTHRS/ENDSCPIC TOTAL WRIST REPLCMT   | No Auth Required |  |  |  |  |
| 01840 | ANESTH LWR ARM ARTERY SURG   | ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS     | No Auth Required |  |  |  |  |
| 01842 | ANESTH LWR ARM EMBOLECTOMY   | ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY   | No Auth Required |  |  |  |  |
| 01844 | ANESTH VASCULAR SHUNT SURG   | ANESTHESIA VASCULAR SHUNT/SHUNT REVISION         | No Auth Required |  |  |  |  |
| 01850 | ANESTH LOWER ARM VEIN SURG   | ANESTHESIA VEINS FOREARM WRIST & HAND NOS        | No Auth Required |  |  |  |  |
| 01852 | ANESTH LWR ARM VEIN REPAIR   | ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY    | No Auth Required |  |  |  |  |
| 01860 | ANESTH LOWER ARM CASTING     | ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR    | No Auth Required |  |  |  |  |
| 01916 | ANESTH DX ARTERIOGRAPHY      | ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH    | No Auth Required |  |  |  |  |
| 01920 | ANESTH CATHETERIZE HEART     | ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY  | No Auth Required |  |  |  |  |
| 01922 | ANESTH CAT OR MRI SCAN       | ANES NON-INVASIVE IMAGING/RADIATION THERAPY      | No Auth Required |  |  |  |  |
| 01924 | ANES THER INTERVEN RAD ARTRL | ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL      | No Auth Required |  |  |  |  |
| 01925 | ANES THER INTERVEN RAD CARD  | ANESTHESIA CAROTID/CORONARY THER IVNTL RAD       | No Auth Required |  |  |  |  |
| 01926 | ANES TX INTERV RAD HRT/CRAN  | ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL        | No Auth Required |  |  |  |  |
| 01930 | ANES THER INTERVEN RAD VEIN  | ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS     | No Auth Required |  |  |  |  |
| 01931 | ANES THER INTERVEN RAD TIPS  | ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD    | No Auth Required |  |  |  |  |
| 01932 | ANES TX INTERV RAD TH VEIN   | ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD  | No Auth Required |  |  |  |  |
| 01933 | ANES TX INTERV RAD CRAN VEIN | ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC    | No Auth Required |  |  |  |  |
| 01935 | ANESTH PERC IMG DX SP PROC   | ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC    | No Auth Required |  |  |  |  |
| 01936 | ANESTH PERC IMG TX SP PROC   | ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC   | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------------|--|--|----------------------|
| 01951 | ANESTH BURN LESS 4 PERCENT   | ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA   | No Auth Required       |  |  |                      |
| 01952 | ANESTH BURN 4-9 PERCENT      | ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA | No Auth Required       |  |  |                      |
| 01953 | ANESTH BURN EACH 9 PERCENT   | ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS   | No Auth Required       |  |  |                      |
| 01958 | ANESTH ANTEPARTUM MANIPUL    | ANESTHESIA EXTERNAL CEPHALIC VERSION             | No Auth Required       |  |  |                      |
| 01960 | ANESTH VAGINAL DELIVERY      | ANESTHESIA VAGINAL DELIVERY ONLY                 | No Auth Required       |  |  |                      |
| 01961 | ANESTH CS DELIVERY           | ANESTHESIA CESAREAN DELIVERY ONLY                | No Auth Required       |  |  |                      |
| 01962 | ANESTH EMER HYSTERECTOMY     | ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY      | No Auth Required       |  |  |                      |
| 01963 | ANESTH CS HYSTERECTOMY       | ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE  | No Auth Required       |  |  |                      |
| 01965 | ANESTH INC/MISSED AB PROC    | ANESTHESIA INCOMPLETE/MISSED ABORTION            | No Auth Required       |  |  |                      |
| 01966 | ANESTH INDUCED AB PROCEDURE  | ANESTHESIA INDUCED ABORTION                      | No Auth Required       |  |  |                      |
| 01967 | ANESTH/ANALG VAG DELIVERY    | NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY | No Auth Required       |  |  |                      |
| 01968 | ANES/ANALG CS DELIVER ADD-ON | ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES | No Auth Required       |  |  |                      |
| 01969 | ANESTH/ANALG CS HYST ADD-ON  | ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES | No Auth Required       |  |  |                      |
| 01990 | SUPPORT FOR ORGAN DONOR      | PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT | No Auth Required       |  |  |                      |
| 01991 | ANESTH NERVE BLOCK/INJ       | ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS       | No Auth Required       |  |  |                      |
| 01992 | ANESTH N BLOCK/INJ PRONE     | ANES DX/THER NERVE BLOCK/INJECTION PRONE POS     | No Auth Required       |  |  |                      |
| 01996 | HOSP MANAGE CONT DRUG ADMIN  | DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN       | No Auth Required       |  |  |                      |
| 01999 | UNLISTED ANESTH PROCEDURE    | UNLISTED ANESTHESIA PROCEDURE                    | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 10004 | FNA BX W/O IMG GDN EA ADDL   | FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL    | No Auth Required       |  |  |                      |
| 10005 | FNA BX W/US GDN 1ST LES      | FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION    | No Auth Required       |  |  |                      |
| 10006 | FNA BX W/US GDN EA ADDL      | FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL       | No Auth Required       |  |  |                      |
| 10040 | ACNE SURGERY                 | ACNE SURGERY                                     | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 10080 | DRAINAGE OF PILONIDAL CYST   | INCISION & DRAINAGE PILONIDAL CYST SIMPLE        | No Auth Required       |  |  |                      |
| 10081 | DRAINAGE OF PILONIDAL CYST   | INCISION & DRAINAGE PILONIDAL CYST COMPLICATED   | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 10120 | REMOVE FOREIGN BODY          | INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE | No Auth Required       |  |  |                      |
| 10121 | REMOVE FOREIGN BODY          | INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL  | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 10140 | DRAINAGE OF HEMATOMA/FLUID   | I&D HEMATOMA SEROMA/FLUID COLLECTION             | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 10160 | PUNCTURE DRAINAGE OF LESION  | PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST  | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 10180 | COMPLEX DRAINAGE WOUND       | INCISION & DRAINAGE COMPLEX PO WOUND INFECTION   | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11000 | DEBRIDE INFECTED SKIN        | DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11001 | DEBRIDE INFECTED SKIN ADD-ON | DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11004 | DEBRIDE GENITALIA & PERINEUM | DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR       | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11005 | DEBRIDE ABDOM WALL           | DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL     | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11006 | DEBRIDE GENIT/PER/ABDOM WALL | DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL     | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11008 | REMOVE MESH FROM ABD WALL    | REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11010 | DEBRIDE SKIN AT FX SITE      | DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS      | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11011 | DEBRIDE SKIN MUSC AT FX SITE | DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC   | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11012 | DEB SKIN BONE AT FX SITE     | DBRDMT FX&/DISLC SUBQ T/M/F BONE                 | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11042 | DEB SUBQ TISSUE 20 SQ CM/<   | DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<       | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11043 | DEB MUSC/FASCIA 20 SQ CM/<   | DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<           | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11044 | DEB BONE 20 SQ CM/<          | DEBRIDEMENT BONE MUSCLE & FASCIA 20 SQ CM/<      | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |
| 11045 | DEB SUBQ TISSUE ADD-ON       | DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM      | Authorization Required | Surgery of integumentary system                  |  | Full Clinical Review |

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| 11046 | DEB MUSC/FASCIA ADD-ON        | DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM     | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11047 | DEB BONE ADD-ON               | DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11055 | TRIM SKIN LESION              | PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11056 | TRIM SKIN LESIONS 2 TO 4      | PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4  | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11057 | TRIM SKIN LESIONS OVER 4      | PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11102 | TANGNTL BX SKIN SINGLE LES    | TANGENTIAL BIOPSY SKIN SINGLE LESION             | No Auth Required       |                                 |  |                      |  |
| 11103 | TANGNTL BX SKIN EA SEP/ADDL   | TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION  | No Auth Required       |                                 |  |                      |  |
| 11104 | PUNCH BX SKIN SINGLE LESION   | PUNCH BIOPSY SKIN SINGLE LESION                  | No Auth Required       |                                 |  |                      |  |
| 11105 | PUNCH BX SKIN EA SEP/ADDL     | PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION       | No Auth Required       |                                 |  |                      |  |
| 11106 | INCAL BX SKN SINGLE LES       | INCISIONAL BIOPSY SKIN SINGLE LESION             | No Auth Required       |                                 |  |                      |  |
| 11107 | INCAL BX SKN EA SEP/ADDL      | INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION  | No Auth Required       |                                 |  |                      |  |
| 11200 | REMOVAL OF SKIN TAGS <W/15    | REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15  | No Auth Required       |                                 |  |                      |  |
| 11201 | REMOVE SKIN TAGS ADD-ON       | REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10     | No Auth Required       |                                 |  |                      |  |
| 11740 | DRAIN BLOOD FROM UNDER NAIL   | EVACUATION SUBUNGUAL HEMATOMA                    | No Auth Required       |                                 |  |                      |  |
| 11750 | REMOVAL OF NAIL BED           | EXCISION NAIL MATRIX PERMANENT REMOVAL           | No Auth Required       |                                 |  |                      |  |
| 11760 | REPAIR OF NAIL BED            | REPAIR NAIL BED                                  | No Auth Required       |                                 |  |                      |  |
| 11770 | REMOVE PILONIDAL CYST SIMPLE  | EXCISION PILONIDAL CYST/SINUS SIMPLE             | No Auth Required       |                                 |  |                      |  |
| 11970 | REPLACE TISSUE EXPANDER       | REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11971 | REMOVE TISSUE EXPANDER(S)     | REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 11976 | REMOVE CONTRACEPTIVE CAPSULE  | REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES       | No Auth Required       |                                 |  |                      |  |
| 11983 | REMOVE/INSERT DRUG IMPLANT    | RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT   | No Auth Required       |                                 |  |                      |  |
| 12001 | RPR S/N/AX/GEN/TRNK 2.5CM/<   | SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<  | No Auth Required       |                                 |  |                      |  |
| 12002 | RPR S/N/AX/GEN/TRNK 2.6-7.5CM | SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM  | No Auth Required       |                                 |  |                      |  |
| 12011 | RPR F/E/E/N/L/M 2.5 CM/<      | SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<                | No Auth Required       |                                 |  |                      |  |
| 12013 | RPR F/E/E/N/L/M 2.6-5.0 CM    | SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM           | No Auth Required       |                                 |  |                      |  |
| 12015 | RPR F/E/E/N/L/M 7.6-12.5 CM   | SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM          | No Auth Required       |                                 |  |                      |  |
| 12016 | RPR FE/E/EN/L/M 12.6-20.0 CM  | SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM         | No Auth Required       |                                 |  |                      |  |
| 12017 | RPR FE/E/EN/L/M 20.1-30.0 CM  | SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM         | No Auth Required       |                                 |  |                      |  |
| 12018 | RPR F/E/E/N/L/M >30.0 CM      | SIMPLE REPAIR F/E/E/N/L/M >30.0 CM               | No Auth Required       |                                 |  |                      |  |
| 15769 | GRFG AUTOL SOFT TISS DIR EXC  | GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC   | No Auth Required       |                                 |  |                      |  |
| 15771 | GRFG AUTOL FAT LIPO 50 CC/<   | GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS | No Auth Required       |                                 |  |                      |  |
| 15772 | GRFG AUTOL FAT LIPO EA ADDL   | GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC | No Auth Required       |                                 |  |                      |  |
| 15773 | GRFG AUTOL FAT LIPO 25 CC/<   | GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS | No Auth Required       |                                 |  |                      |  |
| 15774 | GFRG AUTOL FAT LIPO EA ADDL   | GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC | No Auth Required       |                                 |  |                      |  |
| 15775 | HAIR TRNSPL 1-15 PUNCH GRFTS  | PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15776 | HAIR TRNSPL >15 PUNCH GRAFTS  | PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS     | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15780 | DERMABRASION TOTAL FACE       | DERMABRASION TOTAL FACE                          | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15781 | DERMABRASION SEGMENTAL FACE   | DERMABRASION SEGMENTAL FACE                      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15782 | DERMABRASION OTHER THAN FACE  | DERMABRASION REGIONAL OTHER THAN FACE            | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15783 | DERMABRASION SUPRFL ANY SITE  | DERMABRASION SUPERFICIAL ANY SITE                | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15786 | ABRASION LESION SINGLE        | ABRASION 1 LESION                                | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15787 | ABRASION LESIONS ADD-ON       | ABRASION EACH ADDITIONAL 4 LESIONS OR LESS       | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15788 | CHEMICAL PEEL FACE EPIDERM    | CHEMICAL PEEL FACIAL EPIDERMAL                   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15789 | CHEMICAL PEEL FACE DERMAL     | CHEMICAL PEEL FACIAL DERMAL                      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |

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| 15792 | CHEMICAL PEEL NONFACIAL      | CHEMICAL PEEL NONFACIAL EPIDERMAL                | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15793 | CHEMICAL PEEL NONFACIAL      | CHEMICAL PEEL NONFACIAL DERMAL                   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15820 | REVISION OF LOWER EYELID     | BLEPHAROPLASTY LOWER EYELID                      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15821 | REVISION OF LOWER EYELID     | BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15822 | REVISION OF UPPER EYELID     | BLEPHAROPLASTY UPPER EYELID                      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15823 | REVISION OF UPPER EYELID     | BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN     | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15824 | REMOVAL OF FOREHEAD WRINKLES | RHYTIDECTOMY FOREHEAD                            | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15825 | REMOVAL OF NECK WRINKLES     | RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING         | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15826 | REMOVAL OF BROW WRINKLES     | RHYTIDECTOMY GLABELLAR FROWN LINES               | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15828 | REMOVAL OF FACE WRINKLES     | RHYTIDECTOMY CHEEK CHIN & NECK                   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15829 | REMOVAL OF SKIN WRINKLES     | RHYTIDECTOMY SMAS FLAP                           | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15830 | EXC SKIN ABD                 | EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY  | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15832 | EXCISE EXCESSIVE SKIN THIGH  | EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15833 | EXCISE EXCESSIVE SKIN LEG    | EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15834 | EXCISE EXCESSIVE SKIN HIP    | EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15835 | EXCISE EXCESSIVE SKIN BUTTCK | EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15836 | EXCISE EXCESSIVE SKIN ARM    | EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15837 | EXCISE EXCESS SKIN ARM/HAND  | EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15838 | EXCISE EXCESS SKIN FAT PAD   | EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15839 | EXCISE EXCESS SKIN & TISSUE  | EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15847 | EXC SKIN ABD ADD-ON          | EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15850 | REMOVE SUTURES SAME SURGEON  | REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON    | No Auth Required       |                                 |  |                      |  |
| 15851 | REMOVE SUTURES DIFF SURGEON  | REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON   | No Auth Required       |                                 |  |                      |  |
| 15852 | DRESSING CHANGE NOT FOR BURN | DRESSING CHANGE UNDER ANESTHESIA                 | No Auth Required       |                                 |  |                      |  |
| 15876 | SUCTION LIPECTOMY HEAD&NECK  | SUCTION ASSISTED LIPECTOMY HEAD & NECK           | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15877 | SUCTION LIPECTOMY TRUNK      | SUCTION ASSISTED LIPECTOMY TRUNK                 | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15878 | SUCTION LIPECTOMY UPR EXTREM | SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY       | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15879 | SUCTION LIPECTOMY LWR EXTREM | SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY       | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 15999 | REMOVAL OF PRESSURE SORE     | UNLISTED PROCEDURE EXCISION PRESSURE ULCER       | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 17000 | DESTRUCT PREMALG LESION      | DESTRUCTION PREMALIGNANT LESION 1ST              | No Auth Required       |                                 |  |                      |  |
| 17003 | DESTRUCT PREMALG LES 2-14    | DESTRUCTION PREMALIGNANT LESION 2-14 EA          | No Auth Required       |                                 |  |                      |  |
| 17004 | DESTROY PREMAL LESIONS 15/>  | DESTRUCTION PREMALIGNANT LESION 15/>             | No Auth Required       |                                 |  |                      |  |
| 17106 | DESTRUCTION OF SKIN LESIONS  | DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 17107 | DESTRUCTION OF SKIN LESIONS  | DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 17108 | DESTRUCTION OF SKIN LESIONS  | DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM     | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 17110 | DESTRUCT B9 LESION 1-14      | DESTRUCTION BENIGN LESIONS UP TO 14              | No Auth Required       |                                 |  |                      |  |
| 17111 | DESTRUCT LESION 15 OR MORE   | DESTRUCTION BENIGN LESIONS 15/>                  | No Auth Required       |                                 |  |                      |  |
| 17340 | CRYOTHERAPY OF SKIN          | CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE             | Authorization Required | Reconstructive                  |  | Full Clinical Review |  |



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| 17360 | SKIN PEEL THERAPY            | CHEMICAL EXFOLIATION ACNE                        | Authorization Required | Reconstructive                  |  | Full Clinical Review |  |
| 17380 | HAIR REMOVAL BY ELECTROLYSIS | ELECTROLYSIS EPILATION EACH 30 MINUTES           | Authorization Required | Reconstructive                  |  | Full Clinical Review |  |
| 17999 | SKIN TISSUE PROCEDURE        | UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE      | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19294 | PREP TUM CAV IORT PRTL MAST  | PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY      | Authorization Required | Radiation Therapy               |  | Full Clinical Review |  |
| 19300 | REMOVAL OF BREAST TISSUE     | MASTECTOMY GYNECOMASTIA                          | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19303 | MAST SIMPLE COMPLETE         | MASTECTOMY SIMPLE COMPLETE                       | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19307 | MAST MOD RAD                 | MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN  | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19316 | SUSPENSION OF BREAST         | MASTOPEXY  | Authorization Required | Reconstructive                  |  | Full Clinical Review |  |
| 19318 | REDUCTION OF LARGE BREAST    | REDUCTION MAMMAPLASTY                            | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19324 | ENLARGE BREAST               | MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT  | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19325 | ENLARGE BREAST WITH IMPLANT  | MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19328 | REMOVAL OF BREAST IMPLANT    | REMOVAL INTACT MAMMARY IMPLANT                   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19330 | REMOVAL OF IMPLANT MATERIAL  | REMOVAL MAMMARY IMPLANT MATERIAL                 | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19340 | IMMEDIATE BREAST PROSTHESIS  | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19342 | DELAYED BREAST PROSTHESIS    | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19355 | CORRECT INVERTED NIPPLE(S)   | CORRECTION INVERTED NIPPLES                      | Authorization Required | Reconstructive                  |  | Full Clinical Review |  |
| 19357 | BREAST RECONSTRUCTION        | BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19361 | BREAST RECONSTR W/LAT FLAP   | BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19364 | BREAST RECONSTRUCTION        | BREAST RECONSTRUCTION FREE FLAP                  | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19366 | BREAST RECONSTRUCTION        | BREAST RECONSTRUCTION OTHER TECHNIQUE            | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19367 | BREAST RECONSTRUCTION        | BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19368 | BREAST RECONSTRUCTION        | BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19369 | BREAST RECONSTRUCTION        | BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE   | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19370 | SURGERY OF BREAST CAPSULE    | OPEN PERIPROSTHETIC CAPSULOTOMY BREAST           | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19371 | REMOVAL OF BREAST CAPSULE    | PERIPROSTHETIC CAPSULECTOMY BREAST               | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19380 | REVISE BREAST RECONSTRUCTION | REVISION RECONSTRUCTED BREAST                    | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19396 | DESIGN CUSTOM BREAST IMPLANT | PREPARATION MOULAGE CUSTOM BREAST IMPLANT        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 19499 | BREAST SURGERY PROCEDURE     | UNLISTED PROCEDURE BREAST                        | Authorization Required | Surgery of integumentary system |  | Full Clinical Review |  |
| 20520 | REMOVAL OF FOREIGN BODY      | REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE | No Auth Required       |                                 |  |                      |  |
| 20550 | INJ TENDON SHEATH/LIGAMENT   | INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS   | No Auth Required       |                                 |  |                      |  |
| 20560 | NDL INSJ W/O NJX 1 OR 2 MUSC | NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES    | No Auth Required       |                                 |  |                      |  |
| 20561 | NDL INSJ W/O NJX 3+ MUSC     | NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES | No Auth Required       |                                 |  |                      |  |
| 20600 | DRAIN/INJ JOINT/BURSA W/O US | ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US  | No Auth Required       |                                 |  |                      |  |
| 20604 | DRAIN/INJ JOINT/BURSA W/US   | ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT | No Auth Required       |                                 |  |                      |  |
| 20700 | MNL PREP&INSJ DP RX DLVR DEV | MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV | No Auth Required       |                                 |  |                      |  |
| 20701 | RMVL DEEP RX DELIVERY DEVICE | REMOVAL DEEP DRUG DELIVERY DEVICE                | No Auth Required       |                                 |  |                      |  |
| 20702 | MNL PREP&INSJ IMED RX DEV    | MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE | No Auth Required       |                                 |  |                      |  |
| 20703 | RMVL IMED RX DELIVERY DEVICE | REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE      | No Auth Required       |                                 |  |                      |  |
| 20704 | MNL PREP&INSJ I-ARTIC RX DEV | MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE    | No Auth Required       |                                 |  |                      |  |
| 20705 | RMVL I-ARTIC RX DELIVERY DEV | REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE     | No Auth Required       |                                 |  |                      |  |

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| 20930 | SP BONE ALGRFT MORSEL ADD-ON | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED      | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20931 | SP BONE ALGRFT STRUCT ADD-ON | ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL      | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20932 | OSTEOART ALGRFT W/SURF & B1  | OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20933 | HEMICRT INTRCLRY ALGRFT PRTL | HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL       | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20934 | INTERCALARY ALGRFT COMPL     | INTERCALARY ALLOGRAFT COMPLETE                   | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20936 | SP BONE AGRFT LOCAL ADD-ON   | AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20937 | SP BONE AGRFT MORSEL ADD-ON  | AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION  | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20938 | SP BONE AGRFT STRUCT ADD-ON  | AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC   | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20939 | BONE MARROW ASPIR BONE GRFG  | BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 20974 | ELECTRICAL BONE STIMULATION  | ELECTRICAL STIMULATION BONE HEALING NONINVASIVE  | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20975 | ELECTRICAL BONE STIMULATION  | ELECTRICAL STIMULATION BONE HEALING INVASIVE     | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20979 | US BONE STIMULATION          | LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE  | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 20999 | MUSCULOSKELETAL SURGERY      | UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL   | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21010 | INCISION OF JAW JOINT        | ARTHROTOMY TEMPOROMANDIBULAR JOINT               | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21011 | EXC FACE LES SC <2 CM        | EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM    | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21012 | EXC FACE LES SBQ 2 CM/>      | EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>  | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21050 | REMOVAL OF JAW JOINT         | CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX         | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21060 | REMOVE JAW JOINT CARTILAGE   | MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21070 | REMOVE CORONOID PROCESS      | CORONOIDECTOMY SEPARATE PROCEDURE                | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21073 | MNPJ OF TMJ W/ANESTH         | MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA  | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21085 | PREPARE FACE/ORAL PROSTHESIS | IMPRESSION & PREPARATION ORAL SURGICAL SPLINT    | Authorization Required | Reconstructive  |  | Full Clinical Review |  |
| 21089 | PREPARE FACE/ORAL PROSTHESIS | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE      | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21110 | INTERDENTAL FIXATION         | APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC    | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21116 | INJECTION JAW JOINT X-RAY    | INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY   | Authorization Required | Temporomandibular Joint Dysfunction treatment               |  | Full Clinical Review |  |
| 21120 | RECONSTRUCTION OF CHIN       | GENIOPLASTY AUGMENTATION                         | Authorization Required | Reconstructive  |  | Full Clinical Review |  |
| 21121 | RECONSTRUCTION OF CHIN       | GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE       | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21122 | RECONSTRUCTION OF CHIN       | GENIOPLASTY 2/> SLIDING OSTEOTOMIES              | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21123 | RECONSTRUCTION OF CHIN       | GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS   | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21125 | AUGMENTATION LOWER JAW BONE  | AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL     | Authorization Required | Reconstructive  |  | Full Clinical Review |  |
| 21127 | AUGMENTATION LOWER JAW BONE  | AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL    | Authorization Required | Reconstructive  |  | Full Clinical Review |  |
| 21193 | RECONST LWR JAW W/O GRAFT    | RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21194 | RECONST LWR JAW W/GRAFT      | RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21195 | RECONST LWR JAW W/O FIXATION | RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD   | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21196 | RECONST LWR JAW W/FIXATION   | RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI   | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21198 | RECONSTR LWR JAW SEGMENT     | OSTEOTOMY MANDIBLE SEGMENTAL                     | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |
| 21199 | RECONSTR LWR JAW W/ADVANCE   | OSTEOTOMY MANDIBLE SGMNTL W/GENIOGLOSSUS ADVMNT  | Authorization Required | Surgery of musculoskeletal system                           |  | Full Clinical Review |  |

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| 21215 | LOWER JAW BONE GRAFT         | GRAFT BONE MANDIBLE                              | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 21240 | RECONSTRUCTION OF JAW JOINT  | ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT    | Authorization Required | Joint   |  | Full Clinical Review |  |
| 21242 | RECONSTRUCTION OF JAW JOINT  | ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT    | Authorization Required | Joint   |  | Full Clinical Review |  |
| 21243 | RECONSTRUCTION OF JAW JOINT  | ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT   | Authorization Required | Joint   |  | Full Clinical Review |  |
| 21244 | RECONSTRUCTION OF LOWER JAW  | RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE    | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21245 | RECONSTRUCTION OF JAW        | RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL   | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21246 | RECONSTRUCTION OF JAW        | RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE  | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21247 | RECONSTRUCT LOWER JAW BONE   | RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS   | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21248 | RECONSTRUCTION OF JAW        | RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL   | Authorization Required | Temporomandibular Joint Dysfunction treatment |  | Full Clinical Review |  |
| 21249 | RECONSTRUCTION OF JAW        | RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE  | Authorization Required | Temporomandibular Joint Dysfunction treatment |  | Full Clinical Review |  |
| 21255 | RECONSTRUCT LOWER JAW BONE   | RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG   | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21270 | AUGMENTATION CHEEK BONE      | MALAR AUGMENTATION PROSTHETIC MATERIAL           | Authorization Required | Reconstructive                                |  | Full Clinical Review |  |
| 21299 | CRANIO/MAXILLOFACIAL SURGERY | UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE  | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 21499 | HEAD SURGERY PROCEDURE       | UNLISTED MUSCULOSKELETAL PROCEDURE HEAD          | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 21601 | EXC CHEST WALL TUMOR W/RIBS  | EXCISION CHEST WALL TUMOR INCLUDING RIBS         | Authorization Required |   |  | Full Clinical Review |  |
| 21602 | EXC CH WAL TUM W/O LYMPHADEC | EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC  | Authorization Required |   |  | Full Clinical Review |  |
| 21603 | EXC CH WAL TUM W/LYMPHADEC   | EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC    | Authorization Required |   |  | Full Clinical Review |  |
| 21685 | HYOID MYOTOMY & SUSPENSION   | HYOID MYOTOMY & SUSPENSION                       | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 21899 | NECK/CHEST SURGERY PROCEDURE | UNLISTED PROCEDURE NECK/THORAX                   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22114 | REMOVE PART LUMBAR VERTEBRA  | PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22116 | REMOVE EXTRA SPINE SEGMENT   | PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22206 | INCIS SPINE 3 COLUMN THORAC  | OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC      | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22207 | INCIS SPINE 3 COLUMN LUMBAR  | OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR        | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22208 | INCIS SPINE 3 COLUMN ADL SEG | OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22210 | INCIS 1 VERTEBRAL SEG CERV   | OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV    | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22212 | INCIS 1 VERTEBRAL SEG THORAC | OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22214 | INCIS 1 VERTEBRAL SEG LUMBAR | OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22216 | INCIS ADDL SPINE SEGMENT     | OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM  | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22220 | INCIS W/DISCECTOMY CERVICAL  | OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV    | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22222 | INCIS W/DISCECTOMY THORACIC  | OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22224 | INCIS W/DISCECTOMY LUMBAR    | OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR   | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22226 | REVISE EXTRA SPINE SEGMENT   | OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM  | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22510 | PERQ CERVICOTHORACIC INJECT  | PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC  | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22511 | PERQ LUMBOSACRAL INJECTION   | PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22512 | VERTEBROPLASTY ADDL INJECT   | VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22513 | PERQ VERTEBRAL AUGMENTATION  | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION  | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22514 | PERQ VERTEBRAL AUGMENTATION  | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |
| 22515 | PERQ VERTEBRAL AUGMENTATION  | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH | Authorization Required | Surgery of musculoskeletal system             |  | Full Clinical Review |  |

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| 22526 | IDET SINGLE LEVEL            | PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22527 | IDET 1 OR MORE LEVELS        | PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22532 | LAT THORAX SPINE FUSION      | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC          | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22533 | LAT LUMBAR SPINE FUSION      | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR            | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22534 | LAT THOR/LUMB ADDL SEG       | ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22548 | NECK SPINE FUSION            | ARTHROD ANT TRANSORL/XTRORAL C1-C2 W/VO EXC ODNTD   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22551 | NECK SPINE FUSE&REMOV BEL C2 | ARTHROD ANT INTERBODY DECOMPRESS CERVICAL BELW C2   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22552 | ADDL NECK SPINE FUSION       | ARTHROD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22554 | NECK SPINE FUSION            | ARTHROD ANT MIN DISCECT INTERBODY CERV BELOW C2     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22556 | THORAX SPINE FUSION          | ARTHROD ANT MIN DISCECTOMY INTERBODY THORACIC       | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22558 | LUMBAR SPINE FUSION          | ARTHRODESIS ANTERIOR INTERBODY LUMBAR               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22585 | ADDITIONAL SPINAL FUSION     | ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC       | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22586 | PRESACL FUSE W/ INSTR L5-S1  | ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1    | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22590 | SPINE & SKULL SPINAL FUSION  | ARTHRODESIS POSTERIOR CRANIOCERVICAL                | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22595 | NECK SPINAL FUSION           | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2              | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22600 | NECK SPINE FUSION            | ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM         | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22610 | THORAX SPINE FUSION          | ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC       | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22612 | LUMBAR SPINE FUSION          | ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR         | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22614 | SPINE FUSION EXTRA SEGMENT   | ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL        | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22630 | LUMBAR SPINE FUSION          | ARTHRODESIS POSTERIOR INTERBODY LUMBAR              | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22632 | SPINE FUSION EXTRA SEGMENT   | ARTHRODESIS POSTERIOR INTERBODY EA ADDL             | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22633 | LUMBAR SPINE FUSION COMBINED | ARTHRODESIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22634 | SPINE FUSION EXTRA SEGMENT   | ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22800 | POST FUSION </6 VERT SEG     | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22802 | POST FUSION 7-12 VERT SEG    | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22804 | POST FUSION 13/> VERT SEG    | ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22808 | ANT FUSION 2-3 VERT SEG      | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG        | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22810 | ANT FUSION 4-7 VERT SEG      | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG        | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22812 | ANT FUSION 8/> VERT SEG      | ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG        | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22818 | KYPHECTOMY 1-2 SEGMENTS      | KYPHECTOMY SINGLE OR TWO SEGMENTS                   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22819 | KYPHECTOMY 3 OR MORE         | KYPHECTOMY 3 OR MORE SEGMENTS                       | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22830 | EXPLORATION OF SPINAL FUSION | EXPLORATION SPINAL FUSION                           | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22840 | INSERT SPINE FIXATION DEVICE | POSTERIOR NON-SEGMENTAL INSTRUMENTATION             | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22841 | INSERT SPINE FIXATION DEVICE | INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22842 | INSERT SPINE FIXATION DEVICE | POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |

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| 22843 | INSERT SPINE FIXATION DEVICE | POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22844 | INSERT SPINE FIXATION DEVICE | POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22845 | INSERT SPINE FIXATION DEVICE | ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22846 | INSERT SPINE FIXATION DEVICE | ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22847 | INSERT SPINE FIXATION DEVICE | ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22848 | INSERT PELV FIXATION DEVICE  | PELVIC FIXATION OTHER THAN SACRUM                | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22849 | REINSERT SPINAL FIXATION     | REINSERTION SPINAL FIXATION DEVICE               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22850 | REMOVE SPINE FIXATION DEVICE | REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22852 | REMOVE SPINE FIXATION DEVICE | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22853 | INSJ BIOMECHANICAL DEVICE    | INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22854 | INSJ BIOMECHANICAL DEVICE    | INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22855 | REMOVE SPINE FIXATION DEVICE | REMOVAL ANTERIOR INSTRUMENTATION                 | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22856 | CERV ARTIFIC DISKECTOMY      | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22857 | LUMBAR ARTIF DISKECTOMY      | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22858 | SECOND LEVEL CER DISKECTOMY  | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22859 | INSJ BIOMECHANICAL DEVICE    | INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD    | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22861 | REVISE CERV ARTIFIC DISC     | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22862 | REVISE LUMBAR ARTIF DISC     | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22864 | REMOVE CERV ARTIF DISC       | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22865 | REMOVE LUMB ARTIF DISC       | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22867 | INSJ STABLJ DEV W/DCMPRN     | INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22868 | INSJ STABLJ DEV W/DCMPRN     | INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22869 | INSJ STABLJ DEV W/O DCMPRN   | INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22870 | INSJ STABLJ DEV W/O DCMPRN   | INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22899 | SPINE SURGERY PROCEDURE      | UNLISTED PROCEDURE SPINE                         | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 22999 | ABDOMEN SURGERY PROCEDURE    | UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM       | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23330 | REMOVE SHOULDER FOREIGN BODY | REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS       | No Auth Required       |                                   |  |                      |  |
| 23470 | RECONSTRUCT SHOULDER JOINT   | ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23472 | RECONSTRUCT SHOULDER JOINT   | ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23473 | REVIS RECONST SHOULDER JOINT | REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23474 | REVIS RECONST SHOULDER JOINT | REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23600 | TREAT HUMERUS FRACTURE       | CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION  | No Auth Required       |                                   |  |                      |  |
| 23615 | TREAT HUMERUS FRACTURE       | OPEN TREATMENT PROXIMAL HUMERAL FRACTURE         | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 23929 | SHOULDER SURGERY PROCEDURE   | UNLISTED PROCEDURE SHOULDER                      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 24200 | REMOVAL OF ARM FOREIGN BODY  | RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS   | No Auth Required       |                                   |  |                      |  |
| 24360 | RECONSTRUCT ELBOW JOINT      | ARTHROPLASTY ELBOW W/MEMBRANE                    | Authorization Required | Joint                             |  | Full Clinical Review |  |

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| 24361 | RECONSTRUCT ELBOW JOINT      | ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT                | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24362 | RECONSTRUCT ELBOW JOINT      | ARTHROPLASTY ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ           | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24363 | REPLACE ELBOW JOINT          | ARTHROPLASTY ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM           | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24365 | RECONSTRUCT HEAD OF RADIUS   | ARTHROPLASTY RADIAL HEAD                                       | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24366 | RECONSTRUCT HEAD OF RADIUS   | ARTHROPLASTY RADIAL HEAD W/IMPLANT                             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24370 | REVISE RECONST ELBOW JOINT   | REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT                     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24371 | REVISE RECONST ELBOW JOINT   | REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT                     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24587 | TREAT ELBOW FRACTURE         | OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 24650 | TREAT RADIUS FRACTURE        | CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION                 | No Auth Required       |                                   |  |                      |  |
| 24999 | UPPER ARM/ELBOW SURGERY      | UNLISTED PROCEDURE HUMERUS/ELBOW                               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 25031 | DRAINAGE OF FOREARM BURSA    | INCISION & DRAINAGE FOREARM&/WRIST BURSA                       | No Auth Required       |                                   |  |                      |  |
| 25332 | REVISE WRIST JOINT           | ARTHROPLASTY WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25441 | RECONSTRUCT WRIST JOINT      | ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25442 | RECONSTRUCT WRIST JOINT      | ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA                   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25443 | RECONSTRUCT WRIST JOINT      | ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL               | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25444 | RECONSTRUCT WRIST JOINT      | ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE                   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25445 | RECONSTRUCT WRIST JOINT      | ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM                | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25446 | WRIST REPLACEMENT            | ARTHROPLASTY W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS              | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25447 | REPAIR WRIST JOINTS          | ARTHROPLASTY INTERPOS INTERCARPAL/METACARPAL JOINTS            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25449 | REMOVE WRIST JOINT IMPLANT   | REVJ ARTHR W/REMOVAL IMPLANT WRIST JOINT                       | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 25999 | FOREARM OR WRIST SURGERY     | UNLISTED PROCEDURE FOREARM/WRIST                               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 26010 | DRAINAGE OF FINGER ABSCESS   | DRAINAGE FINGER ABSCESS SIMPLE                                 | No Auth Required       |                                   |  |                      |  |
| 26011 | DRAINAGE OF FINGER ABSCESS   | DRAINAGE FINGER ABSCESS COMPLICATED                            | No Auth Required       |                                   |  |                      |  |
| 26020 | DRAIN HAND TENDON SHEATH     | DRAINAGE TENDON SHEATH DIGIT&/PALM EACH                        | No Auth Required       |                                   |  |                      |  |
| 26025 | DRAINAGE OF PALM BURSA       | DRAINAGE OF PALMAR BURSA SINGLE BURSA                          | No Auth Required       |                                   |  |                      |  |
| 26030 | DRAINAGE OF PALM BURSAS      | DRAINAGE OF PALMAR BURSA MULTIPLE BURSA                        | No Auth Required       |                                   |  |                      |  |
| 26530 | REVISE KNUCKLE JOINT         | ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH                    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 26531 | REVISE KNUCKLE WITH IMPLANT  | ARTHROPLASTY METACARPOPHALANGEAL JOINT WITH PROSTC IMPLT EA JT | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 26535 | REVISE FINGER JOINT          | ARTHROPLASTY INTERPHALANGEAL JOINT EACH                        | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 26536 | REVISE/IMPLANT FINGER JOINT  | ARTHROPLASTY INTERPHALANGEAL JOINT WITH PROSTHETIC EA          | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 26600 | TREAT METACARPAL FRACTURE    | CLTX METACARPAL FX W/O MANIPULATION EACH BONE                  | No Auth Required       |                                   |  |                      |  |
| 26770 | TREAT FINGER DISLOCATION     | CLTX IPHAL JT DISLC W/MANJ W/O ANES                            | No Auth Required       |                                   |  |                      |  |
| 26989 | HAND/FINGER SURGERY          | UNLISTED PROCEDURE HANDS/FINGERS                               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27086 | REMOVE HIP FOREIGN BODY      | RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS                 | No Auth Required       |                                   |  |                      |  |
| 27090 | REMOVAL OF HIP PROSTHESIS    | REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE                      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27091 | REMOVAL OF HIP PROSTHESIS    | RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA                      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27096 | INJECT SACROILIAC JOINT      | INJECT SI JOINT ARTHROGRPHY&/ANES/STEROID W/IMA                | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27125 | PARTIAL HIP REPLACEMENT      | HEMIARTHROPLASTY HIP PARTIAL                                   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27130 | TOTAL HIP ARTHROPLASTY       | ARTHROPLASTY ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT              | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27132 | TOTAL HIP ARTHROPLASTY       | CONV PREV HIP TOT HIP ARTHR W/WO AGRFT/ALGRFT                  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27134 | REVISE HIP JOINT REPLACEMENT | REVJ TOT HIP ARTHR BTH W/WO AGRFT/ALGRFT                       | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27137 | REVISE HIP JOINT REPLACEMENT | REVJ TOT HIP ARTHR ACTBLR W/WO AGRFT/ALGRFT                    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27138 | REVISE HIP JOINT REPLACEMENT | REVJ TOT HIP ARTHR FEM ONLY W/WO ALGRFT                        | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27279 | ARTHRODESIS SACROILIAC JOINT | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS                      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27280 | FUSION OF SACROILIAC JOINT   | ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT                 | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27299 | PELVIS/HIP JOINT SURGERY     | UNLISTED PROCEDURE PELVIS/HIP JOINT                            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27324 | BIOPSY THIGH SOFT TISSUES    | BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP                        | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27327 | EXC THIGH/KNEE LES SC < 3 CM | EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM                | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |

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| 27328 | EXC THIGH/KNEE TUM DEEP <5CM | EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27329 | RESECT THIGH/KNEE TUM < 5 CM | RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM      | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27330 | BIOPSY KNEE JOINT LINING     | ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27331 | EXPLORE/TREAT KNEE JOINT     | ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27332 | REMOVAL OF KNEE CARTILAGE    | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27333 | REMOVAL OF KNEE CARTILAGE    | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27334 | REMOVE KNEE JOINT LINING     | ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27335 | REMOVE KNEE JOINT LINING     | ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA           | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27337 | EXC THIGH/KNEE LES SC 3 CM/> | EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/> | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27339 | EXC THIGH/KNEE TUM DEP 5CM/> | EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27340 | REMOVAL OF KNEECAP BURSA     | EXCISION PREPATELLAR BURSA                        | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27347 | REMOVE KNEE CYST             | EXCISION LESION MENISCUS/CAPSULE KNEE             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27355 | REMOVE FEMUR LESION          | EXCISION/CURETTAGE CYST/TUMOR FEMUR               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27356 | REMOVE FEMUR LESION/GRAFT    | EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27357 | REMOVE FEMUR LESION/GRAFT    | EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT   | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27358 | REMOVE FEMUR LESION/FIXATION | EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27360 | PARTIAL REMOVAL LEG BONE(S)  | PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA            | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27364 | RESECT THIGH/KNEE TUM 5 CM/> | RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>    | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27365 | RESECT FEMUR/KNEE TUMOR      | RADICAL RESECTION TUMOR FEMOR OR KNEE             | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27369 | NJX CNTRST KNE ARTHG/CT/MRI  | NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27372 | REMOVAL OF FOREIGN BODY      | REMOVAL FOREIGN BODY DEEP THIGH/KNEE              | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27403 | REPAIR OF KNEE CARTILAGE     | ARTHROTOMY W/MENISCUS REPAIR KNEE                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27405 | REPAIR OF KNEE LIGAMENT      | RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27407 | REPAIR OF KNEE LIGAMENT      | REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27409 | REPAIR OF KNEE LIGAMENTS     | RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE        | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27412 | AUTOCHONDROCYTE IMPLANT KNEE | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE          | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27418 | REPAIR DEGENERATED KNEECAP   | ANTERIOR TIBIAL TUBERCLEPLASTY                    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27420 | REVISION OF UNSTABLE KNEECAP | RCNSTJ DISLOCATING PATELLA                        | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27422 | REVISION OF UNSTABLE KNEECAP | RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27424 | REVISION/REMOVAL OF KNEECAP  | RCNSTJ DISLC PATELLA W/PATELLECTOMY               | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27425 | LAT RETINACULAR RELEASE OPEN | LATERAL RETINACULAR RELEASE OPEN                  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27427 | RECONSTRUCTION KNEE          | LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27428 | RECONSTRUCTION KNEE          | LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27429 | RECONSTRUCTION KNEE          | LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27437 | REVISE KNEECAP               | ARTHROPLASTY PATELLA W/O PROSTHESIS               | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27438 | REVISE KNEECAP WITH IMPLANT  | ARTHROPLASTY PATELLA W/PROSTHESIS                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27440 | REVISION OF KNEE JOINT       | ARTHROPLASTY KNEE TIBIAL PLATEAU                  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27441 | REVISION OF KNEE JOINT       | ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27442 | REVISION OF KNEE JOINT       | ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27443 | REVISION OF KNEE JOINT       | ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27445 | REVISION OF KNEE JOINT       | ARTHROPLASTY KNEE HINGE PROSTHESIS                | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27446 | REVISION OF KNEE JOINT       | ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27447 | TOTAL KNEE ARTHROPLASTY      | ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27454 | REALIGNMENT OF THIGH BONE    | OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT           | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |

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| 27455 | REALIGNMENT OF KNEE          | OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27457 | REALIGNMENT OF KNEE          | OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL  | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27465 | SHORTENING OF THIGH BONE     | OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27466 | LENGTHENING OF THIGH BONE    | OSTEOPLASTY FEMUR LENGTHENING                    | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27468 | SHORTEN/LENGTHEN THIGHS      | OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27470 | REPAIR OF THIGH              | RPR NON/MAL FEMUR DSTL H/N W/O GRF               | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27472 | REPAIR/GRAFT OF THIGH        | RPR NON/MAL FEMUR DSTL H/N W/LIAC/AUTOG BONE     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27486 | REVISE/REPLACE KNEE JOINT    | REVJ TOTAL KNEE ARTHRP W/VO ALGRFT 1 COMPONENT   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27487 | REVISE/REPLACE KNEE JOINT    | REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27488 | REMOVAL OF KNEE PROSTHESIS   | RMVL PROSTH TOT KNEE PROSTH MMA W/VO INSJ SPACER | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27495 | REINFORCE THIGH              | PROPH TX N/P/PLTWR W/VO METHYLMETHACRYLATE FEMUR | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27599 | LEG SURGERY PROCEDURE        | UNLISTED PROCEDURE FEMUR/KNEE                    | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 27700 | REVISION OF ANKLE JOINT      | ARTHROPLASTY ANKLE                               | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27702 | RECONSTRUCT ANKLE JOINT      | ARTHROPLASTY ANKLE W/IMPLANT                     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27703 | RECONSTRUCTION ANKLE JOINT   | ARTHROPLASTY ANKLE REVISION TOTAL ANKLE          | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27704 | REMOVAL OF ANKLE IMPLANT     | REMOVAL ANKLE IMPLANT                            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 27750 | TREATMENT OF TIBIA FRACTURE  | CLTX TIBIAL SHAFT FX W/O MANIPULATION            | No Auth Required       |                                   |  |                      |  |
| 27760 | CLTX MEDIAL ANKLE FX         | CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION        | No Auth Required       |                                   |  |                      |  |
| 27786 | TREATMENT OF ANKLE FRACTURE  | CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ          | No Auth Required       |                                   |  |                      |  |
| 27899 | LEG/ANKLE SURGERY PROCEDURE  | UNLISTED PROCEDURE LEG/ANKLE                     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 28110 | PART REMOVAL OF METATARSAL   | OSTECTOMY PRTL 5TH METAR HEAD SPX                | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 28190 | REMOVAL OF FOOT FOREIGN BODY | REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS           | No Auth Required       |                                   |  |                      |  |
| 28193 | REMOVAL OF FOOT FOREIGN BODY | REMOVAL FOREIGN BODY FOOT COMPLICATED            | No Auth Required       |                                   |  |                      |  |
| 28285 | REPAIR OF HAMMERTOES         | CORRECTION HAMMERTOES                            | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28286 | REPAIR OF HAMMERTOES         | CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28288 | PARTIAL REMOVAL OF FOOT BONE | OSTC PRTL EXOSTC/CONDYLC METAR HEAD              | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28289 | CORRJ HALUX RIGDUS W/O IMPLT | HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28291 | CORRJ HALUX RIGDUS W/IMPLT   | HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28292 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28295 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28296 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28297 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28298 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28299 | CORRECTION HALLUX VALGUS     | CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT          | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28306 | INCISION OF METATARSAL       | OSTEOT W/VO LNGTH SHRT/CORRJ 1ST METAR           | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28307 | INCISION OF METATARSAL       | OSTEOT W/VO LNGTH SHRT/CORRJ METAR XCP 1ST TOE   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28308 | INCISION OF METATARSAL       | OSTEOT W/VO LNGTH SHRT/CORRJ METAR XCP 1ST EA    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28309 | INCISION OF METATARSALS      | OSTEOT W/VO LNGTH SHRT/ANGULAR CORRJ METAR MLT   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28450 | TREAT MIDFOOT FRACTURE EACH  | TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ       | No Auth Required       |                                   |  |                      |  |
| 28705 | FUSION OF FOOT BONES         | ARTHRODESIS PANTALAR                             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28715 | FUSION OF FOOT BONES         | ARTHRODESIS TRIPLE                               | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28725 | FUSION OF FOOT BONES         | ARTHRODESIS SUBTALAR                             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28730 | FUSION OF FOOT BONES         | ARTHROD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28735 | FUSION OF FOOT BONES         | ARTHROD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28737 | REVISION OF FOOT BONES       | ARTHROD W/TDN LNGTH&ADVMTNT TARSL NVCLR-CUNEIFOR | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28740 | FUSION OF FOOT BONES         | ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT      | Authorization Required | Joint                             |  | Full Clinical Review |  |



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| 28750 | FUSION OF BIG TOE JOINT      | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28755 | FUSION OF BIG TOE JOINT      | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28760 | FUSION OF BIG TOE JOINT      | ARTHROD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28820 | AMPUTATION OF TOE            | AMPUTATION TOE METATARSOPHALANGEAL JOINT         | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28825 | PARTIAL AMPUTATION OF TOE    | AMPUTATION TOE INTERPHALANGEAL JOINT             | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 28890 | HI ENRGY ESWT PLANTAR FASCIA | ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 28899 | FOOT/TOES SURGERY PROCEDURE  | UNLISTED PROCEDURE FOOT/TOES                     | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 29075 | APPLICATION OF FOREARM CAST  | APPLICATION CAST ELBOW FINGER SHORT ARM          | No Auth Required       |                                   |  |                      |  |
| 29125 | APPLY FOREARM SPLINT         | APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC | No Auth Required       |                                   |  |                      |  |
| 29405 | APPLY SHORT LEG CAST         | APPLICATION SHORT LEG CAST BELOW KNEE-TOE        | No Auth Required       |                                   |  |                      |  |
| 29425 | APPLY SHORT LEG CAST         | APPLICATION SHORT LEG CAST WALKING/AMBULATORY    | No Auth Required       |                                   |  |                      |  |
| 29515 | APPLICATION LOWER LEG SPLINT | APPLICATION SHORT LEG SPLINT CALF FOOT           | No Auth Required       |                                   |  |                      |  |
| 29540 | STRAPPING OF ANKLE AND/OR FT | STRAPPING ANKLE &/FOOT                           | No Auth Required       |                                   |  |                      |  |
| 29799 | CASTING/STRAPPING PROCEDURE  | UNLISTED PROCEDURE CASTING/STRAPPING             | Authorization Required | Surgery of musculoskeletal system |  | Full Clinical Review |  |
| 29800 | JAW ARTHROSCOPY/SURGERY      | ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29804 | JAW ARTHROSCOPY/SURGERY      | ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29850 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ       | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29851 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ         | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29855 | TIBIAL ARTHROSCOPY/SURGERY   | ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR  | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29856 | TIBIAL ARTHROSCOPY/SURGERY   | ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29862 | HIP ARTHRO W/DEBRIDEMENT     | ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29866 | AUTGRFT IMPLNT KNEE W/SCOPE  | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29867 | ALLGRFT IMPLNT KNEE W/SCOPE  | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT         | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29868 | MENISCAL TRNSPL KNEE W/SCPE  | ARTHROSCOPY KNEE MENISCAL TRNSPL MED/LAT         | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29870 | KNEE ARTHROSCOPY DX          | ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29871 | KNEE ARTHROSCOPY/DRAINAGE    | ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29873 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE LATERAL RELEASE                 | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29874 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY      | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29875 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX         | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29876 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29877 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29879 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29880 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING     | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29881 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG    | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29882 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29883 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29884 | KNEE ARTHROSCOPY/SURGERY     | ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29885 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29886 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29887 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29888 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29889 | KNEE ARTHROSCOPY/SURGERY     | ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 29999 | ARTHROSCOPY OF JOINT         | UNLISTED PROCEDURE ARTHROSCOPY                   | Authorization Required | Joint                             |  | Full Clinical Review |  |
| 30020 | DRAINAGE OF NOSE LESION      | DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM           | No Auth Required       |                                   |  |                      |  |
| 30300 | REMOVE NASAL FOREIGN BODY    | REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE | No Auth Required       |                                   |  |                      |  |
| 30400 | RECONSTRUCTION OF NOSE       | RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI       | Authorization Required | Surgery of respiratory system     |  | Full Clinical Review |  |
| 30410 | RECONSTRUCTION OF NOSE       | RHINP PRIM COMPLETE XTRNL PARTS                  | Authorization Required | Surgery of respiratory system     |  | Full Clinical Review |  |
| 30420 | RECONSTRUCTION OF NOSE       | RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR        | Authorization Required | Surgery of respiratory system     |  | Full Clinical Review |  |

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| 30430 | REVISION OF NOSE             | RHINOPLASTY SECONDARY MINOR REVISION             | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30435 | REVISION OF NOSE             | RHINOPLASTY SECONDARY INTERMEDIATE REVISION      | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30450 | REVISION OF NOSE             | RHINOPLASTY SECONDARY MAJOR REVISION             | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30460 | REVISION OF NOSE             | RHINP DFRM W/COLUM LNTH TIP ONLY                 | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30462 | REVISION OF NOSE             | RHINP DFRM COLUM LNTH TIP SEPTUM OSTEOOT         | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30465 | REPAIR NASAL STENOSIS        | REPAIR NASAL VESTIBULAR STENOSIS                 | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30520 | REPAIR OF NASAL SEPTUM       | SEPTOPLASTY/SUBMUCOUS RESEJ W/WO CARTILAGE GRF   | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30620 | INTRANASAL RECONSTRUCTION    | SEPTAL/OTHER INTRANASAL DERMATOPLASTY            | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30630 | REPAIR NASAL SEPTUM DEFECT   | REPAIR NASAL SEPTAL PERFORATIONS                 | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 30999 | NASAL SURGERY PROCEDURE      | UNLISTED PROCEDURE NOSE                          | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31299 | SINUS SURGERY PROCEDURE      | UNLISTED PROCEDURE ACCESSORY SINUSES             | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31599 | LARYNX SURGERY PROCEDURE     | UNLISTED PROCEDURE LARYNX                        | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31627 | NAVIGATIONAL BRONCHOSCOPY    | BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31660 | BRONCH THERMOPLSTY 1 LOBE    | BRONCHOSCOPIC THERMOPLASTY ONE LOBE              | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31661 | BRONCH THERMOPLSTY 2/> LOBES | BRONCHOSCOPIC THERMOPLASTY 2/> LOBES             | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 31899 | AIRWAYS SURGICAL PROCEDURE   | UNLISTED PROCEDURE TRACHEA BRONCHI               | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 32850 | DONOR PNEUMONECTOMY          | DONOR PNEUMONECTOMY FROM CADAVER DONOR           | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32851 | LUNG TRANSPLANT SINGLE       | LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS     | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32852 | LUNG TRANSPLANT WITH BYPASS  | LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS       | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32853 | LUNG TRANSPLANT DOUBLE       | LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS     | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32854 | LUNG TRANSPLANT WITH BYPASS  | LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS       | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32855 | PREPARE DONOR LUNG SINGLE    | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI   | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32856 | PREPARE DONOR LUNG DOUBLE    | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI    | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 32999 | CHEST SURGERY PROCEDURE      | UNLISTED PROCEDURE LUNGS & PLEURA                | Authorization Required | Surgery of respiratory system   |  | Full Clinical Review |  |
| 33016 | PERICARDIOCENTESIS W/IMAGING | PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED | No Auth Required       |   |  |                      |  |
| 33017 | PRCRD DRG 6YR+ W/O CGEN CAR  | PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY   | No Auth Required       |   |  |                      |  |
| 33018 | PRCRD DRG 0-5YR OR W/ANOMLY  | PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY  | No Auth Required       |   |  |                      |  |
| 33019 | PERQ PRCRD DRG INSJ CATH CT  | PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT    | No Auth Required       |   |  |                      |  |
| 33254 | ABLATE ATRIA LMTD            | ABLATION & RECONSTRUCTION ATRIA LIMITED          | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33255 | ABLATE ATRIA W/O BYPASS EXT  | ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS        | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33256 | ABLATE ATRIA W/BYPASS EXTEN  | ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS          | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33257 | ABLATE ATRIA LMTD ADD-ON     | ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE   | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33258 | ABLATE ATRIA X10SV ADD-ON    | ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33259 | ABLATE ATRIA W/BYPASS ADD-ON | ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS   | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33265 | ABLATE ATRIA LMTD ENDO       | NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS   | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33266 | ABLATE ATRIA X10SV ENDO      | NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS    | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33285 | INSJ SUBQ CAR RHYTHM MNTR    | INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG   | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33286 | RMVL SUBQ CAR RHYTHM MNTR    | REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR      | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR    | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33340 | PERQ CLSR TCAT L ATR APNDGE  | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |  |
| 33858 | AS-AORT GRF F/AORTIC DSJ     | AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION       | No Auth Required       |   |  |                      |  |
| 33859 | AS-AORT GRF F/DS OTH/THN DSJ | AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ   | No Auth Required       |   |  |                      |  |

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| 33871 | TRANSVRS A-ARCH GRF HYPTRHM  | TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA  | No Auth Required       |   |  |                      |
| 33927 | IMPLTJ TOT RPLCMT HRT SYS    | IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33928 | RMVL & RPLCMT TOT HRT SYS    | REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS          | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33929 | RMVL RPLCMT HRT SYS F/TRNSPL | REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33930 | REMOVAL OF DONOR HEART/LUNG  | DONOR CARDIECTOMY-PNEUMONECTOMY                  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33933 | PREPARE DONOR HEART/LUNG     | BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT | Authorization Required | Transplants and transplant related services (including pre and post transplant testing)                                 |  | Full Clinical Review |
| 33935 | TRANSPLANTATION HEART/LUNG   | HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC | Authorization Required | Transplants and transplant related services (including pre and post transplant testing)                                 |  | Full Clinical Review |
| 33940 | REMOVAL OF DONOR HEART       | DONOR CARDIECTOMY                                | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33944 | PREPARE DONOR HEART          | BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT      | Authorization Required | Transplants and transplant related services (including pre and post transplant testing)                                 |  | Full Clinical Review |
| 33945 | TRANSPLANTATION OF HEART     | HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY      | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33975 | IMPLANT VENTRICULAR DEVICE   | INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33976 | IMPLANT VENTRICULAR DEVICE   | INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR    | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 33999 | CARDIAC SURGERY PROCEDURE    | UNLISTED CARDIAC SURGERY                         | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 34712 | TCAT DLVR ENHNCD FIX DEV     | TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I  | Authorization Required | General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe |  | Full Clinical Review |
| 34717 | EVASC RPR A-ILIAC NDGFT      | EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI  | No Auth Required       |   |  |                      |
| 34718 | EVASC RPR N/A A-ILIAC NDGFT  | EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI    | No Auth Required       |   |  |                      |
| 35702 | EXPL N/FLWD SURG UXTR ART    | EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY   | No Auth Required       |   |  |                      |
| 35703 | EXPL N/FLWD SURG LXTR ART    | EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY   | No Auth Required       |   |  |                      |
| 36000 | PLACE NEEDLE IN VEIN         | INTRODUCTION NEEDLE/INTRACATHETER VEIN           | No Auth Required       |   |  |                      |
| 36012 | PLACE CATHETER IN VEIN       | SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC  | No Auth Required       |   |  |                      |
| 36299 | VESSEL INJECTION PROCEDURE   | UNLISTED PROCEDURE VASCULAR INJECTION            | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36400 | BL DRAW < 3 YRS FEM/JUGULAR  | VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN | No Auth Required       |   |  |                      |
| 36405 | BL DRAW <3 YRS SCALP VEIN    | VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN        | No Auth Required       |   |  |                      |
| 36406 | BL DRAW <3 YRS OTHER VEIN    | VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN        | No Auth Required       |   |  |                      |
| 36410 | NON-ROUTINE BL DRAW 3/> YRS  | VNPNXR 3 YEARS/> PHYS/QHP SKILL                  | No Auth Required       |   |  |                      |
| 36415 | ROUTINE VENIPUNCTURE         | COLLECTION VENOUS BLOOD VENIPUNCTURE             | No Auth Required       |   |  |                      |
| 36416 | CAPILLARY BLOOD DRAW         | COLLECTION CAPILLARY BLOOD SPECIMEN              | No Auth Required       |   |  |                      |
| 36465 | NJX NONCMPND SCLRSNT 1 VEIN  | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN     | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36466 | NJX NONCMPND SCLRSNT MLT VN  | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36468 | NJX SCLRSNT SPIDER VEINS     | INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36470 | NJX SCLRSNT 1 INCMPTNT VEIN  | INJECTION SCLEROSANT SINGLE INCMPTNT VEIN        | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36471 | NJX SCLRSNT MLT INCMPTNT VN  | INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS     | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN    | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36474 | ENDOVENOUS MCHNCHEM ADD-ON   | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS  | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36475 | ENDOVENOUS RF 1ST VEIN       | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN      | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36476 | ENDOVENOUS RF VEIN ADD-ON    | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS    | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36478 | ENDOVENOUS LASER 1ST VEIN    | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN   | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36479 | ENDOVENOUS LASER VEIN ADDON  | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36482 | ENDOVEN THER CHEM ADHES 1ST  | ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN        | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36483 | ENDOVEN THER CHEM ADHES SBSQ | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN       | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |
| 36589 | REMOVAL TUNNELED CV CATH     | RMVL TUN CVC W/O SUBQ PORT/PMP                   | No Auth Required       |   |  |                      |
| 36591 | DRAW BLOOD OFF VENOUS DEVICE | COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE  | No Auth Required       |   |  |                      |
| 36592 | COLLECT BLOOD FROM PICC      | COLLECT BLOOD FROM CATHETER VENOUS NOS           | No Auth Required       |   |  |                      |
| 36600 | WITHDRAWAL OF ARTERIAL BLOOD | ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX            | No Auth Required       |   |  |                      |
| 37501 | VASCULAR ENDOSCOPY PROCEDURE | UNLISTED VASCULAR ENDOSCOPY PROCEDURE            | Authorization Required | Surgery of cardiovascular system  |  | Full Clinical Review |

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| 37700 | REVISE LEG VEIN              | LIG&DIV LONG SAPH VEIN SAPHFEM<br>JUNCT/INTERRUPJ     | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37718 | LIGATE/STRIP SHORT LEG VEIN  | LIGJ DIVJ & STRIPPING SHORT<br>SAPHENOUS VEIN         | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37722 | LIGATE/STRIP LONG LEG VEIN   | LIGJ DIVJ&STRIP LONG SAPH SAPHFEM<br>JUNCT KNE/BELW   | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37735 | REMOVAL OF LEG VEINS/LESION  | LIGJ & DIVJ RADICAL STRIP<br>LONG/SHORT SAPHENOUS     | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37760 | LIGATE LEG VEINS RADICAL     | LIG PRFRATR VEIN SUBFSCAL RAD INCL<br>SKN GRF 1 LEG   | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37761 | LIGATE LEG VEINS OPEN        | LIG PRFRATR VEIN SUBFSCAL OPEN<br>INCL US GID 1 LEG   | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37765 | STAB PHLEB VEINS XTR 10-20   | STAB PHLEBT VARICOSE VEINS 1 XTR<br>10-20 STAB INCS   | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37766 | PHLEB VEINS - EXTREM 20+     | STAB PHLEBT VARICOSE VEINS 1 XTR ><br>20 INCS         | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37780 | REVISION OF LEG VEIN         | LIGJ & DIV SHORT SAPH VEIN<br>SAPHENOPOP JUNCT SPX    | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37785 | LIGATE/DIVIDE/EXCISE VEIN    | LIGJ DIVJ &/EXCJ VARICOSE VEIN<br>CLUSTER 1 LEG       | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 37799 | VASCULAR SURGERY PROCEDURE   | UNLISTED PROCEDURE VASCULAR<br>SURGERY                | Authorization Required | Surgery of<br>cardiovascular system   |  | Full Clinical Review |  |
| 38129 | LAPAROSCOPE PROC SPLEEN      | UNLISTED LAPAROSCOPY PROCEDURE<br>SPLEEN              | Authorization Required | Surgery of hemic and<br>lymphatic systems   |  | Full Clinical Review |  |
| 38204 | BL DONOR SEARCH MANAGEMENT   | MGMT RCP HEMATOP PROGENITOR<br>CELL DONOR &ACQUISJ    | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38205 | HARVEST ALLOGENEIC STEM CELL | BLD-DRV HEMATOP PROGEN CELL<br>HRVG TRNSPLJ ALGNC     | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38206 | HARVEST AUTO STEM CELLS      | BLD-DRV HEMATOP PROGEN CELL<br>HRVG TRNSPLJ AUTOL     | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38207 | CRYOPRESERVE STEM CELLS      | TRNSPL PREPJ HEMATOP PROGEN<br>CELLS CRYOPRSRV STOR   | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38208 | THAW PRESERVED STEM CELLS    | TRNSPL PREPJ HEMATOP PROGEN<br>THAW PREV HRV PER DNR  | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38209 | WASH HARVEST STEM CELLS      | TRNSP PREPJ HEMATOP PROG THAW<br>PREV HRV WSH PER DNR | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38210 | T-CELL DEPLETION OF HARVEST  | TRNSPL PREPJ HEMATOP PROGEN<br>DEPLJ IN HRV T-CELL    | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38211 | TUMOR CELL DEplete OF HARVST | TRNSPL PREPJ HEMATOP PROGEN<br>TUM CELL DEPLJ         | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38212 | RBC DEPLETION OF HARVEST     | TRNSPL PREPJ HEMATOP PROGEN RED<br>BLD CELL RMVL      | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38213 | PLATELET DEplete OF HARVEST  | TRNSPL PREPJ HEMATOP PROGEN<br>PLTLT DEPLJ            | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38214 | VOLUME DEplete OF HARVEST    | TRNSPL PREPJ HEMATOP PROGEN<br>PLSM VOL DEPLJ         | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38215 | HARVEST STEM CELL CONCENTRTE | TRNSPL PREPJ HEMATOP PROGEN<br>CONCENTRATION PLSM     | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38230 | BONE MARROW HARVEST ALLOGEN  | BONE MARROW HARVEST<br>TRANSPLANTATION ALLOGENEIC     | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38232 | BONE MARROW HARVEST AUTOLOG  | BONE MARROW HARVEST<br>TRANSPLANTATION AUTOLOGOUS     | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38240 | TRANSPLT ALLO HCT/DONOR      | TRNSPLJ ALLOGENEIC HEMATOPOIETIC<br>CELLS PER DONOR   | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |
| 38241 | TRANSPLT AUTOL HCT/DONOR     | TRNSPLJ AUTOLOGOUS<br>HEMATOPOIETIC CELLS PER DONOR   | Authorization Required | Transplants and<br>transplant related<br>services (including pre<br>and post transplant<br>testing) |  | Full Clinical Review |  |

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| 38242 | TRANSPLT ALLO LYMPHOCYTES    | ALLOGENEIC LYMPHOCYTE INFUSIONS                  | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |   | Full Clinical Review |  |
| 38243 | TRANSPLJ HEMATOPOIETIC BOOST | TRNSPLJ HEMATOPOIETIC CELL BOOST                 | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |   | Full Clinical Review |  |
| 38589 | LAPAROSCOPE PROC LYMPHATIC   | UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM         | Authorization Required | Surgery of hemic and lymphatic systems  |   | Full Clinical Review |  |
| 38999 | BLOOD/LYMPH SYSTEM PROCEDURE | UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM     | Authorization Required | Surgery of hemic and lymphatic systems  |   | Full Clinical Review |  |
| 39499 | CHEST PROCEDURE              | UNLISTED PROCEDURE MEDIASTINUM                   | Authorization Required | Surgery of mediastinum and diaphragm  |   | Full Clinical Review |  |
| 39599 | DIAPHRAGM SURGERY PROCEDURE  | UNLISTED PROCEDURE DIAPHRAGM                     | Authorization Required | Surgery of mediastinum and diaphragm  |   | Full Clinical Review |  |
| 40799 | LIP SURGERY PROCEDURE        | UNLISTED PROCEDURE LIPS                          | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 40800 | DRAINAGE OF MOUTH LESION     | DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL          | No Auth Required       |   |   |                      |  |
| 40801 | DRAINAGE OF MOUTH LESION     | DRG ABSC CST HMTMA VESTIBULE MOUTH COMP          | No Auth Required       |   |   |                      |  |
| 40804 | REMOVAL FOREIGN BODY MOUTH   | RMVL EMBEDDED FB VESTIBULE MOUTH SMPL            | No Auth Required       |   |   |                      |  |
| 40899 | MOUTH SURGERY PROCEDURE      | UNLISTED PROCEDURE VESTIBULE MOUTH               | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41512 | TONGUE SUSPENSION            | TONGUE BASE SUSPENSION PERMANENT SUTURE TQ       | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41530 | TONGUE BASE VOL REDUCTION    | SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION  | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41599 | TONGUE AND MOUTH SURGERY     | UNLISTED PROCEDURE TONGUE FLOOR MOUTH            | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41820 | EXCISION GUM EACH QUADRANT   | GINGIVECTOMY EXC GINGIVA EACH QUADRANT           | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41821 | EXCISION OF GUM FLAP         | OPRCULECTOMY EXC PRICORONAL TISSUE               | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41822 | EXCISION OF GUM LESION       | EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS    | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41823 | EXCISION OF GUM LESION       | EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS        | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41825 | EXCISION OF GUM LESION       | EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR     | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41826 | EXCISION OF GUM LESION       | EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR  | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41827 | EXCISION OF GUM LESION       | EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR  | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41828 | EXCISION OF GUM LESION       | EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC   | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41830 | REMOVAL OF GUM TISSUE        | ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY     | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41850 | TREATMENT OF GUM LESION      | DESTRUCTION LESION DENTOALVEOLAR STRUCTURES      | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41870 | GUM GRAFT                    | PERIODONTAL MUCOSAL GRAFTING                     | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41872 | REPAIR GUM                   | GINGIVOPLASTY EACH QUADRANT SPECIFY              | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41874 | REPAIR TOOTH SOCKET          | ALVEOLOPLASTY EACH QUADRANT SPECIFY              | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 41899 | DENTAL SURGERY PROCEDURE     | UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES      | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 42299 | PALATE/UVULA SURGERY         | UNLISTED PROCEDURE PALATE UVULA                  | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 42699 | SALIVARY SURGERY PROCEDURE   | UNLISTED PX SALIVARY GLANDS/DUCTS                | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 42999 | THROAT SURGERY PROCEDURE     | UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS      | Authorization Required | Surgery of digestive system   |   | Full Clinical Review |  |
| 43191 | ESOPHAGOSCOPY RIGID TRNSO DX | ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH   | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43192 | ESOPHAGOSCP RIG TRNSO INJECT | ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL     | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43193 | ESOPHAGOSCP RIG TRNSO BIOPSY | ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY        | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43194 | ESOPHAGOSCP RIG TRNSO REM FB | ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43195 | ESOPHAGOSCOPY RIGID BALLOON  | ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION   | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43196 | ESOPHAGOSCP GUIDE WIRE DILAT | ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION  | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43197 | ESOPHAGOSCOPY FLEX DX BRUSH  | ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC     | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43198 | ESOPHAGOSC FLEX TRNSN BIOPSY | ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY    | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43200 | ESOPHAGOSCOPY FLEXIBLE BRUSH | ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC      | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43201 | ESOPH SCOPE W/SUBMUCOUS INJ  | ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43202 | ESOPHAGOSCOPY FLEX BIOPSY    | ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY     | Authorization Required | Endoscopy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |

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| 43204 | ESOPH SCOPE W/SCLEROSIS INJ   | ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES     | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43205 | ESOPHAGUS ENDOSCOPY/LIGATION  | ESOPHAGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43206 | ESOPH OPTICAL ENDOMICROSCOPY  | ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43210 | EGD ESOPHAGOGASTRIC FNDOPLSTY | EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY      | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43211 | ESOPHAGOSCOPY MUCOSAL RESECT  | ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXTN   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43212 | ESOPHAGOSCOPY STENT PLACEMENT | ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT            | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43213 | ESOPHAGOSCOPY RETRO BALLOON   | ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER      | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43214 | ESOPHAGOSC DILATE BALLOON 30  | ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM       | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43215 | ESOPHAGOSCOPY FLEX REMOVE FB  | ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY        | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43216 | ESOPHAGOSCOPY LESION REMOVAL  | ESOPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43217 | ESOPHAGOSCOPY SNARE LES REMV  | ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE    | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43220 | ESOPHAGOSCOPY BALLOON <30MM   | ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM       | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43226 | ESOPH ENDOSCOPY DILATION      | ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION         | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43227 | ESOPHAGOSCOPY CONTROL BLEED   | ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL          | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43229 | ESOPHAGOSCOPY LESION ABLATE   | ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION       | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43231 | ESOPHAGOSCOPY ULTRASOUND EXAM | ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43232 | ESOPHAGOSCOPY W/US NEEDLE BX  | ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43233 | EGD BALLOON DIL ESOPH30 MM/>  | EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER     | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43235 | EGD DIAGNOSTIC BRUSH WASH     | ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC    | No Auth Required       | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group |                      |  |
| 43236 | UPPR GI SCOPE W/SUBMUC INJ    | ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION    | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43237 | ENDOSCOPIC US EXAM ESOPH      | ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43238 | EGD US FINE NEEDLE BX/ASPIR   | EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43239 | EGD BIOPSY SINGLE/MULTIPLE    | EGD TRANSORAL BIOPSY SINGLE/MULTIPLE               | No Auth Required       | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group |                      |  |
| 43240 | EGD W/TRANSMURAL DRAIN CYST   | EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST       | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43241 | EGD TUBE/CATH INSERTION       | EGD INTRALUMINAL TUBE/CATHETER INSERTION           | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43242 | EGD US FINE NEEDLE BX/ASPIR   | EGD INTRMURAL NEEDLE ASPIR/BIOPT ALTERED ANATOMY   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43243 | EGD INJECTION VARICES         | EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES    | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43244 | EGD VARICES LIGATION          | EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES        | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43245 | EGD DILATE STRICTURE          | EGD DILATION GASTRIC/DUODENAL STRICTURE            | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43246 | EGD PLACE GASTROSTOMY TUBE    | EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE        | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43247 | EGD REMOVE FOREIGN BODY       | EGD FLEXIBLE FOREIGN BODY REMOVAL                  | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43248 | EGD GUIDE WIRE INSERTION      | EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS    | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43249 | ESOPH EGD DILATION <30 MM     | EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM         | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43250 | EGD CAUTERY TUMOR POLYP       | EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS   | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43251 | EGD REMOVE LESION SNARE       | EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH    | Authorization Required | Endoscopy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |

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| 43252 | EGD OPTICAL ENDOMICROSCOPY   | EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY      | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43253 | EGD US TRANSMURAL INJXN/MARK | EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER   | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43254 | EGD ENDO MUCOSAL RESECTION   | EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION       | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43255 | EGD CONTROL BLEEDING ANY     | EGD TRANSORAL CONTROL BLEEDING ANY METHOD        | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43257 | EGD W/THRML TXMNT GERD       | EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD   | Authorization Required | Surgery of digestive system |   | Full Clinical Review |  |
| 43259 | EGD US EXAM DUODENUM/JEJUNUM | EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43260 | ERCP W/SPECIMEN COLLECTION   | ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING     | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43261 | ENDO CHOLANGIOPANCREATOGRAPH | ERCP W/BIOPSY SINGLE/MULTIPLE                    | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43262 | ENDO CHOLANGIOPANCREATOGRAPH | ERCP W/SPHINCTEROTOMY/PAPILLOTOMY                | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43263 | ERCP SPHINCTER PRESSURE MEAS | ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI    | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43264 | ERCP REMOVE DUCT CALCULI     | ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43265 | ERCP LITHOTRIPSY CALCULI     | ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD  | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43266 | EGD ENDOSCOPIC STENT PLACE   | EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION  | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43270 | EGD LESION ABLATION          | EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE   | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43273 | ENDOSCOPIC PANCREATOSCOPY    | ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC   | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43274 | ERCP DUCT STENT PLACEMENT    | ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT     | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43275 | ERCP REMOVE FORGN BODY DUCT  | ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43276 | ERCP STENT EXCHANGE W/DILATE | ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43277 | ERCP EA DUCT/AMPULLA DILATE  | ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43278 | ERCP LESION ABLATE W/DILATE  | ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE | Authorization Required | Endoscopy                   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| 43284 | LAPS ESOPHGL SPHNCTR AGMNTJ  | LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL       | Authorization Required | Surgery of digestive system |   | Full Clinical Review |  |
| 43285 | RMVL ESOPHGL SPHNCTR DEV     | REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE       | Authorization Required | Surgery of digestive system |   | Full Clinical Review |  |
| 43289 | LAPAROSCOPE PROC ESOPH       | UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS        | Authorization Required | Surgery of digestive system |   | Full Clinical Review |  |
| 43499 | ESOPHAGUS SURGERY PROCEDURE  | UNLISTED PROCEDURE ESOPHAGUS                     | Authorization Required | Surgery of digestive system |   | Full Clinical Review |  |
| 43644 | LAP GASTRIC BYPASS/ROUX-EN-Y | LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM  | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43645 | LAP GASTR BYPASS INCL SMLL I | LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ           | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43647 | LAP IMPL ELECTRODE ANTRUM    | LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM    | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43648 | LAP REVISE/REMV ELTRD ANTRUM | LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM    | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43659 | LAPAROSCOPE PROC STOM        | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH          | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43770 | LAP PLACE GASTR ADJ DEVICE   | LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE  | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43771 | LAP REVISE GASTR ADJ DEVICE  | LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE      | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43772 | LAP RMVL GASTR ADJ DEVICE    | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE        | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43773 | LAP REPLACE GASTR ADJ DEVICE | LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43774 | LAP RMVL GASTR ADJ ALL PARTS | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43775 | LAP SLEEVE GASTRECTOMY       | LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY  | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43842 | V-BAND GASTROPLASTY          | GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY  | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43843 | GASTROPLASTY W/O V-BAND      | GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP       | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43845 | GASTROPLASTY DUODENAL SWITCH | GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM       | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43846 | GASTRIC BYPASS FOR OBESITY   | GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<        | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43847 | GASTRIC BYPASS INCL SMALL I  | GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43848 | REVISION GASTROPLASTY        | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE  | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43881 | IMPL/REDO ELECTRD ANTRUM     | IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN   | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |
| 43882 | REVISE/REMOVE ELECTRD ANTRUM | REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN   | Authorization Required | Bariatric Surgery           |   | Full Clinical Review |  |

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| 43886 | REVISE GASTRIC PORT OPEN    | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY  | Authorization Required | Bariatric Surgery   |  | Full Clinical Review |  |
| 43887 | REMOVE GASTRIC PORT OPEN    | GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY  | Authorization Required | Bariatric Surgery   |  | Full Clinical Review |  |
| 43888 | CHANGE GASTRIC PORT OPEN    | GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT           | Authorization Required | Bariatric Surgery   |  | Full Clinical Review |  |
| 43999 | STOMACH SURGERY PROCEDURE   | UNLISTED PROCEDURE STOMACH                       | Authorization Required | Bariatric Surgery   |  | Full Clinical Review |  |
| 44132 | ENTERECTOMY CADAVER DONOR   | DONOR ENTERECTOMY OPEN CADAVER DONOR             | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44133 | ENTERECTOMY LIVE DONOR      | DONOR ENTERECTOMY OPEN LIVING DONOR              | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44137 | REMOVE INTESTINAL ALLOGRAFT | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL         | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44238 | LAPAROSCOPE PROC INTESTINE  | UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM     | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 44715 | PREPARE DONOR INTESTINE     | BKBENCH PREP CADAVER/LIVING DONOR INTESTINE      | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44720 | PREP DONOR INTESTINE/VENOUS | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA           | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44721 | PREP DONOR INTESTINE/ARTERY | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA          | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 44799 | UNLISTED PX SMALL INTESTINE | UNLISTED PROCEDURE SMALL INTESTINE               | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 44899 | BOWEL SURGERY PROCEDURE     | UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY    | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 44979 | LAPAROSCOPE PROC APP        | UNLISTED LAPAROSCOPY PROCEDURE APPENDIX          | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 45399 | UNLISTED PROCEDURE COLON    | UNLISTED PROCEDURE COLON                         | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 45499 | LAPAROSCOPE PROC RECTUM     | UNLISTED LAPAROSCOPY PROCEDURE RECTUM            | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 45999 | RECTUM SURGERY PROCEDURE    | UNLISTED PROCEDURE RECTUM                        | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 46900 | DESTRUCTION ANAL LESION(S)  | DSTRJ LESION ANUS SIMPLE CHEMICAL                | No Auth Required       |   |  |                      |  |
| 46910 | DESTRUCTION ANAL LESION(S)  | DSTRJ LESION ANUS SMPL ELTRDISICATION            | No Auth Required       |   |  |                      |  |
| 46924 | DESTRUCTION ANAL LESION(S)  | DSTRJ LESION ANUS EXTENSIVE                      | No Auth Required       |   |  |                      |  |
| 46948 | INT HRHC TRANAL DARTLZJ 2+  | INT HRHC TRANANAL HROID DARTLZJ 2+ W/US GDN      | No Auth Required       |   |  |                      |  |
| 46999 | ANUS SURGERY PROCEDURE      | UNLISTED PROCEDURE ANUS                          | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47133 | REMOVAL OF DONOR LIVER      | DONOR HEPATECTOMY CADAVER DONOR                  | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47135 | TRANSPLANTATION OF LIVER    | LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE    | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47140 | PARTIAL REMOVAL DONOR LIVER | DONOR HEPATECTOMY LIVING DONOR SEG II & III      | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47141 | PARTIAL REMOVAL DONOR LIVER | DONOR HEPATECTOMY LIVING DONOR SEG III & IV      | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47142 | PARTIAL REMOVAL DONOR LIVER | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII & VI | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47143 | PREP DONOR LIVER WHOLE      | BKBENCH PREP CADAVER DONOR                       | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47144 | PREP DONOR LIVER 3-SEGMENT  | BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII   | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47145 | PREP DONOR LIVER LOBE SPLIT | BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI   | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47146 | PREP DONOR LIVER/VENOUS     | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA           | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47147 | PREP DONOR LIVER/ARTERIAL   | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA             | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47379 | LAPAROSCOPE PROCEDURE LIVER | UNLIS LAPAROSCOPIC PROCEDURE LIVER               | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 47399 | LIVER SURGERY PROCEDURE     | UNLISTED PROCEDURE LIVER                         | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 47579 | LAPAROSCOPE PROC BILIARY    | UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT     | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |



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| 47999 | BILE TRACT SURGERY PROCEDURE | UNLISTED PROCEDURE BILIARY TRACT                 | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 48550 | DONOR PANCREATECTOMY         | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT     | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 48551 | PREP DONOR PANCREAS          | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT   | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 48552 | PREP DONOR PANCREAS/VENOUS   | BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA    | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 48554 | TRANSPL ALLOGRAFT PANCREAS   | TRANSPLANTATION PANCREATIC ALLOGRAFT             | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 48556 | REMOVAL ALLOGRAFT PANCREAS   | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT           | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 48999 | PANCREAS SURGERY PROCEDURE   | UNLISTED PROCEDURE PANCREAS                      | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 49013 | PRPERTL PEL PACK HEMRRG TRMA | PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA   | No Auth Required       |   |  |                      |  |
| 49014 | REEXPLORATION PELVIC WOUND   | REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING  | No Auth Required       |   |  |                      |  |
| 49329 | LAPARO PROC ABDM/PER/OMENT   | UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 49659 | LAPARO PROC HERNIA REPAIR    | UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY     | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 49999 | ABDOMEN SURGERY PROCEDURE    | UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM  | Authorization Required | Surgery of digestive system   |  | Full Clinical Review |  |
| 50300 | REMOVE CADAVER DONOR KIDNEY  | DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL    | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50320 | REMOVE KIDNEY LIVING DONOR   | DONOR NEPHRECTOMY OPEN LIVING DONOR              | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50323 | PREP CADAVER RENAL ALLOGRAFT | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT      | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50325 | PREP DONOR RENAL GRAFT       | BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT       | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50327 | PREP RENAL GRAFT/VENOUS      | BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA      | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50328 | PREP RENAL GRAFT/ARTERIAL    | BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50329 | PREP RENAL GRAFT/URETERAL    | BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA          | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50340 | REMOVAL OF KIDNEY            | RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE         | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50360 | TRANSPLANTATION OF KIDNEY    | RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY   | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50365 | TRANSPLANTATION OF KIDNEY    | RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY     | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50370 | REMOVE TRANSPLANTED KIDNEY   | RMVL TRNSPLED RENAL ALLOGRAFT                    | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50380 | REIMPLANTATION OF KIDNEY     | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY          | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |  | Full Clinical Review |  |
| 50436 | DILAT XST TRC NDURLGC PX     | PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG      | Authorization Required | Surgery of urinary system   |  | Full Clinical Review |  |
| 50437 | DILAT XST TRC NEW ACCESS RCS | PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS | Authorization Required | Surgery of urinary system   |  | Full Clinical Review |  |
| 50549 | LAPAROSCOPE PROC RENAL       | UNLISTED LAPAROSCOPY PROCEDURE RENAL             | Authorization Required | Surgery of urinary system   |  | Full Clinical Review |  |

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| 50949 | LAPAROSCOPE PROC URETER      | UNLISTED LAPAROSCOPY PROCEDURE URETER            | Authorization Required | Surgery of urinary system              |  | Full Clinical Review |  |
| 51701 | INSERT BLADDER CATHETER      | INSJ NON-NDWELLG BLADDER CATHETER                | No Auth Required       |  |  |                      |  |
| 51702 | INSERT TEMP BLADDER CATH     | INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE        | No Auth Required       |  |  |                      |  |
| 51703 | INSERT BLADDER CATH COMPLEX  | INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED   | No Auth Required       |  |  |                      |  |
| 51705 | CHANGE OF BLADDER TUBE       | CHANGE CYSTOSTOMY TUBE SIMPLE                    | No Auth Required       |  |  |                      |  |
| 51710 | CHANGE OF BLADDER TUBE       | CHANGE CYSTOSTOMY TUBE COMPLICATED               | No Auth Required       |  |  |                      |  |
| 51798 | US URINE CAPACITY MEASURE    | MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP    | No Auth Required       |  |  |                      |  |
| 51999 | LAPAROSCOPE PROC BLA         | UNLISTED LAPAROSCOPY PROCEDURE BLADDER           | Authorization Required | Surgery of urinary system              |  | Full Clinical Review |  |
| 53854 | TRURL DSTRJ PRST8 TISS RF WV | TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY       | Authorization Required | Surgery of urinary system              |  | Full Clinical Review |  |
| 53860 | TRANSURETHRAL RF TREATMENT   | TRURL RF FEMALE BLADDER NECK STRS URIN INCONT    | Authorization Required | Surgery of urinary system              |  | Full Clinical Review |  |
| 53899 | UROLOGY SURGERY PROCEDURE    | UNLISTED PROCEDURE URINARY SYSTEM                | Authorization Required | Surgery of urinary system              |  | Full Clinical Review |  |
| 54050 | DESTRUCTION PENIS LESION(S)  | DSTRJ LESION PENIS SIMPLE CHEMICAL               | No Auth Required       |  |  |                      |  |
| 54055 | DESTRUCTION PENIS LESION(S)  | DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION     | No Auth Required       |  |  |                      |  |
| 54699 | LAPAROSCOPE PROC TESTIS      | UNLISTED LAPAROSCOPY PROCEDURE TESTIS            | Authorization Required | Surgery of male genital system         |  | Full Clinical Review |  |
| 54900 | FUSION OF SPERMATIC DUCTS    | EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI          | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 54901 | FUSION OF SPERMATIC DUCTS    | EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI           | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 55100 | DRAINAGE OF SCROTUM ABSCESS  | DRAINAGE SCROTAL WALL ABSCESS                    | No Auth Required       |  |  |                      |  |
| 55200 | INCISION OF SPERM DUCT       | VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX   | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 55300 | PREPARE SPERM DUCT X-RAY     | VASOTOMY VASOGRAMS UNI/BI                        | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 55400 | REPAIR OF SPERM DUCT         | VASOVASOSTOMY VASOVASORRHAPHY                    | Authorization Required | Surgery of male genital system         |  | Full Clinical Review |  |
| 55559 | LAPARO PROC SPERMATIC CORD   | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD     | Authorization Required | Surgery of male genital system         |  | Full Clinical Review |  |
| 55876 | PLACE RT DEVICE/MARKER PROS  | PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT  | Authorization Required | Surgery of male genital system         |  | Full Clinical Review |  |
| 55899 | GENITAL SURGERY PROCEDURE    | UNLISTED PROCEDURE MALE GENITAL SYSTEM           | Authorization Required | Surgery of male genital system         |  | Full Clinical Review |  |
| 55970 | SEX TRANSFORMATION M TO F    | INTERSEX SURG MALE FEMALE                        | Authorization Required | Reconstructive                         |  | Full Clinical Review |  |
| 55980 | SEX TRANSFORMATION F TO M    | INTERSEX SURG FEMALE MALE                        | Authorization Required | Reconstructive                         |  | Full Clinical Review |  |
| 56420 | DRAINAGE OF GLAND ABSCESS    | I&D OF BARTHOLINS GLAND ABSCESS                  | No Auth Required       |  |  |                      |  |
| 56501 | DESTROY VULVA LESIONS SIM    | DESTRUCTION LESIONS VULVA SIMPLE                 | No Auth Required       |  |  |                      |  |
| 56515 | DESTROY VULVA LESION/S COMPL | DESTRUCTION LESIONS VULVA EXTENSIVE              | No Auth Required       |  |  |                      |  |
| 57061 | DESTROY VAG LESIONS SIMPLE   | DESTRUCTION VAGINAL LESIONS SIMPLE               | No Auth Required       |  |  |                      |  |
| 57065 | DESTROY VAG LESIONS COMPLEX  | DESTRUCTION VAGINAL LESIONS EXTENSIVE            | No Auth Required       |  |  |                      |  |
| 57500 | BIOPSY OF CERVIX             | BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX | No Auth Required       |  |  |                      |  |
| 58100 | BIOPSY OF UTERUS LINING      | ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX  | No Auth Required       |  |  |                      |  |
| 58300 | INSERT INTRAUTERINE DEVICE   | INSERTION INTRAUTERINE DEVICE IUD                | No Auth Required       |  |  |                      |  |
| 58301 | REMOVE INTRAUTERINE DEVICE   | REMOVAL INTRAUTERINE DEVICE IUD                  | No Auth Required       |  |  |                      |  |
| 58321 | ARTIFICIAL INSEMINATION      | ARTIFICIAL INSEMINATION INTRA-CERVICAL           | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58322 | ARTIFICIAL INSEMINATION      | ARTIFICIAL INSEMINATION INTRA-UTERINE            | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58323 | SPERM WASHING                | SPERM WASHING ARTIFICIAL INSEMINATION            | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58578 | LAPARO PROC UTERUS           | UNLISTED LAPAROSCOPY PROCEDURE UTERUS            | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 58579 | HYSTEROSCOPE PROCEDURE       | UNLISTED HYSTEROSCOPY PROCEDURE UTERUS           | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58679 | LAPARO PROC OVIDUCT-OVARY    | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY     | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 58750 | REPAIR OVIDUCT               | TUBOTUBAL ANASTATOMOSIS                          | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58752 | REVISE OVARIAN TUBE(S)       | TUBOUTERINE IMPLANTATION                         | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 58760 | FIMBRIOPLASTY                | FIMBRIOPLASTY                                    | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 58970 | RETRIEVAL OF OOCYTE          | FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD    | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58974 | TRANSFER OF EMBRYO           | EMBRYO TRANSFER INTRAUTERINE                     | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58976 | TRANSFER OF EMBRYO           | GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH | Authorization Required | Surgery of female genital system       |  | Full Clinical Review |  |
| 58999 | GENITAL SURGERY PROCEDURE    | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL | Authorization Required | Infertility Testing or Treatment       |  | Full Clinical Review |  |
| 59025 | FETAL NON-STRESS TEST        | FETAL NONSTRESS TEST                             | No Auth Required       |  |  |                      |  |
| 59030 | FETAL SCALP BLOOD SAMPLE     | FETAL SCALP BLOOD SAMPLING                       | No Auth Required       |  |  |                      |  |
| 59866 | ABORTION (MPR)               | MULTIFETAL PREGNANCY REDUCTION                   | Authorization Required | Surgery of maternity care and delivery |  | Full Clinical Review |  |
| 59897 | FETAL INVAS PX W/US          | UNLISTED FETAL INVASIVE PX W/ULTRASOUND          | Authorization Required | Surgery of maternity care and delivery |  | Full Clinical Review |  |
| 59898 | LAPARO PROC OB CARE/DELIVER  | UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY  | Authorization Required | Surgery of maternity care and delivery |  | Full Clinical Review |  |
| 59899 | MATERNITY CARE PROCEDURE     | UNLISTED PROCEDURE MATERNITY CARE & DELIVERY     | Authorization Required | Surgery of maternity care and delivery |  | Full Clinical Review |  |

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| 60659 | LAPARO PROC ENDOCRINE        | UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM  | Authorization Required | Surgery of endocrine system                                 |  | Full Clinical Review |  |
| 60699 | ENDOCRINE SURGERY PROCEDURE  | UNLISTED PROCEDURE ENDOCRINE SYSTEM              | Authorization Required | Surgery of endocrine system                                 |  | Full Clinical Review |  |
| 61531 | IMPLANT BRAIN ELECTRODES     | SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61533 | IMPLANT BRAIN ELECTRODES     | CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61760 | IMPLANT BRAIN ELECTRODES     | STRCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61850 | IMPLANT NEUROELECTRODES      | TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL      | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61860 | IMPLANT NEUROELECTRODES      | CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL       | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61863 | IMPLANT NEUROELECTRODE       | STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY   | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61864 | IMPLANT NEUROELECTRDE ADDL   | STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61867 | IMPLANT NEUROELECTRODE       | STRCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY     | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61868 | IMPLANT NEUROELECTRDE ADDL   | STRCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY      | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61870 | IMPLANT NEUROELECTRODES      | CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL     | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61880 | REVISE/REMOVE NEUROELECTRODE | REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61885 | INSRT/REDO NEUROSTIM 1 ARRAY | INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61886 | IMPLANT NEUROSTIM ARRAYS     | INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS   | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 61888 | REVISE/REMOVE NEURORECEIVER  | REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR        | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 62263 | EPIDURAL LYSIS MULT SESSIONS | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62264 | EPIDURAL LYSIS ON SINGLE DAY | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62270 | DX LMBR SPI PNXR             | DIAGNOSTIC LUMBAR SPINAL PUNCTURE                | No Auth Required       |   |  |                      |  |
| 62287 | PERCUTANEOUS DISKECTOMY      | DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62320 | NJX INTERLAMINAR CRV/THRC    | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62321 | NJX INTERLAMINAR CRV/THRC    | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62322 | NJX INTERLAMINAR LMBR/SAC    | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62323 | NJX INTERLAMINAR LMBR/SAC    | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62324 | NJX INTERLAMINAR CRV/THRC    | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62325 | NJX INTERLAMINAR CRV/THRC    | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62326 | NJX INTERLAMINAR LMBR/SAC    | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62327 | NJX INTERLAMINAR LMBR/SAC    | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62328 | DX LMBR SPI PNXR W/FLUOR/CT  | DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT  | No Auth Required       |   |  |                      |  |
| 62329 | THER SPI PNXR CSF FLUOR/CT   | THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT  | No Auth Required       |   |  |                      |  |
| 62350 | IMPLANT SPINAL CANAL CATH    | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62351 | IMPLANT SPINAL CANAL CATH    | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM           | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 62380 | NDSC DCMPRN 1 NTRSPC LUMBAR  | NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63001 | REMOVE SPINE LAMINA 1/2 CRVL | LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63003 | REMOVE SPINE LAMINA 1/2 THRC | LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63005 | REMOVE SPINE LAMINA 1/2 LMBR | LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR          | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63011 | REMOVE SPINE LAMINA 1/2 SCRL | LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL          | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63012 | REMOVE LAMINA/FACETS LUMBAR  | LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63015 | REMOVE SPINE LAMINA >2 CRVCL | LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63016 | REMOVE SPINE LAMINA >2 THRC  | LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63017 | REMOVE SPINE LAMINA >2 LMBR  | LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR          | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |

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| 63020 | NECK SPINE DISK SURGERY      | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63030 | LOW BACK DISK SURGERY        | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63035 | SPINAL DISK SURGERY ADD-ON   | LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR      | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63040 | LAMINOTOMY SINGLE CERVICAL   | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63042 | LAMINOTOMY SINGLE LUMBAR     | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63043 | LAMINOTOMY ADDL CERVICAL     | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63044 | LAMINOTOMY ADDL LUMBAR       | LAMOT W/PRTL FFD HRN8 REEXPL 1 NTRSPC EA LMBR    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63045 | REMOVE SPINE LAMINA 1 CRVL   | LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63046 | REMOVE SPINE LAMINA 1 THRC   | LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63047 | REMOVE SPINE LAMINA 1 LMBR   | LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63048 | REMOVE SPINAL LAMINA ADD-ON  | LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63050 | CERVICAL LAMINOPLSTY 2/> SEG | LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63051 | C-LAMINOPLASTY W/GRAFT/PLATE | LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63055 | DECOMPRESS SPINAL CORD THRC  | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63056 | DECOMPRESS SPINAL CORD LMBR  | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63057 | DECOMPRESS SPINE CORD ADD-ON | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63064 | DECOMPRESS SPINAL CORD THRC  | COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63066 | DECOMPRESS SPINE CORD ADD-ON | COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63075 | NECK SPINE DISK SURGERY      | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63076 | NECK SPINE DISK SURGERY      | DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63077 | SPINE DISK SURGERY THORAX    | DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63078 | SPINE DISK SURGERY THORAX    | DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63610 | STIMULATION OF SPINAL CORD   | STRCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63620 | SRS SPINAL LESION            | STEREOTACTIC RADIOSURGERY 1 SPINAL LESION        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63650 | IMPLANT NEUROELECTRODES      | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63655 | IMPLANT NEUROELECTRODES      | LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL        | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63662 | REMOVE SPINE ELTRD PLATE     | RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63663 | REVISE SPINE ELTRD PERQ ARAY | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63664 | REVISE SPINE ELTRD PLATE     | REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63685 | INSRT/REDO SPINE N GENERATOR | INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING       | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 63688 | REVISE/REMOVE NEURORECEIVER  | REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64405 | NJX AA&/STRD GR OCPL NRV     | INJECTION AA&/STRD GREATER OCCIPITAL NERVE       | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64451 | NJX AA&/STRD NRV NRVTG SI JT | INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG   | No Auth Required       |   |  |                      |  |
| 64454 | NJX AA&/STRD GNCLR NRV BRNCH | INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG  | No Auth Required       |   |  |                      |  |
| 64479 | INJ FORAMEN EPIDURAL C/T     | NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64480 | INJ FORAMEN EPIDURAL ADD-ON  | NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |

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| 64483 | INJ FORAMEN EPIDURAL L/S      | NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64484 | INJ FORAMEN EPIDURAL ADD-ON   | NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64490 | INJ PARAVERTE F JNT C/T 1 LEV | NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64491 | INJ PARAVERTE F JNT C/T 2 LEV | NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64492 | INJ PARAVERTE F JNT C/T 3 LEV | NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64493 | INJ PARAVERTE F JNT L/S 1 LEV | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL    | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64494 | INJ PARAVERTE F JNT L/S 2 LEV | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL  | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64495 | INJ PARAVERTE F JNT L/S 3 LEV | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| 64505 | N BLOCK SPENOPALATINE GANGL   | INJECTION ANES AGENT SPHENOPALATINE GANGLION      | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64520 | N BLOCK LUMBAR/THORACIC       | INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64553 | IMPLANT NEUROELECTRODES       | PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64555 | IMPLANT NEUROELECTRODES       | PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV   | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64561 | IMPLANT NEUROELECTRODES       | PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64566 | NEUROELTRD STIM POST TIBIAL   | POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64568 | INC FOR VAGUS N ELECT IMPL    | INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER    | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64569 | REVISE/REPL VAGUS N ELTRD     | REVISION/REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64575 | IMPLANT NEUROELECTRODES       | INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD     | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64580 | IMPLANT NEUROELECTRODES       | INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR              | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64581 | IMPLANT NEUROELECTRODES       | INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE     | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64590 | INSRT/REDO PN/GASTR STIMUL    | INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR          | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64595 | REVISE/RMV PN/GASTR STIMUL    | REVISION/RMVL PERIPHERAL/GASTRIC NPGR             | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64624 | DSTRJ NULYT AGT GNCLR NRV     | DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG  | No Auth Required       |   |  |                      |  |
| 64625 | RF ABLTJ NRV NRVTG SI JT      | RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN    | No Auth Required       |   |  |                      |  |
| 64633 | DESTROY CERV/THOR FACET JNT   | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64634 | DESTROY C/TH FACET JNT ADDL   | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64635 | DESTROY LUMB/SAC FACET JNT    | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64636 | DESTROY L/S FACET JNT ADDL    | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL  | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 64999 | NERVOUS SYSTEM SURGERY        | UNLISTED PROCEDURE NERVOUS SYSTEM                 | Authorization Required | Surgery of nervous system                                   |  | Full Clinical Review |  |
| 65205 | REMOVE FOREIGN BODY FROM EYE  | REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL           | No Auth Required       |   |  |                      |  |
| 65210 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR  | No Auth Required       |   |  |                      |  |
| 65220 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP           | No Auth Required       |   |  |                      |  |
| 65222 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP             | No Auth Required       |   |  |                      |  |
| 65235 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS          | No Auth Required       |   |  |                      |  |
| 65260 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE  | No Auth Required       |   |  |                      |  |
| 65265 | REMOVE FOREIGN BODY FROM EYE  | RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ         | No Auth Required       |   |  |                      |  |
| 65771 | RADIAL KERATOTOMY             | RADIAL KERATOTOMY                                 | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 65772 | CORRECTION OF ASTIGMATISM     | CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM       | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 65775 | CORRECTION OF ASTIGMATISM     | CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM        | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 66987 | XCAPSL CTRC RMVL CPLX W/ECP   | XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP   | No Auth Required       |   |  |                      |  |
| 66988 | XCAPSL CTRC RMVL W/ECP        | XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP        | No Auth Required       |   |  |                      |  |
| 66999 | EYE SURGERY PROCEDURE         | UNLISTED PROCEDURE ANTERIOR SEGMENT EYE           | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67299 | EYE SURGERY PROCEDURE         | UNLISTED PROCEDURE POSTERIOR SEGMENT              | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67399 | UNLISTED PX EXTRAOCULAR MUSC  | UNLISTED PROCEDURE EXTRAOCULAR MUSCLE             | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67599 | ORBIT SURGERY PROCEDURE       | UNLISTED PROCEDURE ORBIT                          | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67700 | DRAINAGE OF EYELID ABSCESS    | BLEPHAROTOMY DRAINAGE ABSCESS EYELID              | No Auth Required       |   |  |                      |  |
| 67900 | REPAIR BROW DEFECT            | REPAIR BROW PTOSIS                                | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67901 | REPAIR EYELID DEFECT          | RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL  | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |
| 67902 | REPAIR EYELID DEFECT          | RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING  | Authorization Required | Surgery of eye and ocular adnexa                            |  | Full Clinical Review |  |

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| 67903 | REPAIR EYELID DEFECT         | RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67904 | REPAIR EYELID DEFECT         | RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL    | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67906 | REPAIR EYELID DEFECT         | RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67908 | REPAIR EYELID DEFECT         | RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ   | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67909 | REVISE EYELID DEFECT         | REDUCTION OVERCORRECTION PTOSIS                  | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67911 | REVISE EYELID DEFECT         | CORRECTION LID RETRACTION                        | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67912 | CORRECTION EYELID W/IMPLANT  | CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD   | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67914 | REPAIR EYELID DEFECT         | REPAIR ECTROPION SUTURE                          | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67915 | REPAIR EYELID DEFECT         | REPAIR ECTROPION THERMOCAUTERIZATION             | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67916 | REPAIR EYELID DEFECT         | REPAIR ECTROPION EXCISION TARSAL WEDGE           | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67917 | REPAIR EYELID DEFECT         | REPAIR ECTROPION EXTENSIVE                       | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67921 | REPAIR EYELID DEFECT         | REPAIR ENTROPION SUTURE                          | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67922 | REPAIR EYELID DEFECT         | REPAIR ENTROPION THERMOCAUTERIZATION             | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67923 | REPAIR EYELID DEFECT         | REPAIR ENTROPION EXCISION TARSAL WEDGE           | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67924 | REPAIR EYELID DEFECT         | REPAIR ENTROPION EXTENSIVE                       | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 67999 | REVISION OF EYELID           | UNLISTED PROCEDURE EYELIDS                       | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 68399 | EYELID LINING SURGERY        | UNLISTED PROCEDURE CONJUNCTIVA                   | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 68899 | TEAR DUCT SYSTEM SURGERY     | UNLISTED PROCEDURE LACRIMAL SYSTEM               | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |  |
| 69000 | DRAIN EXTERNAL EAR LESION    | DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE    | No Auth Required       |                                  |  |                      |  |
| 69005 | DRAIN EXTERNAL EAR LESION    | DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX     | No Auth Required       |                                  |  |                      |  |
| 69020 | DRAIN OUTER EAR CANAL LESION | DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS         | No Auth Required       |                                  |  |                      |  |
| 69090 | PIERCE EARLOBES              | EAR PIERCING                                     | Authorization Required | Reconstructive                   |  | Full Clinical Review |  |
| 69200 | CLEAR OUTER EAR CANAL        | RMVL FB XTRNL AUDITORY CANAL W/O ANES            | No Auth Required       |                                  |  |                      |  |
| 69209 | REMOVE IMPACTED EAR WAX UNI  | REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT   | No Auth Required       |                                  |  |                      |  |
| 69210 | REMOVE IMPACTED EAR WAX UNI  | REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT  | No Auth Required       |                                  |  |                      |  |
| 69300 | REVISE EXTERNAL EAR          | OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ         | Authorization Required | Reconstructive                   |  | Full Clinical Review |  |
| 69399 | OUTER EAR SURGERY PROCEDURE  | UNLISTED PROCEDURE EXTERNAL EAR                  | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69420 | INCISION OF EARDRUM          | MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ         | No Auth Required       |                                  |  |                      |  |
| 69710 | IMPLANT/REPLACE HEARING AID  | IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE  | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69711 | REMOVE/REPAIR HEARING AID    | RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE       | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69714 | IMPLANT TEMPLE BONE W/STIMUL | IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID   | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69715 | TEMPLE BNE IMPLNT W/STIMULAT | IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID  | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69717 | TEMPLE BONE IMPLANT REVISION | RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY   | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69718 | REVISE TEMPLE BONE IMPLANT   | RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY     | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69799 | MIDDLE EAR SURGERY PROCEDURE | UNLISTED PROCEDURE MIDDLE EAR                    | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69930 | IMPLANT COCHLEAR DEVICE      | COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY  | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69949 | INNER EAR SURGERY PROCEDURE  | UNLISTED PROCEDURE INNER EAR                     | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 69979 | TEMPORAL BONE SURGERY        | UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA    | Authorization Required | Surgery of auditory system       |  | Full Clinical Review |  |
| 70010 | CONTRAST X-RAY OF BRAIN      | MYELOGRAPHY POST FOSSA RS&I                      | No Auth Required       |                                  |  |                      |  |
| 70015 | CONTRAST X-RAY OF BRAIN      | CISTERNOGRAPHY POSITIVE CONTRAST RS&I            | No Auth Required       |                                  |  |                      |  |
| 70030 | X-RAY EYE FOR FOREIGN BODY   | RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY   | No Auth Required       |                                  |  |                      |  |
| 70100 | X-RAY EXAM OF JAW <4VIEWS    | RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS    | No Auth Required       |                                  |  |                      |  |
| 70110 | X-RAY EXAM OF JAW 4/> VIEWS  | RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS     | No Auth Required       |                                  |  |                      |  |
| 70120 | X-RAY EXAM OF MASTOIDS       | RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE      | No Auth Required       |                                  |  |                      |  |
| 70130 | X-RAY EXAM OF MASTOIDS       | RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE     | No Auth Required       |                                  |  |                      |  |
| 70134 | X-RAY EXAM OF MIDDLE EAR     | RADEX INTERNAL AUDITORY MEATI COMPLETE           | No Auth Required       |                                  |  |                      |  |
| 70140 | X-RAY EXAM OF FACIAL BONES   | RADEX FACIAL BONES < 3 VIEWS                     | No Auth Required       |                                  |  |                      |  |
| 70150 | X-RAY EXAM OF FACIAL BONES   | RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS      | No Auth Required       |                                  |  |                      |  |
| 70160 | X-RAY EXAM OF NASAL BONES    | RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS       | No Auth Required       |                                  |  |                      |  |
| 70170 | X-RAY EXAM OF TEAR DUCT      | DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I           | No Auth Required       |                                  |  |                      |  |
| 70190 | X-RAY EXAM OF EYE SOCKETS    | RADEX OPTIC FORAMINA                             | No Auth Required       |                                  |  |                      |  |
| 70200 | X-RAY EXAM OF EYE SOCKETS    | RADEX ORBITS COMPLETE MINIMUM 4 VIEWS            | No Auth Required       |                                  |  |                      |  |
| 70210 | X-RAY EXAM OF SINUSES        | RADEX SINUSES PARANASAL <3 VIEWS                 | No Auth Required       |                                  |  |                      |  |
| 70220 | X-RAY EXAM OF SINUSES        | RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS    | No Auth Required       |                                  |  |                      |  |

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| 70240 | X-RAY EXAM PITUITARY SADDLE  | RADIOLOGIC EXAMINATION SELLA TURCICA             | No Auth Required       |                                  |  |  |
| 70250 | X-RAY EXAM OF SKULL          | RADIOLOGIC EXAMINATION SKULL 4/> VIEWS           | No Auth Required       |                                  |  |  |
| 70260 | X-RAY EXAM OF SKULL          | RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS   | No Auth Required       |                                  |  |  |
| 70300 | X-RAY EXAM OF TEETH          | RADIOLOGIC EXAMINATION TEETH 1 VIEW              | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 70310 | X-RAY EXAM OF TEETH          | RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH     | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 70320 | FULL MOUTH X-RAY OF TEETH    | RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH        | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 70328 | X-RAY EXAM OF JAW JOINT      | RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT  | No Auth Required       |                                  |  |  |
| 70330 | X-RAY EXAM OF JAW JOINTS     | RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT   | No Auth Required       |                                  |  |  |
| 70332 | X-RAY EXAM OF JAW JOINT      | TEMPOROMANDBLE JT ARTHROGRAPHY RS&I              | No Auth Required       |                                  |  |  |
| 70336 | MAGNETIC IMAGE JAW JOINT     | MRI TEMPOROMANDIBULAR JOINT                      | Authorization Required | Radiology                        |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70350 | X-RAY HEAD FOR ORTHODONTIA   | CEPHALOGRAM ORTHODONTIC                          | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 70355 | PANORAMIC X-RAY OF JAWS      | ORTHOPANTOGRAM                                   | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 70360 | X-RAY EXAM OF NECK           | RADIOLOGIC EXAMINATION NECK SOFT TISSUE          | No Auth Required       |                                  |  |  |
| 70370 | THROAT X-RAY & FLUOROSCOPY   | RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ     | No Auth Required       |                                  |  |  |
| 70371 | SPEECH EVALUATION COMPLEX    | CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC          | No Auth Required       |                                  |  |  |
| 70380 | X-RAY EXAM OF SALIVARY GLAND | RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS   | No Auth Required       |                                  |  |  |
| 70390 | X-RAY EXAM OF SALIVARY DUCT  | SIALOGRAPHY RS&I                                 | No Auth Required       |                                  |  |  |
| 70450 | CT HEAD/BRAIN W/O DYE        | CT HEAD/BRAIN W/O CONTRAST MATERIAL              | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70460 | CT HEAD/BRAIN W/DYE          | CT HEAD/BRAIN W/CONTRAST MATERIAL                | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70470 | CT HEAD/BRAIN W/O & W/DYE    | CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL          | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70480 | CT ORBIT/EAR/FOSSA W/O DYE   | CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL | No Auth Required       | Radiology - diagnostic radiology |  |  |
| 70481 | CT ORBIT/EAR/FOSSA W/DYE     | CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70482 | CT ORBIT/EAR/FOSSA W/O&W/DYE | CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70486 | CT MAXILLOFACIAL W/O DYE     | CT MAXILLOFACIAL W/O CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70487 | CT MAXILLOFACIAL W/DYE       | CT MAXILLOFACIAL W/CONTRAST MATERIAL             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70488 | CT MAXILLOFACIAL W/O & W/DYE | CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70490 | CT SOFT TISSUE NECK W/O DYE  | CT SOFT TISSUE NECK W/O CONTRAST MATERIAL        | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70491 | CT SOFT TISSUE NECK W/DYE    | CT SOFT TISSUE NECK W/CONTRAST MATERIAL          | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70492 | CT SFT TSUE NCK W/O & W/DYE  | CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70496 | CT ANGIOGRAPHY HEAD          | CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 70498 | CT ANGIOGRAPHY NECK          | CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST       | No Auth Required       | Radiology - diagnostic radiology |  |  |
| 70540 | MRI ORBIT/FACE/NECK W/O DYE  | MRI ORBIT FACE &/NECK W/O CONTRAST               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70542 | MRI ORBIT/FACE/NECK W/DYE    | MRI ORBIT FACE & NECK W/CONTRAST MATERIAL        | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70543 | MRI ORBT/FAC/NCK W/O & W/DYE | MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70544 | MR ANGIOGRAPHY HEAD W/O DYE  | MRA HEAD W/O CONTRST MATERIAL                    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE    | MRA HEAD W/CONTRAST MATERIAL                     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 70546 | MR ANGIOGRAPH HEAD W/O&W/DYE | MRA HEAD W/O & W/CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |

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| 70547 | MR ANGIOGRAPHY NECK W/O DYE   | MRA NECK W/O CONTRST MATERIAL                     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 70548 | MR ANGIOGRAPHY NECK W/DYE     | MRA NECK W/CONTRAST MATERIAL                      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 70549 | MR ANGIOGRAPHY NECK W/O&W/DYE | MRA NECK W/O &W/CONTRAST MATERIAL                 | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 70551 | MRI BRAIN STEM W/O DYE        | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL        | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70552 | MRI BRAIN STEM W/DYE          | MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL          | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70553 | MRI BRAIN STEM W/O & W/DYE    | MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70554 | FMRI BRAIN BY TECH            | MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 70555 | FMRI BRAIN BY PHYS/PSYCH      | MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70557 | MRI BRAIN W/O DYE             | MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70558 | MRI BRAIN W/DYE               | MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 70559 | MRI BRAIN W/O & W/DYE         | MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71045 | X-RAY EXAM CHEST 1 VIEW       | RADIOLOGIC EXAM CHEST SINGLE VIEW                 | No Auth Required       |                                  |  |  |  |
| 71046 | X-RAY EXAM CHEST 2 VIEWS      | RADIOLOGIC EXAM CHEST 2 VIEWS                     | No Auth Required       |                                  |  |  |  |
| 71047 | X-RAY EXAM CHEST 3 VIEWS      | RADIOLOGIC EXAM CHEST 3 VIEWS                     | No Auth Required       |                                  |  |  |  |
| 71048 | X-RAY EXAM CHEST 4+ VIEWS     | RADIOLOGIC EXAM CHEST 4+ VIEWS                    | No Auth Required       |                                  |  |  |  |
| 71100 | X-RAY EXAM RIBS UNI 2 VIEWS   | RADEX RIBS UNILATERAL 2 VIEWS                     | No Auth Required       |                                  |  |  |  |
| 71101 | X-RAY EXAM UNILAT RIBS/CHEST  | RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS    | No Auth Required       |                                  |  |  |  |
| 71110 | X-RAY EXAM RIBS BIL 3 VIEWS   | RADEX RIBS BILATERAL 3 VIEWS                      | No Auth Required       |                                  |  |  |  |
| 71111 | X-RAY EXAM RIBS/CHEST4/> VWS  | RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS     | No Auth Required       |                                  |  |  |  |
| 71120 | X-RAY EXAM BREASTBONE 2/>VWS  | RADEX STERNUM MINIMUM 2 VIEWS                     | No Auth Required       |                                  |  |  |  |
| 71130 | X-RAY STRENOCLAVIC JT 3/>VWS  | RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS     | No Auth Required       |                                  |  |  |  |
| 71250 | CT THORAX W/O DYE             | CT THORAX W/O CONTRAST MATERIAL                   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71260 | CT THORAX W/DYE               | CT THORAX W/CONTRAST MATERIAL                     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71270 | CT THORAX W/O & W/DYE         | CT THORAX W/O & W/CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71275 | CT ANGIOGRAPHY CHEST          | CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 71550 | MRI CHEST W/O DYE             | MRI CHEST W/O CONTRAST MATERIAL                   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71551 | MRI CHEST W/DYE               | MRI CHEST W/CONTRAST MATERIAL                     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71552 | MRI CHEST W/O & W/DYE         | MRI CHEST W/O & W/CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 71555 | MRI ANGIO CHEST W OR W/O DYE  | MRA CHEST W/O & W/CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 72020 | X-RAY EXAM OF SPINE 1 VIEW    | RADEX SPINE 1 VIEW SPECIFY LEVEL                  | No Auth Required       |                                  |  |  |  |
| 72040 | X-RAY EXAM NECK SPINE 2-3 VW  | RADEX SPINE CERVICAL 2 OR 3 VIEWS                 | No Auth Required       |                                  |  |  |  |
| 72050 | X-RAY EXAM NECK SPINE 4/5VWS  | RADEX SPINE CERVICAL 4 OR 5 VIEWS                 | No Auth Required       |                                  |  |  |  |
| 72052 | X-RAY EXAM NECK SPINE 6/>VWS  | RADEX SPINE CERVICAL 6 OR MORE VIEWS              | No Auth Required       |                                  |  |  |  |
| 72070 | X-RAY EXAM THORAC SPINE 2VWS  | RADEX SPINE THORACIC 2 VIEWS                      | No Auth Required       |                                  |  |  |  |
| 72072 | X-RAY EXAM THORAC SPINE 3VWS  | RADEX SPINE THORACIC 3 VIEWS                      | No Auth Required       |                                  |  |  |  |
| 72074 | X-RAY EXAM THORAC SPINE4/>VW  | RADEX SPINE THORACIC MINIMUM 4 VIEWS              | No Auth Required       |                                  |  |  |  |
| 72080 | X-RAY EXAM THORACOLMB 2/> VW  | RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS    | No Auth Required       |                                  |  |  |  |
| 72081 | X-RAY EXAM ENTIRE SPI 1 VW    | RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW    | No Auth Required       |                                  |  |  |  |
| 72082 | X-RAY EXAM ENTIRE SPI 2/3 VW  | RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW  | No Auth Required       |                                  |  |  |  |
| 72083 | X-RAY EXAM ENTIRE SPI 4/5 VW  | RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW  | No Auth Required       |                                  |  |  |  |
| 72084 | X-RAY EXAM ENTIRE SPI 6/> VW  | RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW  | No Auth Required       |                                  |  |  |  |
| 72100 | X-RAY EXAM L-S SPINE 2/3 VWS  | RADEX SPINE LUMBOSACRAL 2/3 VIEWS                 | No Auth Required       |                                  |  |  |  |
| 72110 | X-RAY EXAM L-2 SPINE 4/>VWS   | RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS           | No Auth Required       |                                  |  |  |  |



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| 72114 | X-RAY EXAM L-S SPINE BENDING  | RADEX SPINE LUMBSCL COMPL W/BENDING VIEWS MIN 6 | No Auth Required       |                                  |  |  |  |
| 72120 | X-RAY BEND ONLY L-S SPINE     | RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS  | No Auth Required       |                                  |  |  |  |
| 72125 | CT NECK SPINE W/O DYE         | CT CERVICAL SPINE W/O CONTRAST MATERIAL         | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72126 | CT NECK SPINE W/DYE           | CT CERVICAL SPINE W/CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72127 | CT NECK SPINE W/O & W/DYE     | CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72128 | CT CHEST SPINE W/O DYE        | CT THORACIC SPINE W/O CONTRAST MATERIAL         | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72129 | CT CHEST SPINE W/DYE          | CT THORACIC SPINE W/CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72130 | CT CHEST SPINE W/O & W/DYE    | CT THORACIC SPINE W/O & W/CONTRAST MATERIAL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72131 | CT LUMBAR SPINE W/O DYE       | CT LUMBAR SPINE W/O CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72132 | CT LUMBAR SPINE W/DYE         | CT LUMBAR SPINE W/CONTRAST MATERIAL             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72133 | CT LUMBAR SPINE W/O & W/DYE   | CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72141 | MRI NECK SPINE W/O DYE        | MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72142 | MRI NECK SPINE W/DYE          | MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72146 | MRI CHEST SPINE W/O DYE       | MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72147 | MRI CHEST SPINE W/DYE         | MRI SPINAL CANAL THORACIC W/CONTRAST MATRL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72148 | MRI LUMBAR SPINE W/O DYE      | MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72149 | MRI LUMBAR SPINE W/DYE        | MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72156 | MRI NECK SPINE W/O & W/DYE    | MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72157 | MRI CHEST SPINE W/O & W/DYE   | MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72158 | MRI LUMBAR SPINE W/O & W/DYE  | MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72159 | MR ANGIO SPINE W/O&W/DYE      | MRA SPINAL CANAL W/WO CONTRAST MATERIAL         | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 72170 | X-RAY EXAM OF PELVIS          | RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS         | No Auth Required       |                                  |  |  |  |
| 72190 | X-RAY EXAM OF PELVIS          | RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS    | No Auth Required       |                                  |  |  |  |
| 72191 | CT ANGIOGRAPHY PELV W/O&W/DYE | CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 72192 | CT PELVIS W/O DYE             | CT PELVIS W/O CONTRAST MATERIAL                 | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72193 | CT PELVIS W/DYE               | CT PELVIS W/CONTRAST MATERIAL                   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72194 | CT PELVIS W/O & W/DYE         | CT PELVIS W/O & W/CONTRAST MATERIAL             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72195 | MRI PELVIS W/O DYE            | MRI PELVIS W/O CONTRAST MATERIAL                | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 72196 | MRI PELVIS W/DYE              | MRI PELVIS W/CONTRAST MATERIAL                  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |

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| 72197 | MRI PELVIS W/O & W/DYE        | MRI PELVIS W/O & W/CONTRAST MATERIAL             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 72198 | MR ANGIO PELVIS W/O & W/DYE   | MRA PELVIS W/WO CONTRAST MATERIAL                | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 72200 | X-RAY EXAM SI JOINTS          | RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS  | No Auth Required       |                                  |  |  |  |
| 72202 | X-RAY EXAM SI JOINTS 3/> VWS  | RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS   | No Auth Required       |                                  |  |  |  |
| 72220 | X-RAY EXAM SACRUM TAILBONE    | RADEX SACRUM & COCCYX MINIMUM 2 VIEWS            | No Auth Required       |                                  |  |  |  |
| 72240 | MYELOGRAPHY NECK SPINE        | MYELOGRAPHY CERVICAL RS&I                        | No Auth Required       |                                  |  |  |  |
| 72255 | MYELOGRAPHY THORACIC SPINE    | MYELOGRAPHY THORACIC RS&I                        | No Auth Required       |                                  |  |  |  |
| 72265 | MYELOGRAPHY L-S SPINE         | MYELOGRAPHY LUMBOSACRAL RS&I                     | No Auth Required       |                                  |  |  |  |
| 72270 | MYELOGRAPHY 2/> SPINE REGIONS | MYELOGRAPHY 2/MORE REGIONS RS&I                  | No Auth Required       |                                  |  |  |  |
| 72275 | EPIDUROGRAPHY                 | EPIDUROGRAPHY RS&I                               | No Auth Required       |                                  |  |  |  |
| 72285 | DISCOGRAPHY CERV/THOR SPINE   | DISCOGRAPHY CERVICAL/THORACIC RS&I               | No Auth Required       |                                  |  |  |  |
| 72295 | X-RAY OF LOWER SPINE DISK     | DISCOGRAPHY LUMBAR RS&I                          | No Auth Required       |                                  |  |  |  |
| 73000 | X-RAY EXAM OF COLLAR BONE     | RADEX CLAVICLE COMPLETE                          | No Auth Required       |                                  |  |  |  |
| 73010 | X-RAY EXAM OF SHOULDER BLADE  | RADEX SCAPULA COMPLETE                           | No Auth Required       |                                  |  |  |  |
| 73020 | X-RAY EXAM OF SHOULDER        | RADEX SHOULDER 1 VIEW                            | No Auth Required       |                                  |  |  |  |
| 73030 | X-RAY EXAM OF SHOULDER        | RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS          | No Auth Required       |                                  |  |  |  |
| 73040 | CONTRAST X-RAY OF SHOULDER    | RADEX SHOULDER ARTHROGRAPHY RS&I                 | No Auth Required       |                                  |  |  |  |
| 73050 | X-RAY EXAM OF SHOULDERS       | RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ        | No Auth Required       |                                  |  |  |  |
| 73060 | X-RAY EXAM OF HUMERUS         | RADEX HUMERUS MINIMUM 2 VIEWS                    | No Auth Required       |                                  |  |  |  |
| 73070 | X-RAY EXAM OF ELBOW           | RADEX ELBOW 2 VIEWS                              | No Auth Required       |                                  |  |  |  |
| 73080 | X-RAY EXAM OF ELBOW           | RADEX ELBOW COMPLETE MINIMUM 3 VIEWS             | No Auth Required       |                                  |  |  |  |
| 73085 | CONTRAST X-RAY OF ELBOW       | RADEX ELBOW ARTHROGRAPHY RS&I                    | No Auth Required       |                                  |  |  |  |
| 73090 | X-RAY EXAM OF FOREARM         | RADEX FOREARM 2 VIEWS                            | No Auth Required       |                                  |  |  |  |
| 73092 | X-RAY EXAM OF ARM INFANT      | RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS     | No Auth Required       |                                  |  |  |  |
| 73100 | X-RAY EXAM OF WRIST           | RADEX WRIST 2 VIEWS                              | No Auth Required       |                                  |  |  |  |
| 73110 | X-RAY EXAM OF WRIST           | RADEX WRIST COMPLETE MINIMUM 3 VIEWS             | No Auth Required       |                                  |  |  |  |
| 73115 | CONTRAST X-RAY OF WRIST       | RADEX WRIST ARTHROGRAPHY RS&I                    | No Auth Required       |                                  |  |  |  |
| 73120 | X-RAY EXAM OF HAND            | RADEX HAND 2 VIEWS                               | No Auth Required       |                                  |  |  |  |
| 73130 | X-RAY EXAM OF HAND            | RADEX HAND MINIMUM 3 VIEWS                       | No Auth Required       |                                  |  |  |  |
| 73140 | X-RAY EXAM OF FINGER(S)       | RADEX FINGER MINIMUM 2 VIEWS                     | No Auth Required       |                                  |  |  |  |
| 73200 | CT UPPER EXTREMITY W/O DYE    | CT UPPER EXTREMITY W/O CONTRAST MATERIAL         | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73201 | CT UPPER EXTREMITY W/DYE      | CT UPPER EXTREMITY W/CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73202 | CT UPPER EXTREMITY W/O&W/DYE  | CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73206 | CT ANGIO UPR EXTRM W/O&W/DYE  | CT ANGIOGRAPHY UPPER EXTREMITY                   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 73218 | MRI UPPER EXTREMITY W/O DYE   | MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73219 | MRI UPPER EXTREMITY W/DYE     | MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73220 | MRI UPPER EXTREMITY W/O&W/DYE | MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73221 | MRI JOINT UPR EXTREM W/O DYE  | MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73222 | MRI JOINT UPR EXTREM W/DYE    | MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73223 | MRI JOINT UPR EXTR W/O&W/DYE  | MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73225 | MR ANGIO UPR EXTR W/O&W/DYE   | MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 73501 | X-RAY EXAM HIP UNI 1 VIEW     | RADEX HIP UNILATERAL WITH PELVIS 1 VIEW          | No Auth Required       |                                  |  |  |  |
| 73502 | X-RAY EXAM HIP UNI 2-3 VIEWS  | RADEX HIP UNILATERAL WITH PELVIS 2 3 VIEWS       | No Auth Required       |                                  |  |  |  |
| 73503 | X-RAY EXAM HIP UNI 4/> VIEWS  | RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS | No Auth Required       |                                  |  |  |  |
| 73521 | X-RAY EXAM HIPS BI 2 VIEWS    | RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS         | No Auth Required       |                                  |  |  |  |
| 73522 | X-RAY EXAM HIPS BI 3-4 VIEWS  | RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS       | No Auth Required       |                                  |  |  |  |
| 73523 | X-RAY EXAM HIPS BI 5/> VIEWS  | RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS | No Auth Required       |                                  |  |  |  |
| 73525 | CONTRAST X-RAY OF HIP         | RADEX HIP ARTHROGRAPHY RS&I                      | No Auth Required       |                                  |  |  |  |
| 73551 | X-RAY EXAM OF FEMUR 1 VIEW    | RADIOLOGIC EXAMINATION FEMUR 1 VIEW              | No Auth Required       |                                  |  |  |  |
| 73552 | X-RAY EXAM OF FEMUR 2/>       | RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS     | No Auth Required       |                                  |  |  |  |

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| 73560 | X-RAY EXAM OF KNEE 1 OR 2    | RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS          | No Auth Required       |                                  |  |  |  |
| 73562 | X-RAY EXAM OF KNEE 3         | RADIOLOGIC EXAMINATION KNEE 3 VIEWS            | No Auth Required       |                                  |  |  |  |
| 73564 | X-RAY EXAM KNEE 4 OR MORE    | RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS     | No Auth Required       |                                  |  |  |  |
| 73565 | X-RAY EXAM OF KNEES          | RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST | No Auth Required       |                                  |  |  |  |
| 73580 | CONTRAST X-RAY OF KNEE JOINT | RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I         | No Auth Required       |                                  |  |  |  |
| 73590 | X-RAY EXAM OF LOWER LEG      | RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS  | No Auth Required       |                                  |  |  |  |
| 73592 | X-RAY EXAM OF LEG INFANT     | RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS   | No Auth Required       |                                  |  |  |  |
| 73600 | X-RAY EXAM OF ANKLE          | RADIOLOGIC EXAMINATION ANKLE 2 VIEWS           | No Auth Required       |                                  |  |  |  |
| 73610 | X-RAY EXAM OF ANKLE          | RADEX ANKLE COMPLETE MINIMUM 3 VIEWS           | No Auth Required       |                                  |  |  |  |
| 73615 | CONTRAST X-RAY OF ANKLE      | RADEX ANKLE ARTHROGRAPHY RS&I                  | No Auth Required       |                                  |  |  |  |
| 73620 | X-RAY EXAM OF FOOT           | RADIOLOGIC EXAMINATION FOOT 2 VIEWS            | No Auth Required       |                                  |  |  |  |
| 73630 | X-RAY EXAM OF FOOT           | RADEX FOOT COMPLETE MINIMUM 3 VIEWS            | No Auth Required       |                                  |  |  |  |
| 73650 | X-RAY EXAM OF HEEL           | RADEX CALCANEUS MINIMUM 2 VIEWS                | No Auth Required       |                                  |  |  |  |
| 73660 | X-RAY EXAM OF TOE(S)         | RADEX TOE MINIMUM 2 VIEWS                      | No Auth Required       |                                  |  |  |  |
| 73700 | CT LOWER EXTREMITY W/O DYE   | CT LOWER EXTREMITY W/O CONTRAST MATERIAL       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73701 | CT LOWER EXTREMITY W/DYE     | CT LOWER EXTREMITY W/CONTRAST MATERIAL         | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73702 | CT LWR EXTREMITY W/O&W/DYE   | CT LOWER EXTREMITY W/O & W/CONTRAST MATRL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73706 | CT ANGIO LWR EXTR W/O&W/DYE  | CT ANGIOGRAPHY LOWER EXTREMITY                 | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 73718 | MRI LOWER EXTREMITY W/O DYE  | MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73719 | MRI LOWER EXTREMITY W/DYE    | MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73720 | MRI LWR EXTREMITY W/O&W/DYE  | MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73721 | MRI JNT OF LWR EXTRE W/O DYE | MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73722 | MRI JOINT OF LWR EXTR W/DYE  | MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73723 | MRI JOINT LWR EXTR W/O&W/DYE | MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 73725 | MR ANG LWR EXT W OR W/O DYE  | MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 74018 | X-RAY EXAM ABDOMEN 1 VIEW    | RADIOLOGIC EXAM ABDOMEN 1 VIEW                 | No Auth Required       |                                  |  |  |  |
| 74019 | X-RAY EXAM ABDOMEN 2 VIEWS   | RADIOLOGIC EXAM ABDOMEN 2 VIEWS                | No Auth Required       |                                  |  |  |  |
| 74021 | X-RAY EXAM ABDOMEN 3+ VIEWS  | RADIOLOGIC EXAM ABDOMEN 3+ VIEWS               | No Auth Required       |                                  |  |  |  |
| 74022 | X-RAY EXAM COMPLETE ABDOMEN  | RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES  | No Auth Required       |                                  |  |  |  |
| 74150 | CT ABDOMEN W/O DYE           | CT ABDOMEN W/O CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 74160 | CT ABDOMEN W/DYE             | CT ABDOMEN W/CONTRAST MATERIAL                 | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 74170 | CT ABDOMEN W/O & W/DYE       | CT ABDOMEN W/O & W/CONTRAST MATERIAL           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 74174 | CT ANGIO ABD&PELV W/O&W/DYE  | CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 74175 | CT ANGIO ABDOM W/O & W/DYE   | CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 74176 | CT ABD & PELVIS W/O CONTRAST | CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 74177 | CT ABD & PELV W/CONTRAST     | CT ABDOMEN & PELVIS W/CONTRAST MATERIAL        | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| 74178 | CT ABD & PELV 1/> REGNS      | CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |

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| 74181 | MRI ABDOMEN W/O DYE           | MRI ABDOMEN W/O CONTRAST MATERIAL                | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| 74182 | MRI ABDOMEN W/DYE             | MRI ABDOMEN W/CONTRAST MATERIAL                  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| 74183 | MRI ABDOMEN W/O & W/DYE       | MRI ABDOMEN W/O & W/CONTRAST MATERIAL            | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| 74185 | MRI ANGIO ABDOM W ORW/O DYE   | MRA ABDOMEN W/WO CONTRAST MATERIAL               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74190 | X-RAY EXAM OF PERITONEUM      | PERITONEOGRAM RS&I                               | No Auth Required       |                                  |  |  |
| 74210 | X-RAY XM PHRNX&/CRV ESOPH C+  | RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74220 | X-RAY XM ESOPHAGUS 1CNTRST    | RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74221 | X-RAY XM ESOPHAGUS 2CNTRST    | RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74230 | X-RAY XM SWLNG FUNCJ C+       | RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74235 | REMOVE ESOPHAGUS OBSTRUCTION  | RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I       | No Auth Required       |                                  |  |  |
| 74240 | X-RAY XM UPR GI TRC 1CNTRST   | RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY | No Auth Required       |                                  |  |  |
| 74246 | X-RAY XM UPR GI TRC 2CNTRST   | RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY | No Auth Required       |                                  |  |  |
| 74248 | X-RAY SM INT F-THRU STD       | RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY  | No Auth Required       |                                  |  |  |
| 74250 | X-RAY XM SM INT 1CNTRST STD   | RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74251 | X-RAY XM SM INT 2CNTRST STD   | RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY  | No Auth Required       |                                  |  |  |
| 74261 | CT COLONOGRAPHY DX            | CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74262 | CT COLONOGRAPHY DX W/DYE      | CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74263 | CT COLONOGRAPHY SCREENING     | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74270 | X-RAY XM COLON 1CNTRST STD    | RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY      | No Auth Required       |                                  |  |  |
| 74280 | X-RAY XM COLON 2CNTRST STD    | RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY      | No Auth Required       |                                  |  |  |
| 74283 | THER NMA RDCTJ INTUS/OBSTRCTJ | THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCTJ | No Auth Required       |                                  |  |  |
| 74290 | CONTRAST X-RAY GALLBLADDER    | CHOLECYSTOGRAPHY ORAL CONTRST                    | No Auth Required       |                                  |  |  |
| 74300 | X-RAY BILE DUCTS/PANCREAS     | CHOLANGIOGRAPHY&/PANCREATOGR APHY NTRAOP RS&I    | No Auth Required       |                                  |  |  |
| 74301 | X-RAYS AT SURGERY ADD-ON      | CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS   | No Auth Required       |                                  |  |  |
| 74328 | X-RAY BILE DUCT ENDOSCOPY     | ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I      | No Auth Required       |                                  |  |  |
| 74329 | X-RAY FOR PANCREAS ENDOSCOPY  | ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I      | No Auth Required       |                                  |  |  |
| 74330 | X-RAY BILE/PANC ENDOSCOPY     | CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I   | No Auth Required       |                                  |  |  |
| 74340 | X-RAY GUIDE FOR GI TUBE       | INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I   | No Auth Required       |                                  |  |  |
| 74355 | X-RAY GUIDE INTESTINAL TUBE   | PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I    | No Auth Required       |                                  |  |  |
| 74360 | X-RAY GUIDE GI DILATION       | INTRALUMINAL DILATION STRICTURES&/OBSTRCTJS RS&I | No Auth Required       |                                  |  |  |
| 74363 | X-RAY BILE DUCT DILATION      | PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I | No Auth Required       |                                  |  |  |
| 74400 | CONTRST X-RAY URINARY TRACT   | UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY            | No Auth Required       |                                  |  |  |
| 74410 | CONTRST X-RAY URINARY TRACT   | UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE        | No Auth Required       |                                  |  |  |
| 74415 | CONTRST X-RAY URINARY TRACT   | UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO   | No Auth Required       |                                  |  |  |
| 74420 | CONTRST X-RAY URINARY TRACT   | X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL  | No Auth Required       |                                  |  |  |
| 74425 | CONTRST X-RAY URINARY TRACT   | UROGRAPHY ANTEGRADE RS&I                         | No Auth Required       |                                  |  |  |
| 74430 | CONTRAST X-RAY BLADDER        | CYSTOGRAPHY MINIMUM 3 VIEWS RS&I                 | No Auth Required       |                                  |  |  |
| 74440 | X-RAY MALE GENITAL TRACT      | VASOGRAPY VESICULOGAPY/EPIDIDYMOGRAPY RS&I       | No Auth Required       |                                  |  |  |
| 74445 | X-RAY EXAM OF PENIS           | CORPORA CAVERNOSOGRAPY RS&I                      | No Auth Required       |                                  |  |  |
| 74450 | X-RAY URETHRA/BLADDER         | URETHROCYSTOGRAPHY RETROGRADE RS&I               | No Auth Required       |                                  |  |  |
| 74455 | X-RAY URETHRA/BLADDER         | URETHROCYSTOGRAPHY VOIDING RS&I                  | No Auth Required       |                                  |  |  |
| 74470 | X-RAY EXAM OF KIDNEY LESION   | RADEX RENAL CYST STUDY TRANSLUMBAR RS&I          | No Auth Required       |                                  |  |  |
| 74485 | DILATION URTR/URT RS&I        | DILATION URETERS/URETHRA RS&I                    | No Auth Required       |                                  |  |  |
| 74710 | X-RAY MEASUREMENT OF PELVIS   | PELVIMETRY W/WOPLACENTAL LOCALIZATION            | No Auth Required       |                                  |  |  |
| 74712 | MRI FETAL SNGL/1ST GESTATION  | FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74713 | MRI FETAL EA ADDL GESTATION   | FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 74775 | X-RAY EXAM OF PERINEUM        | PERINEOGRAM                                      | No Auth Required       |                                  |  |  |
| 75557 | CARDIAC MRI FOR MORPH         | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| 75559 | CARDIAC MRI W/STRESS IMG      | CARDIAC MRI W/O CONTRAST W/STRESS IMAGING        | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |

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|-------|------------------------------|---|------------------------|----------------------------------|--|--|--|
| 75561 | CARDIAC MRI FOR MORPH W/DYE  | CARDIAC MRI W/WO CONTRAST & FURTHER SEQ           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75563 | CARD MRI W/STRESS IMG & DYE  | CARDIAC MRI W/W/O CONTRAST W/STRESS               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75565 | CARD MRI VELOC FLOW MAPPING  | CARDIAC MRI FOR VELOCITY FLOW MAPPING             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75571 | CT HRT W/O DYE W/CA TEST     | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75572 | CT HRT W/3D IMAGE            | CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75573 | CT HRT W/3D IMAGE CONGEN     | CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |  |
| 75574 | CT ANGIO HRT W/3D IMAGE      | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |  |
| 75600 | CONTRAST EXAM THORACIC AORTA | AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I       | No Auth Required       |                                  |  |  |  |
| 75605 | CONTRAST EXAM THORACIC AORTA | AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I           | No Auth Required       |                                  |  |  |  |
| 75625 | CONTRAST EXAM ABDOMINL AORTA | AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I          | No Auth Required       |                                  |  |  |  |
| 75630 | X-RAY AORTA LEG ARTERIES     | AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I  | No Auth Required       |                                  |  |  |  |
| 75635 | CT ANGIO ABDOMINAL ARTERIES  | CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP        | Authorization Required | Radiology                        |  | Full Clinical Review   |  |
| 75705 | ARTERY X-RAYS SPINE          | ANGIOGRAPHY SPINAL SELECTIVE RS&I                 | No Auth Required       |                                  |  |  |  |
| 75710 | ARTERY X-RAYS ARM/LEG        | ANGIOGRAPHY EXTREMITY UNILATERAL RS&I             | No Auth Required       |                                  |  |  |  |
| 75716 | ARTERY X-RAYS ARMS/LEGS      | ANGIOGRAPHY EXTREMITY BILATERAL RS&I              | No Auth Required       |                                  |  |  |  |
| 75726 | ARTERY X-RAYS ABDOMEN        | ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I        | No Auth Required       |                                  |  |  |  |
| 75731 | ARTERY X-RAYS ADRENAL GLAND  | ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I         | No Auth Required       |                                  |  |  |  |
| 75733 | ARTERY X-RAYS ADRENALS       | ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I          | No Auth Required       |                                  |  |  |  |
| 75736 | ARTERY X-RAYS PELVIS         | ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I          | No Auth Required       |                                  |  |  |  |
| 75741 | ARTERY X-RAYS LUNG           | ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I       | No Auth Required       |                                  |  |  |  |
| 75743 | ARTERY X-RAYS LUNGS          | ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I        | No Auth Required       |                                  |  |  |  |
| 75746 | ARTERY X-RAYS LUNG           | ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I       | No Auth Required       |                                  |  |  |  |
| 75756 | ARTERY X-RAYS CHEST          | ANGIOGRAPHY INTERNAL MAMMARY RS&I                 | No Auth Required       |                                  |  |  |  |
| 75774 | ARTERY X-RAY EACH VESSEL     | ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I   | No Auth Required       |                                  |  |  |  |
| 75801 | LYMPH VESSEL X-RAY ARM/LEG   | LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I   | No Auth Required       |                                  |  |  |  |
| 75803 | LYMPH VESSEL X-RAY ARMS/LEGS | LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I    | No Auth Required       |                                  |  |  |  |
| 75805 | LYMPH VESSEL X-RAY TRUNK     | LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I     | No Auth Required       |                                  |  |  |  |
| 75807 | LYMPH VESSEL X-RAY TRUNK     | LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I  | No Auth Required       |                                  |  |  |  |
| 75809 | NONVASCULAR SHUNT X-RAY      | SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I      | No Auth Required       |                                  |  |  |  |
| 75810 | VEIN X-RAY SPLEEN/LIVER      | SPLENOPTOGRAPHY RS&I                              | No Auth Required       |                                  |  |  |  |
| 75820 | VEIN X-RAY ARM/LEG           | VENOGRAPHY EXTREMITY UNILATERAL RS&I              | No Auth Required       |                                  |  |  |  |
| 75822 | VEIN X-RAY ARMS/LEGS         | VENOGRAPHY EXTREMITY BILATERAL RS&I               | No Auth Required       |                                  |  |  |  |
| 75825 | VEIN X-RAY TRUNK             | VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I      | No Auth Required       |                                  |  |  |  |
| 75827 | VEIN X-RAY CHEST             | VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I      | No Auth Required       |                                  |  |  |  |
| 75831 | VEIN X-RAY KIDNEY            | VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I        | No Auth Required       |                                  |  |  |  |
| 75833 | VEIN X-RAY KIDNEYS           | VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I         | No Auth Required       |                                  |  |  |  |
| 75840 | VEIN X-RAY ADRENAL GLAND     | VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I      | No Auth Required       |                                  |  |  |  |
| 75842 | VEIN X-RAY ADRENAL GLANDS    | VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I       | No Auth Required       |                                  |  |  |  |
| 75860 | VEIN X-RAY NECK              | VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I         | No Auth Required       |                                  |  |  |  |
| 75870 | VEIN X-RAY SKULL             | VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I           | No Auth Required       |                                  |  |  |  |
| 75872 | VEIN X-RAY SKULL EPIDURAL    | VENOGRAPHY EPIDURAL RS&I                          | No Auth Required       |                                  |  |  |  |
| 75880 | VEIN X-RAY EYE SOCKET        | VENOGRAPHY ORBITAL RS&I                           | No Auth Required       |                                  |  |  |  |
| 75885 | VEIN X-RAY LIVER W/HEMODYNAM | PRQ TRANSHEPATC PORTOGRAPHY HEMODYN EVAL RS&I     | No Auth Required       |                                  |  |  |  |
| 75887 | VEIN X-RAY LIVER W/O HEMODYN | PRQ TRANSHEPATC PORTOGRAPHY W/O HEMODYN EVL INTRP | No Auth Required       |                                  |  |  |  |
| 75889 | VEIN X-RAY LIVER W/HEMODYNAM | HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I            | No Auth Required       |                                  |  |  |  |
| 75891 | VEIN X-RAY LIVER             | HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I        | No Auth Required       |                                  |  |  |  |
| 75893 | VENOUS SAMPLING BY CATHETER  | VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&I   | No Auth Required       |                                  |  |  |  |

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| 75894 | X-RAYS TRANSCATH THERAPY     | TRANSCATHETER EMBOLIZATION ANY METH RS&I         | No Auth Required       |                                  |  |  |
| 75898 | FOLLOW-UP ANGIOGRAPHY        | ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS | No Auth Required       |                                  |  |  |
| 75901 | REMOVE CVA DEVICE OBSTRUCT   | MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I    | No Auth Required       |                                  |  |  |
| 75902 | REMOVE CVA LUMEN OBSTRUCT    | MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I    | No Auth Required       |                                  |  |  |
| 75956 | XRAY ENDOVASC THOR AO REPR   | EVASC RPR DESCND THORIC AORTA SUBCLAV ORIG RS&I  | No Auth Required       |                                  |  |  |
| 75957 | XRAY ENDOVASC THOR AO REPR   | EVASC RPR DESCND THORIC AORTA CELIAC ORIG RS&I   | No Auth Required       |                                  |  |  |
| 75958 | XRAY PLACE PROX EXT THOR AO  | PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I | No Auth Required       |                                  |  |  |
| 75959 | XRAY PLACE DIST EXT THOR AO  | PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I | No Auth Required       |                                  |  |  |
| 75970 | VASCULAR BIOPSY              | TRANSCATHETER BIOPSY RS&I                        | No Auth Required       |                                  |  |  |
| 75984 | XRAY CONTROL CATHETER CHANGE | CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I    | No Auth Required       |                                  |  |  |
| 75989 | ABSCESS DRAINAGE UNDER X-RAY | RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I   | No Auth Required       |                                  |  |  |
| 76000 | FLUOROSCOPY <1 HR PHYS/QHP   | FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME      | No Auth Required       |                                  |  |  |
| 76010 | X-RAY NOSE TO RECTUM         | RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD  | No Auth Required       |                                  |  |  |
| 76080 | X-RAY EXAM OF FISTULA        | RADEX ABSCESS/FISTULA/SINUS TRACT RS&I           | No Auth Required       |                                  |  |  |
| 76098 | X-RAY EXAM SURGICAL SPECIMEN | RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN       | No Auth Required       |                                  |  |  |
| 76100 | X-RAY EXAM OF BODY SECTION   | RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY     | No Auth Required       |                                  |  |  |
| 76101 | COMPLEX BODY SECTION X-RAY   | RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI  | No Auth Required       |                                  |  |  |
| 76102 | COMPLEX BODY SECTION X-RAYS  | RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI   | No Auth Required       |                                  |  |  |
| 76120 | CINE/VIDEO X-RAYS            | CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC     | No Auth Required       |                                  |  |  |
| 76125 | CINE/VIDEO X-RAYS ADD-ON     | CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION | No Auth Required       |                                  |  |  |
| 76140 | X-RAY CONSULTATION           | CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPR       | No Auth Required       |                                  |  |  |
| 76376 | 3D RENDER W/INTRP POSTPROCES | 3D RENDERING W/INTERP & POSTPROCESS SUPERVISION  | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 76377 | 3D RENDER W/INTRP POSTPROCES | 3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION | No Auth Required       |                                  |  |  |
| 76380 | CAT SCAN FOLLOW-UP STUDY     | CT LIMITED/LOCALIZED FOLLOW UP STUDY             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 76390 | MR SPECTROSCOPY              | MRI SPECTROSCOPY                                 | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 76391 | MR ELASTOGRAPHY              | MAGNETIC RESONANCE ELASTOGRAPHY                  | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 76496 | FLUOROSCOPIC PROCEDURE       | UNLISTED FLUOROSCOPIC PROCEDURE                  | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 76497 | CT PROCEDURE                 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 76498 | MRI PROCEDURE                | UNLISTED MAGNETIC RESONANCE PROCEDURE            | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| 76499 | RADIOGRAPHIC PROCEDURE       | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE       | Authorization Required | Radiology                        |  | Full Clinical Review   |
| 76506 | ECHO EXAM OF HEAD            | ECHOENCEPHALOGRAPHY REAL TIME IMAGING            | No Auth Required       |                                  |  |  |
| 76510 | OPHTH US B & QUANT A         | OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR         | No Auth Required       |                                  |  |  |
| 76511 | OPHTH US QUANT A ONLY        | OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY        | No Auth Required       |                                  |  |  |
| 76512 | OPHTH US B W/NON-QUANT A     | OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN      | No Auth Required       |                                  |  |  |
| 76513 | ECHO EXAM OF EYE WATER BATH  | OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM    | No Auth Required       |                                  |  |  |
| 76514 | ECHO EXAM OF EYE THICKNESS   | OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI       | No Auth Required       |                                  |  |  |
| 76516 | ECHO EXAM OF EYE             | OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN          | No Auth Required       |                                  |  |  |
| 76519 | ECHO EXAM OF EYE             | OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL    | No Auth Required       |                                  |  |  |
| 76529 | ECHO EXAM OF EYE             | OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION  | No Auth Required       |                                  |  |  |
| 76536 | US EXAM OF HEAD AND NECK     | US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM   | No Auth Required       |                                  |  |  |
| 76604 | US EXAM CHEST                | US CHEST REAL TIME W/IMAGE DOCUMENTATION         | No Auth Required       |                                  |  |  |
| 76641 | ULTRASOUND BREAST COMPLETE   | US BREAST UNI REAL TIME WITH IMAGE COMPLETE      | No Auth Required       |                                  |  |  |
| 76642 | ULTRASOUND BREAST LIMITED    | US BREAST UNI REAL TIME WITH IMAGE LIMITED       | No Auth Required       |                                  |  |  |
| 76700 | US EXAM ABDOM COMPLETE       | US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION     | No Auth Required       |                                  |  |  |
| 76705 | ECHO EXAM OF ABDOMEN         | US ABDOMINAL REAL TIME W/IMAGE LIMITED           | No Auth Required       |                                  |  |  |
| 76706 | US ABDL AORTA SCREEN AAA     | US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA    | No Auth Required       |                                  |  |  |
| 76770 | US EXAM ABDO BACK WALL COMP  | US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE    | No Auth Required       |                                  |  |  |
| 76775 | US EXAM ABDO BACK WALL LIM   | US RETROPERITONEAL REAL TIME W/IMAGE LIMITED     | No Auth Required       |                                  |  |  |
| 76776 | US EXAM K TRANSPL W/DOPPLER  | US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN      | No Auth Required       |                                  |  |  |
| 76800 | US EXAM SPINAL CANAL         | ULTRASOUND SPINAL CANAL & CONTENTS               | No Auth Required       |                                  |  |  |
| 76801 | OB US < 14 WKS SINGLE FETUS  | US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT  | No Auth Required       |                                  |  |  |

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| 76802 | OB US < 14 WKS ADDL FETUS    | US PREG UTERUS 14 WK TRANSABDL EACH GESTATION    | No Auth Required       |           |  |                      |
| 76805 | OB US >= 14 WKS SNGL FETUS   | US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION | No Auth Required       |           |  |                      |
| 76810 | OB US >= 14 WKS ADDL FETUS   | US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO  | No Auth Required       |           |  |                      |
| 76811 | OB US DETAILED SNGL FETUS    | US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION | No Auth Required       |           |  |                      |
| 76812 | OB US DETAILED ADDL FETUS    | US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT  | No Auth Required       |           |  |                      |
| 76813 | OB US NUCHAL MEAS 1 GEST     | US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION       | No Auth Required       |           |  |                      |
| 76814 | OB US NUCHAL MEAS ADD-ON     | US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION   | No Auth Required       |           |  |                      |
| 76815 | OB US LIMITED FETUS(S)       | US PREGNANT UTERUS LIMITED 1/> FETUSES           | No Auth Required       |           |  |                      |
| 76816 | OB US FOLLOW-UP PER FETUS    | US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS  | No Auth Required       |           |  |                      |
| 76817 | TRANSVAGINAL US OBSTETRIC    | US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG  | No Auth Required       |           |  |                      |
| 76818 | FETAL BIOPHYS PROFILE W/NST  | FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING     | No Auth Required       |           |  |                      |
| 76819 | FETAL BIOPHYS PROFIL W/O NST | FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING | No Auth Required       |           |  |                      |
| 76820 | UMBILICAL ARTERY ECHO        | DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY       | No Auth Required       |           |  |                      |
| 76821 | MIDDLE CEREBRAL ARTERY ECHO  | DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART    | No Auth Required       |           |  |                      |
| 76825 | ECHO EXAM OF FETAL HEART     | ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING      | No Auth Required       |           |  |                      |
| 76826 | ECHO EXAM OF FETAL HEART     | ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD     | No Auth Required       |           |  |                      |
| 76827 | ECHO EXAM OF FETAL HEART     | DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE     | No Auth Required       |           |  |                      |
| 76828 | ECHO EXAM OF FETAL HEART     | DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT      | No Auth Required       |           |  |                      |
| 76830 | TRANSVAGINAL US NON-OB       | US TRANSVAGINAL                                  | No Auth Required       |           |  |                      |
| 76831 | ECHO EXAM UTERUS             | SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER   | No Auth Required       |           |  |                      |
| 76856 | US EXAM PELVIC COMPLETE      | US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE  | No Auth Required       |           |  |                      |
| 76857 | US EXAM PELVIC LIMITED       | US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U   | No Auth Required       |           |  |                      |
| 76870 | US EXAM SCROTUM              | US SCROTUM & CONTENTS                            | No Auth Required       |           |  |                      |
| 76872 | US TRANSRECTAL               | US TRANSRECTAL                                   | No Auth Required       |           |  |                      |
| 76873 | ECHOGRAP TRANS R PROS STUDY  | US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX     | No Auth Required       |           |  |                      |
| 76881 | US COMPL JOINT R-T W/IMG     | US COMPL JOINT R-T W/IMAGE DOCUMENTATION         | No Auth Required       |           |  |                      |
| 76882 | US LMTD JT/NONVASC XTR STRUX | US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG    | No Auth Required       |           |  |                      |
| 76885 | US EXAM INFANT HIPS DYNAMIC  | US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ   | No Auth Required       |           |  |                      |
| 76886 | US EXAM INFANT HIPS STATIC   | US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ   | No Auth Required       |           |  |                      |
| 76932 | ECHO GUIDE FOR HEART BIOPSY  | US ENDOMYOCARDIAL BIOPSY RS&I                    | No Auth Required       |           |  |                      |
| 76936 | ECHO GUIDE FOR ARTERY REPAIR | US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL         | No Auth Required       |           |  |                      |
| 76937 | US GUIDE VASCULAR ACCESS     | US VASC ACCESS SITS VSL PATENCY NDL ENTRY        | No Auth Required       |           |  |                      |
| 76940 | US GUIDE TISSUE ABLATION     | US &MNTR PARENCHYMAL TISSUE ABLATION             | No Auth Required       |           |  |                      |
| 76941 | ECHO GUIDE FOR TRANSFUSION   | US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I       | No Auth Required       |           |  |                      |
| 76942 | ECHO GUIDE FOR BIOPSY        | US GUIDANCE NEEDLE PLACEMENT IMG S&I             | No Auth Required       |           |  |                      |
| 76945 | ECHO GUIDE VILLUS SAMPLING   | US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I    | No Auth Required       |           |  |                      |
| 76946 | ECHO GUIDE FOR AMNIOCENTESIS | US GUIDANCE AMNIOCENTESIS IMG S&I                | No Auth Required       |           |  |                      |
| 76948 | ECHO GUIDE OVA ASPIRATION    | US GUIDANCE ASPIRATION OVA IMG S&I               | No Auth Required       |           |  |                      |
| 76965 | ECHO GUIDANCE RADIOTHERAPY   | US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | No Auth Required       |           |  |                      |
| 76970 | ULTRASOUND EXAM FOLLOW-UP    | US STUDY FOLLOW UP                               | No Auth Required       |           |  |                      |
| 76975 | GI ENDOSCOPIC ULTRASOUND     | GI ENDOSCOPIC US S&I                             | No Auth Required       |           |  |                      |
| 76977 | US BONE DENSITY MEASURE      | US BONE DENSITY MEAS & INTERP PERIPH ANY METHO   | No Auth Required       |           |  |                      |
| 76978 | US TRGT DYN MBUBB 1ST LES    | ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION   | Authorization Required | Radiology |  | Full Clinical Review |
| 76979 | US TRGT DYN MBUBB EA ADDL    | ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES  | Authorization Required | Radiology |  | Full Clinical Review |
| 76981 | USE PARENCHYMA               | ULTRASOUND ELASTOGRAPHY PARENCHYMA               | Authorization Required | Radiology |  | Full Clinical Review |
| 76982 | USE 1ST TARGET LESION        | ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION      | Authorization Required | Radiology |  | Full Clinical Review |
| 76983 | USE EA ADDL TARGET LESION    | ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION     | Authorization Required | Radiology |  | Full Clinical Review |
| 76998 | US GUIDE INTRAOP             | ULTRASONIC GUIDANCE INTRAOPERATIVE               | No Auth Required       |           |  |                      |
| 76999 | ECHO EXAMINATION PROCEDURE   | UNLISTED US PROCEDURE                            | Authorization Required | Radiology |  | Full Clinical Review |
| 77001 | FLUOROGUIDE FOR VEIN DEVICE  | FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT       | No Auth Required       |           |  |                      |
| 77002 | NEEDLE LOCALIZATION BY XRAY  | FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON    | No Auth Required       |           |  |                      |
| 77003 | FLUOROGUIDE FOR SPINE INJECT | FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON | No Auth Required       |           |  |                      |
| 77011 | CT SCAN FOR LOCALIZATION     | CT GUIDANCE STEREOTACTIC LOCALIZATION            | Authorization Required | Radiology |  | Full Clinical Review |
| 77012 | CT SCAN FOR NEEDLE BIOPSY    | CT GUIDANCE NEEDLE PLACEMENT                     | No Auth Required       |           |  |                      |
| 77013 | CT GUIDE FOR TISSUE ABLATION | CT GUIDANCE &MONITORING VISC TISS ABLATION       | Authorization Required | Radiology |  | Full Clinical Review |

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| 77014 | CT SCAN FOR THERAPY GUIDE    | CT GUIDANCE RADIATION THERAPY<br>FLDS PLACEMENT     | No Auth Required       |   |  |  |
| 77021 | MRI GUIDANCE NDL PLMT RS&I   | MRI GUIDANCE NEEDLE PLACEMENT<br>RS&I               | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77022 | MRI GDN PARNCHYMA TISS ABLTJ | MRI GUIDANCE FOR PARENCHYMAL<br>TISSUE ABLATION     | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77046 | MRI BREAST C- UNILATERAL     | MRI BREAST WITHOUT CONTRAST<br>MATERIAL UNILATERAL  | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77047 | MRI BREAST C- BILATERAL      | MRI BREAST WITHOUT CONTRAST<br>MATERIAL BILATERAL   | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77048 | MRI BREAST C-+ W/CAD UNI     | MRI BREAST W/OUT&WITH CONTRAST<br>W/CAD UNILATERAL  | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77049 | MRI BREAST C-+ W/CAD BI      | MRI BREAST WITHOUT&WITH<br>CONTRAST W/CAD BILATERAL | Authorization Required | Radiology                                   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network<br/>Validation Review</i> |
| 77053 | X-RAY OF MAMMARY DUCT        | MAMMARY DUCTOGRAM OR<br>GALACTOGRAM SINGLE          | No Auth Required       |   |  |  |
| 77054 | X-RAY OF MAMMARY DUCTS       | MAMMARY DUCTOGRAM OR<br>GALACTOGRAM MULTIPLE        | No Auth Required       |   |  |  |
| 77061 | BREAST TOMOSYNTHESIS UNI     | DIGITAL BREAST TOMOSYNTHESIS<br>UNILATERAL          | No Auth Required       |   |  |  |
| 77062 | BREAST TOMOSYNTHESIS BI      | DIGITAL BREAST TOMOSYNTHESIS<br>BILATERAL           | No Auth Required       |   |  |  |
| 77063 | BREAST TOMOSYNTHESIS BI      | SCREENING DIGITAL BREAST<br>TOMOSYNTHESIS BI        | No Auth Required       |   |  |  |
| 77065 | DX MAMMO INCL CAD UNI        | DIAGNOSTIC MAMMOGRAPHY<br>COMPUTER-AIDED DETCJ UNI  | No Auth Required       |   |  |  |
| 77066 | DX MAMMO INCL CAD BI         | DIAGNOSTIC MAMMOGRAPHY<br>COMPUTER-AIDED DETCJ BI   | No Auth Required       |   |  |  |
| 77067 | SCR MAMMO BI INCL CAD        | SCREENING MAMMOGRAPHY BI 2-<br>VIEW BREAST INC CAD  | No Auth Required       |   |  |  |
| 77071 | X-RAY STRESS VIEW            | MANUAL APPL STRESS PFRMD<br>PHYS/QHP JOINT FILMS    | No Auth Required       |   |  |  |
| 77072 | X-RAYS FOR BONE AGE          | BONE AGE STUDIES                                    | No Auth Required       |   |  |  |
| 77073 | X-RAYS BONE LENGTH STUDIES   | BONE LENGTH STUDIES                                 | No Auth Required       |   |  |  |
| 77074 | X-RAYS BONE SURVEY LIMITED   | RADIOLOGIC EXAMINATION OSSEOUS<br>SURVEY LIMITED    | No Auth Required       |   |  |  |
| 77075 | X-RAYS BONE SURVEY COMPLETE  | RADIOLOGIC EXAMINATION OSSEOUS<br>SURVEY COMPL      | No Auth Required       |   |  |  |
| 77076 | X-RAYS BONE SURVEY INFANT    | RADIOLOGIC EXAMINATION OSSEOUS<br>SURVEY INFANT     | No Auth Required       |   |  |  |
| 77077 | JOINT SURVEY SINGLE VIEW     | JOINT SURVEY SINGLE VIEW 2 OR<br>MORE JOINTS        | No Auth Required       |   |  |  |
| 77078 | CT BONE DENSITY AXIAL        | CT BONE MINERL DENSITY STUDY 1/><br>SITS AXIAL SKE  | Authorization Required | Radiology                                   |  | Full Clinical Review   |
| 77080 | DXA BONE DENSITY AXIAL       | DXA BONE DENSITY STUDY 1/> SITES<br>AXIAL SKEL      | No Auth Required       |   |  |  |
| 77081 | DXA BONE DENSITY/PERIPHERAL  | DXA BONE DENSITY STUDY 1/>SITES<br>APPENDICLR SKEL  | No Auth Required       |   |  |  |
| 77084 | MAGNETIC IMAGE BONE MARROW   | BONE MARROW BLOOD SUPPLY                            | Authorization Required | Radiology                                   |  | Full Clinical Review   |
| 77085 | DXA BONE DENSITY STUDY       | DXA BONE DENSITY STUDY AXIAL<br>SKELETON            | No Auth Required       |   |  |  |
| 77086 | FRACTURE ASSESSMENT VIA DXA  | VERTEBRAL FRACTURE ASSESSMENT<br>VIA DXA            | No Auth Required       |   |  |  |
| 77261 | RADIATION THERAPY PLANNING   | THERAPEUTIC RADIOLOGY TX<br>PLANNING SIMPLE         | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77262 | RADIATION THERAPY PLANNING   | THERAPEUTIC RADIOLOGY TX<br>PLANNING INTERMEDIATE   | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77263 | RADIATION THERAPY PLANNING   | THERAPEUTIC RADIOLOGY TX<br>PLANNING COMPLEX        | No Auth Required       |   |  |  |
| 77280 | SET RADIATION THERAPY FIELD  | THER RAD SIMULAJ-AIDED FIELD<br>SETTING SIMPLE      | No Auth Required       |   |  |  |
| 77285 | SET RADIATION THERAPY FIELD  | THER RAD SIMULAJ-AIDED FIELD<br>SETTING INTERMED    | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77290 | SET RADIATION THERAPY FIELD  | THER RAD SIMULAJ-AIDED FIELD<br>SETTING COMPLEX     | No Auth Required       |   |  |  |
| 77293 | RESPIRATOR MOTION MGMT SIMUL | RESPIRATORY MOTION MANAGEMENT<br>SIMULATION         | No Auth Required       |   |  |  |
| 77295 | 3-D RADIOTHERAPY PLAN        | 3-D RADIOTHERAPY PLAN DOSE-<br>VOLUME HISTOGRAMS    | No Auth Required       |   |  |  |
| 77299 | RADIATION THERAPY PLANNING   | UNLIS PX THER RADIOL CLINICAL TX<br>PLANNING        | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77300 | RADIATION THERAPY DOSE PLAN  | BASIC RADIATION DOSIMETRY<br>CALCULATION            | No Auth Required       |   |  |  |
| 77301 | RADIOTHERAPY DOSE PLAN IMRT  | NTSTY MODUL RADTHX PLN DOSE-VOL<br>HISTOS           | No Auth Required       |   |  |  |
| 77306 | TELETHX ISODOSE PLAN SIMPLE  | TELETHX ISODOSE PLN SMPL<br>W/DOSIMETRY CALCULATION | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77307 | TELETHX ISODOSE PLAN CPLX    | TELETHX ISODOSE PLN CPLX W/BASIC<br>DOSIMETRY       | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77316 | BRACHYTX ISODOSE PLAN SIMPLE | BRACHYTX ISODOSE PLN SMPL<br>W/DOSIMETRY CAL        | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |
| 77317 | BRACHYTX ISODOSE INTERMED    | BRACHYTX ISODOSE PLN INTERMED<br>W/DOSIMETRY CAL    | Authorization Required | Radiation Therapy,<br>including gamma knife |  | Full Clinical Review   |



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| 77318 | BRACHYTX ISODOSE COMPLEX     | BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL        | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77321 | SPECIAL TELETX PORT PLAN     | SPEC TELETX PORT PLN PARTS HEMIBDY TOT BDY       | No Auth Required       |  |  |                      |  |
| 77331 | SPECIAL RADIATION DOSIMETRY  | SPEC DOSIM ONLY PRESCRIBED TREATING PHYS         | No Auth Required       |  |  |                      |  |
| 77332 | RADIATION TREATMENT AID(S)   | TX DEVICES DESIGN & CONSTRUCTION SIMPLE          | No Auth Required       |  |  |                      |  |
| 77333 | RADIATION TREATMENT AID(S)   | TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE    | No Auth Required       |  |  |                      |  |
| 77334 | RADIATION TREATMENT AID(S)   | TX DEVICES DESIGN & CONSTRUCTION COMPLEX         | No Auth Required       |  |  |                      |  |
| 77336 | RADIATION PHYSICS CONSULT    | CONTINUING MEDICAL PHYSICS CONSLTJ PR WK         | No Auth Required       |  |  |                      |  |
| 77338 | DESIGN MLC DEVICE FOR IMRT   | MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN     | No Auth Required       |  |  |                      |  |
| 77370 | RADIATION PHYSICS CONSULT    | SPEC MEDICAL RADJ PHYSICS CONSLTJ                | No Auth Required       |  |  |                      |  |
| 77371 | SRS MULTISOURCE              | RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77372 | SRS LINEAR BASED             | RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77373 | SBRT DELIVERY                | STEREOTACTIC BODY RADIATION DELIVERY             | No Auth Required       |  |  |                      |  |
| 77385 | NTSTY MODUL RAD TX DLVR SMPL | INTENSITY MODULATED RADIATION TX DLVR SIMPLE     | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77386 | NTSTY MODUL RAD TX DLVR CPLX | INTENSITY MODULATED RADIATION TX DLVR COMPLEX    | No Auth Required       |  |  |                      |  |
| 77387 | GUIDANCE FOR RADJ TX DLVR    | GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR  | No Auth Required       |  |  |                      |  |
| 77399 | EXTERNAL RADIATION DOSIMETRY | UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS        | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77401 | RADIATION TREATMENT DELIVERY | RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77402 | RADIATION TREATMENT DELIVERY | RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE       | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77407 | RADIATION TREATMENT DELIVERY | RADIATION TX DELIVERY 1 MEV => INTERMEDIATE      | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77412 | RADIATION TREATMENT DELIVERY | RADIATION TREATMENT DELIVERY 1 MEV => COMPLEX    | No Auth Required       |  |  |                      |  |
| 77423 | NEUTRON BEAM TX COMPLEX      | HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77424 | IO RAD TX DELIVERY BY X-RAY  | INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77425 | IO RAD TX DELIVER BY ELCTRNS | INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77427 | RADIATION TX MANAGEMENT X5   | RADIATION TREATMENT MANAGEMENT 5 TREATMENTS      | No Auth Required       |  |  |                      |  |
| 77431 | RADIATION THERAPY MANAGEMENT | RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY        | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77432 | STEREOTACTIC RADIATION TRMT  | STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77435 | SBRT MANAGEMENT              | STEREOTACTIC BODY RADIATION MANAGEMENT           | No Auth Required       |  |  |                      |  |
| 77469 | IO RADIATION TX MANAGEMENT   | INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT    | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77470 | SPECIAL RADIATION TREATMENT  | SPECIAL TREATMENT PROCEDURE                      | No Auth Required       |  |  |                      |  |
| 77499 | RADIATION THERAPY MANAGEMENT | UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77520 | PROTON TRMT SIMPLE W/O COMP  | PROTON TX DELIVERY SIMPLE W/O COMPENSATION       | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77522 | PROTON TRMT SIMPLE W/COMP    | PROTON TX DELIVERY SIMPLE W/COMPENSATION         | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77523 | PROTON TRMT INTERMEDIATE     | PROTON TX DELIVERY INTERMEDIATE                  | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77525 | PROTON TREATMENT COMPLEX     | PROTON TX DELIVERY COMPLEX                       | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77600 | HYPERTHERMIA TREATMENT       | HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL      | No Auth Required       |  |  |                      |  |
| 77605 | HYPERTHERMIA TREATMENT       | HYPERTHERMIA EXTERNAL GENERATED DEEP             | No Auth Required       |  |  |                      |  |
| 77610 | HYPERTHERMIA TREATMENT       | HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS  | No Auth Required       |  |  |                      |  |
| 77615 | HYPERTHERMIA TREATMENT       | HYPERTHERMIA INTERSTITIAL PROBE 5/> APPLICATORS  | No Auth Required       |  |  |                      |  |
| 77620 | HYPERTHERMIA TREATMENT       | HYPERTHERMIA INTRACAVITARY PROBES                | No Auth Required       |  |  |                      |  |
| 77750 | INFUSE RADIOACTIVE MATERIALS | NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE    | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77761 | APPLY INTRCAV RADIAT SIMPLE  | INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE     | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77762 | APPLY INTRCAV RADIAT INTERM  | INTRACAVITARY RADIATION SOURCE APPLIC INTERMED   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |

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| 77763 | APPLY INTRCAV RADIAT COMPL   | INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX    | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77767 | HDR RDNCL SKN SURF BRACHYTX  | HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN     | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77768 | HDR RDNCL SKN SURF BRACHYTX  | HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES  | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77770 | HDR RDNCL NTRSTL/ICAV BRCHTX | HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL      | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77771 | HDR RDNCL NTRSTL/ICAV BRCHTX | HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL   | No Auth Required       |  |  |                      |  |
| 77772 | HDR RDNCL NTRSTL/ICAV BRCHTX | HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS   | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77778 | APPLY INTERSTIT RADIAT COMPL | INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX     | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77789 | APPLY SURF LDR RADIONUCLIDE  | SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77790 | RADIATION HANDLING           | SUPERVISION HANDLING LOADING RADIATION SOURCE    | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 77799 | RADIUM/RADIOISOTOPE THERAPY  | UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY        | Authorization Required | Radiation Therapy, including gamma knife |  | Full Clinical Review |  |
| 78099 | ENDOCRINE NUCLEAR PROCEDURE  | UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE        | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78199 | BLOOD/LYMPH NUCLEAR EXAM     | UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED      | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78299 | GI NUCLEAR PROCEDURE         | UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78399 | MUSCULOSKELETAL NUCLEAR EXAM | UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78429 | MYOCDR IMG PET 1 STD W/CT    | MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT | Authorization Required |  |  | Full Clinical Review |  |
| 78430 | MYOCDR IMG PET RST/STRS W/CT | MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT  | Authorization Required |  |  | Full Clinical Review |  |
| 78431 | MYOCDR IMG PET RST&STRS CT   | MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT  | Authorization Required |  |  | Full Clinical Review |  |
| 78432 | MYOCDR IMG PET 2RTRACER      | MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER    | Authorization Required |  |  | Full Clinical Review |  |
| 78433 | MYOCDR IMG PET 2RTRACER CT   | MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT  | Authorization Required |  |  | Full Clinical Review |  |
| 78434 | AQMBF PET REST & RX STRESS   | AQMBF PET REST AND PHARMACOLOGIC STRESS          | Authorization Required |  |  | Full Clinical Review |  |
| 78451 | HT MUSCLE IMAGE SPECT SING   | MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78452 | HT MUSCLE IMAGE SPECT MULT   | MYOCARDIAL SPECT MULTIPLE STUDIES                | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78453 | HT MUSCLE IMAGE PLANAR SING  | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78454 | HT MUSC IMAGE PLANAR MULT    | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES     | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78459 | MYOCDR IMG PET SINGLE STUDY  | MYOCDR IMG PET METAB EVAL SINGLE STUDY           | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78466 | HEART INFARCT IMAGE          | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78468 | HEART INFARCT IMAGE (EF)     | MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78469 | HEART INFARCT IMAGE (3D)     | MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78472 | GATED HEART PLANAR SINGLE    | CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78473 | GATED HEART MULTIPLE         | CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78481 | HEART FIRST PASS SINGLE      | CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78483 | HEART FIRST PASS MULTIPLE    | CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78491 | MYOCDR IMG PET 1STD RST/STRS | MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS    | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78492 | MYOCDR IMG PET MLT RST&STRS  | MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78494 | HEART IMAGE SPECT            | CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78496 | HEART FIRST PASS ADD-ON      | CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78499 | CARDIOVASCULAR NUCLEAR EXAM  | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE   | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78599 | RESPIRATORY NUCLEAR EXAM     | UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE      | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78608 | BRAIN IMAGING (PET)          | BRAIN IMAGING PET METABOLIC EVALUATION           | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78609 | BRAIN IMAGING (PET)          | BRAIN IMAGING PET PERFUSION EVALUATION           | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78699 | NERVOUS SYSTEM NUCLEAR EXAM  | UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE   | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78799 | GENITOURINARY NUCLEAR EXAM   | UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE    | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78811 | PET IMAGE LTD AREA           | PET IMAGING LIMITED AREA CHEST HEAD/NECK         | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78812 | PET IMAGE SKULL-THIGH        | PET IMAGING SKULL BASE TO MID-THIGH              | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78813 | PET IMAGE FULL BODY          | PET IMAGING WHOLE BODY                           | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78814 | PET IMAGE W/CT LMTD          | PET IMAGING CT FOR ATTENUATION LIMITED AREA      | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |
| 78815 | PET IMAGE W/CT SKULL-THIGH   | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH  | Authorization Required | Radiology - nuclear medicine             |  | Full Clinical Review |  |

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| 78816 | PET IMAGE W/CT FULL BODY      | PET IMAGING FOR CT ATTENUATION WHOLE BODY        | No Auth Required       | Radiology - nuclear medicine |  |                      |
| 78830 | RP LOCLZJ TUM SPECT W/CT 1    | RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY IMAGING    | Authorization Required |                              |  | Full Clinical Review |
| 78831 | RP LOCLZJ TUM SPECT 2 AREAS   | RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 AREA IMG>2+D | Authorization Required |                              |  | Full Clinical Review |
| 78832 | RP LOCLZJ TUM SPECT W/CT 2    | RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1 AR IMG>2+D | Authorization Required |                              |  | Full Clinical Review |
| 78835 | RP QUAN MEAS SINGLE AREA      | RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA   | Authorization Required |                              |  | Full Clinical Review |
| 79005 | NUCLEAR RX ORAL ADMIN         | RP THERAPY ORAL ADMINISTRATION                   | No Auth Required       |                              |  |                      |
| 79101 | NUCLEAR RX IV ADMIN           | RP THERAPY INTRAVENOUS ADMINISTRATION            | No Auth Required       |                              |  |                      |
| 79200 | NUCLEAR RX INTRACAV ADMIN     | RP THERAPY INTRACAVITARY ADMINISTRATION          | No Auth Required       |                              |  |                      |
| 79300 | NUCLR RX INTERSTIT COLLOID    | RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN | No Auth Required       |                              |  |                      |
| 79403 | HEMATOPOIETIC NUCLEAR TX      | RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS   | No Auth Required       |                              |  |                      |
| 79440 | NUCLEAR RX INTRA-ARTICULAR    | RP THERAPY INTRA-ARTICULAR ADMINISTRATION        | No Auth Required       |                              |  |                      |
| 79445 | NUCLEAR RX INTRA-ARTERIAL     | RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN       | No Auth Required       |                              |  |                      |
| 79999 | NUCLEAR MEDICINE THERAPY      | RP THERAPY UNLISTED PROCEDURE                    | No Auth Required       |                              |  |                      |
| 80047 | METABOLIC PANEL IONIZED CA    | BASIC METABOLIC PANEL CALCIUM IONIZED            | No Auth Required       |                              |  |                      |
| 80048 | METABOLIC PANEL TOTAL CA      | BASIC METABOLIC PANEL CALCIUM TOTAL              | No Auth Required       |                              |  |                      |
| 80050 | GENERAL HEALTH PANEL          | GENERAL HEALTH PANEL                             | No Auth Required       |                              |  |                      |
| 80051 | ELECTROLYTE PANEL             | ELECTROLYTE PANEL                                | No Auth Required       |                              |  |                      |
| 80053 | COMPREHEN METABOLIC PANEL     | COMPREHENSIVE METABOLIC PANEL                    | No Auth Required       |                              |  |                      |
| 80055 | OBSTETRIC PANEL               | OBSTETRIC PANEL                                  | No Auth Required       |                              |  |                      |
| 80061 | LIPID PANEL                   | LIPID PANEL                                      | No Auth Required       |                              |  |                      |
| 80069 | RENAL FUNCTION PANEL          | RENAL FUNCTION PANEL                             | No Auth Required       |                              |  |                      |
| 80074 | ACUTE HEPATITIS PANEL         | ACUTE HEPATITIS PANEL                            | No Auth Required       |                              |  |                      |
| 80076 | HEPATIC FUNCTION PANEL        | HEPATIC FUNCTION PANEL                           | No Auth Required       |                              |  |                      |
| 80081 | OBSTETRIC PANEL               | OBSTETRIC PANEL                                  | No Auth Required       |                              |  |                      |
| 80145 | DRUG ASSAY ADALIMUMAB         | DRUG ASSAY ADALIMUMAB                            | Authorization Required |                              |  | Full Clinical Review |
| 80150 | ASSAY OF AMIKACIN             | DRUG SCREEN QUANTITATIVE AMIKACIN                | No Auth Required       |                              |  |                      |
| 80155 | DRUG ASSAY CAFFEINE           | DRUG ASSAY CAFFEINE                              | No Auth Required       |                              |  |                      |
| 80156 | ASSAY CARBAMAZEPINE TOTAL     | DRUG ASSAY CARBAMAZEPINE TOTAL                   | No Auth Required       |                              |  |                      |
| 80157 | ASSAY CARBAMAZEPINE FREE      | DRUG ASSAY CARBAMAZEPINE FREE                    | No Auth Required       |                              |  |                      |
| 80158 | DRUG ASSAY CYCLOSPORINE       | DRUG ASSAY CYCLOSPORINE                          | No Auth Required       |                              |  |                      |
| 80159 | DRUG ASSAY CLOZAPINE          | DRUG ASSAY CLOZAPINE                             | No Auth Required       |                              |  |                      |
| 80162 | ASSAY OF DIGOXIN TOTAL        | DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL           | No Auth Required       |                              |  |                      |
| 80163 | ASSAY OF DIGOXIN FREE         | DRUG SCREEN QUANTITATIVE DIGOXIN FREE            | No Auth Required       |                              |  |                      |
| 80164 | ASSAY DIPROPYLACETIC ACID TOT | DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL    | No Auth Required       |                              |  |                      |
| 80165 | DIPROPYLACETIC ACID FREE      | DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE       | No Auth Required       |                              |  |                      |
| 80168 | ASSAY OF ETHOSUXIMIDE         | DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE            | No Auth Required       |                              |  |                      |
| 80169 | DRUG ASSAY EVEROLIMUS         | DRUG ASSAY EVEROLIMUS                            | No Auth Required       |                              |  |                      |
| 80170 | ASSAY OF GENTAMICIN           | DRUG SCREEN QUANTITATIVE GENTAMICIN              | No Auth Required       |                              |  |                      |
| 80171 | DRUG SCREEN QUANT GABAPENTIN  | DRUG SCREEN QUANTITATIVE GABAPENTIN              | No Auth Required       |                              |  |                      |
| 80173 | ASSAY OF HALOPERIDOL          | DRUG SCREEN QUANTITATIVE HALOPERIDOL             | No Auth Required       |                              |  |                      |
| 80175 | DRUG SCREEN QUAN LAMOTRIGINE  | DRUG SCREEN QUANTITATIVE LAMOTRIGINE             | No Auth Required       |                              |  |                      |
| 80176 | ASSAY OF LIDOCAINE            | DRUG SCREEN QUANTITATIVE LIDOCAINE               | No Auth Required       |                              |  |                      |
| 80177 | DRUG SCR N QUAN LEVETIRACETAM | DRUG SCREEN QUANTITATIVE LEVETIRACETAM           | No Auth Required       |                              |  |                      |
| 80178 | ASSAY OF LITHIUM              | DRUG SCREEN QUANTITATIVE LITHIUM                 | No Auth Required       |                              |  |                      |
| 80180 | DRUG SCR N QUAN MYCOPHENOLATE | DRUG SCREEN QUANTITATIVE MYCOPHENOLATE           | No Auth Required       |                              |  |                      |
| 80183 | DRUG SCR N QUAN OXCARBAZEPIN  | DRUG SCREEN QUANTITATIVE OXCARBAZEPINE           | No Auth Required       |                              |  |                      |
| 80184 | ASSAY OF PHENOBARBITAL        | DRUG SCREEN QUANTITATIVE PHENOBARBITAL           | No Auth Required       |                              |  |                      |
| 80185 | ASSAY OF PHENYTOIN TOTAL      | DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL         | No Auth Required       |                              |  |                      |
| 80186 | ASSAY OF PHENYTOIN FREE       | DRUG SCREEN QUANTITATIVE PHENYTOIN FREE          | No Auth Required       |                              |  |                      |
| 80187 | DRUG ASSAY POSACONAZOLE       | DRUG ASSAY POSACONAZOLE                          | Authorization Required |                              |  | Full Clinical Review |
| 80188 | ASSAY OF PRIMIDONE            | DRUG SCREEN QUANTITATIVE PRIMIDONE               | No Auth Required       |                              |  |                      |
| 80190 | ASSAY OF PROCAINAMIDE         | DRUG SCREEN QUANTITATIVE PROCAINAMIDE            | No Auth Required       |                              |  |                      |
| 80192 | ASSAY OF PROCAINAMIDE         | DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE | No Auth Required       |                              |  |                      |
| 80194 | ASSAY OF QUINIDINE            | DRUG SCREEN QUANTITATIVE QUINIDINE               | No Auth Required       |                              |  |                      |
| 80195 | ASSAY OF SIROLIMUS            | DRUG SCREEN QUANTITATIVE SIROLIMUS               | No Auth Required       |                              |  |                      |
| 80197 | ASSAY OF TACROLIMUS           | DRUG SCREEN QUANTITATIVE TACROLIMUS              | No Auth Required       |                              |  |                      |
| 80198 | ASSAY OF THEOPHYLLINE         | DRUG SCREEN QUANTITATIVE THEOPHYLLINE            | No Auth Required       |                              |  |                      |
| 80199 | DRUG SCREEN QUANT TIAGABINE   | DRUG SCREEN QUANTITATIVE TIAGABINE               | No Auth Required       |                              |  |                      |
| 80200 | ASSAY OF TOBRAMYCIN           | DRUG SCREEN QUANTITATIVE TOBRAMYCIN              | No Auth Required       |                              |  |                      |

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| 80201 | ASSAY OF TOPIRAMATE          | DRUG SCREEN QUANTITATIVE TOPIRAMATE              | No Auth Required       |  |  |                      |  |
| 80202 | ASSAY OF VANCOMYCIN          | DRUG SCREEN QUANTITATIVE VANCOMYCIN              | No Auth Required       |  |  |                      |  |
| 80203 | DRUG SCREEN QUANT ZONISAMIDE | DRUG SCREEN QUANTITATIVE ZONISAMIDE              | No Auth Required       |  |  |                      |  |
| 80230 | DRUG ASSAY INFLIXIMAB        | DRUG ASSAY INFLIXIMAB                            | Authorization Required |  |  | Full Clinical Review |  |
| 80235 | DRUG ASSAY LACOSAMIDE        | DRUG ASSAY LACOSAMIDE                            | Authorization Required |  |  | Full Clinical Review |  |
| 80280 | DRUG ASSAY VEDOLIZUMAB       | DRUG ASSAY VEDOLIZUMAB                           | Authorization Required |  |  | Full Clinical Review |  |
| 80285 | DRUG ASSAY VORICONAZOLE      | DRUG ASSAY VORICONAZOLE                          | Authorization Required |  |  | Full Clinical Review |  |
| 80299 | QUANTITATIVE ASSAY DRUG      | QUANTITATION DRUG NOT ELSEWHERE SPECIFIED        | No Auth Required       |  |  |                      |  |
| 80305 | DRUG TEST PRSMV DIR OPT OBS  | DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE  | No Auth Required       |  |  |                      |  |
| 80306 | DRUG TEST PRSMV INSTRMNT     | DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS   | No Auth Required       |  |  |                      |  |
| 80307 | DRUG TEST PRSMV CHEM ANLYZR  | DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE   | No Auth Required       |  |  |                      |  |
| 80320 | DRUG SCREEN QUANTALCOHOLS    | DRUG SCREEN QUANTITATIVE ALCOHOLS                | No Auth Required       |  |  |                      |  |
| 80321 | ALCOHOLS BIOMARKERS 1OR 2    | DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2     | No Auth Required       |  |  |                      |  |
| 80322 | ALCOHOLS BIOMARKERS 3/MORE   | DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE  | No Auth Required       |  |  |                      |  |
| 80323 | ALKALOIDS NOS                | ALKALOIDS NOT OTHERWISE SPECIFIED                | No Auth Required       |  |  |                      |  |
| 80324 | DRUG SCREEN AMPHETAMINES 1/2 | DRUG SCREEN QUANT AMPHETAMINES 1 OR 2            | No Auth Required       |  |  |                      |  |
| 80325 | AMPHETAMINES 3OR 4           | DRUG SCREEN QUANT AMPHETAMINES 3 OR 4            | No Auth Required       |  |  |                      |  |
| 80326 | AMPHETAMINES 5 OR MORE       | DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE         | No Auth Required       |  |  |                      |  |
| 80327 | ANABOLIC STEROID 1 OR 2      | DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2        | No Auth Required       |  |  |                      |  |
| 80328 | ANABOLIC STEROID 3 OR MORE   | DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE     | No Auth Required       |  |  |                      |  |
| 80329 | ANALGESICS NON-OPIOID 1 OR 2 | DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2         | No Auth Required       |  |  |                      |  |
| 80330 | ANALGESICS NON-OPIOID 3-5    | DRUG SCREEN ANALGESICS NON-OPIOID 3-5            | No Auth Required       |  |  |                      |  |
| 80331 | ANALGESICS NON-OPIOID 6/MORE | DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE      | No Auth Required       |  |  |                      |  |
| 80332 | ANTIDEPRESSANTS CLASS 1 OR 2 | ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2        | No Auth Required       |  |  |                      |  |
| 80333 | ANTIDEPRESSANTS CLASS 3-5    | ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5           | No Auth Required       |  |  |                      |  |
| 80334 | ANTIDEPRESSANTS CLASS 6/MORE | ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE     | No Auth Required       |  |  |                      |  |
| 80335 | ANTIDEPRESSANT TRICYCLIC 1/2 | ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2 | No Auth Required       |  |  |                      |  |
| 80336 | ANTIDEPRESSANT TRICYCLIC 3-5 | ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5    | No Auth Required       |  |  |                      |  |
| 80337 | TRICYCLIC & CYCLICALS 6/MORE | ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE | No Auth Required       |  |  |                      |  |
| 80338 | ANTIDEPRESSANT NOT SPECIFIED | ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED          | No Auth Required       |  |  |                      |  |
| 80339 | ANTIEPILEPTICS NOS 1-3       | ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3       | No Auth Required       |  |  |                      |  |
| 80340 | ANTIEPILEPTICS NOS 4-6       | ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6       | No Auth Required       |  |  |                      |  |
| 80341 | ANTIEPILEPTICS NOS 7/MORE    | ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE    | No Auth Required       |  |  |                      |  |
| 80342 | ANTIPSYCHOTICS NOS 1-3       | ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3       | No Auth Required       |  |  |                      |  |
| 80343 | ANTIPSYCHOTICS NOS 4-6       | ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6       | No Auth Required       |  |  |                      |  |
| 80344 | ANTIPSYCHOTICS NOS 7/MORE    | ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE    | No Auth Required       |  |  |                      |  |
| 80345 | DRUG SCREENING BARBITURATES  | DRUG SCREENING BARBITURATES                      | No Auth Required       |  |  |                      |  |
| 80346 | BENZODIAZEPINES1-12          | DRUG SCREENING BENZODIAZEPINES 1-12              | No Auth Required       |  |  |                      |  |
| 80347 | BENZODIAZEPINES 13 OR MORE   | DRUG SCREENING BENZODIAZEPINES 13 OR MORE        | No Auth Required       |  |  |                      |  |
| 80348 | DRUG SCREENING BUPRENORPHINE | DRUG SCREENING BUPRENORPHINE                     | No Auth Required       |  |  |                      |  |
| 80349 | CANNABINOIDS NATURAL         | DRUG SCREENING CANNABINOIDS NATURAL              | No Auth Required       |  |  |                      |  |
| 80350 | CANNABINOIDS SYNTHETIC 1-3   | DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3        | No Auth Required       |  |  |                      |  |
| 80351 | CANNABINOIDS SYNTHETIC 4-6   | DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6        | No Auth Required       |  |  |                      |  |
| 80352 | CANNABINOID SYNTHETIC 7/MORE | DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE     | No Auth Required       |  |  |                      |  |
| 80353 | DRUG SCREENING COCAINE       | DRUG SCREENING COCAINE                           | No Auth Required       |  |  |                      |  |
| 80354 | DRUG SCREENING FENTANYL      | DRUG SCREENING FENTANYL                          | No Auth Required       |  |  |                      |  |
| 80355 | GABAPENTIN NON-BLOOD         | DRUG SCREENING GABAPENTIN NON-BLOOD              | No Auth Required       |  |  |                      |  |
| 80356 | HEROIN METABOLITE            | DRUG SCREENING HEROIN METABOLITE                 | No Auth Required       |  |  |                      |  |
| 80357 | KETAMINE AND NORKETAMINE     | DRUG SCREENING KETAMINE AND NORKETAMINE          | No Auth Required       |  |  |                      |  |
| 80358 | DRUG SCREENING METHADONE     | DRUG SCREENING METHADONE                         | No Auth Required       |  |  |                      |  |
| 80359 | METHYLENEDIOXYAMPHETAMINES   | DRUG SCREENING METHYLENEDIOXYAMPHETAMINES        | No Auth Required       |  |  |                      |  |
| 80360 | METHYLPHENIDATE              | DRUG SCREENING METHYLPHENIDATE                   | No Auth Required       |  |  |                      |  |
| 80361 | OPIATES 1 OR MORE            | DRUG SCREENING OPIATES 1 OR MORE                 | No Auth Required       |  |  |                      |  |
| 80362 | OPIOIDS & OPIATE ANALOGS 1/2 | DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2 | No Auth Required       |  |  |                      |  |

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| 80363 | OPIOIDS & OPIATE ANALOGS 3/4  | DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4 | No Auth Required       |                                |  |                      |
| 80364 | OPIOID & OPIATE ANALOG 5/MORE | DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE   | No Auth Required       |                                |  |                      |
| 80365 | DRUG SCREENING OXYCODONE      | DRUG SCREENING OXYCODONE                         | No Auth Required       |                                |  |                      |
| 80366 | DRUG SCREENING PREGABALIN     | DRUG SCREENING PREGABALIN                        | No Auth Required       |                                |  |                      |
| 80367 | DRUG SCREENING PROPOXYPHENE   | DRUG SCREENING PROPOXYPHENE                      | No Auth Required       |                                |  |                      |
| 80368 | SEDATIVE HYPNOTICS            | DRUG SCREENING SEDATIVE HYPNOTICS                | No Auth Required       |                                |  |                      |
| 80369 | SKELETAL MUSCLE RELAXANT 1/2  | DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2  | No Auth Required       |                                |  |                      |
| 80370 | SKEL MUSC RELAXANT 3 OR MORE  | DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE   | No Auth Required       |                                |  |                      |
| 80371 | STIMULANTS SYNTHETIC          | DRUG SCREENING STIMULANTS SYNTHETIC              | No Auth Required       |                                |  |                      |
| 80372 | DRUG SCREENING TAPENTADOL     | DRUG SCREENING TAPENTADOL                        | No Auth Required       |                                |  |                      |
| 80373 | DRUG SCREENING TRAMADOL       | DRUG SCREENING TRAMADOL                          | No Auth Required       |                                |  |                      |
| 80374 | STEREISOISOMER ANALYSIS       | DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS   | No Auth Required       |                                |  |                      |
| 80375 | DRUG/SUBSTANCE NOS 1-3        | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3     | No Auth Required       |                                |  |                      |
| 80376 | DRUG/SUBSTANCE NOS 4-6        | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6     | No Auth Required       |                                |  |                      |
| 80377 | DRUG/SUBSTANCE NOS 7/MORE     | DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE  | No Auth Required       |                                |  |                      |
| 80400 | ACTH STIMULATION PANEL        | ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY     | No Auth Required       |                                |  |                      |
| 80402 | ACTH STIMULATION PANEL        | ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY | No Auth Required       |                                |  |                      |
| 80406 | ACTH STIMULATION PANEL        | ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY      | No Auth Required       |                                |  |                      |
| 80408 | ALDOSTERONE SUPPRESSION EVAL  | ALDOSTERONE SUPPRESSION EVALUATION PANEL         | No Auth Required       |                                |  |                      |
| 80410 | CALCITONIN STIMUL PANEL       | CALCITONIN STIMULATION PANEL                     | No Auth Required       |                                |  |                      |
| 80412 | CRH STIMULATION PANEL         | CORTICOTROPIC RELEASING HORM STIMJ PANEL         | No Auth Required       |                                |  |                      |
| 80414 | TESTOSTERONE RESPONSE         | CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE    | No Auth Required       |                                |  |                      |
| 80415 | ESTRADIOL RESPONSE PANEL      | CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE      | No Auth Required       |                                |  |                      |
| 80416 | RENIN STIMULATION PANEL       | RENAL VEIN RENIN STIMULATION PANEL               | No Auth Required       |                                |  |                      |
| 80417 | RENIN STIMULATION PANEL       | PERIPHERAL VEIN RENIN STIMULATION PANEL          | No Auth Required       |                                |  |                      |
| 80418 | PITUITARY EVALUATION PANEL    | COMBINED RAPID ANT PITUITARY EVALUATION PANEL    | No Auth Required       |                                |  |                      |
| 80420 | DEXAMETHASONE PANEL           | DEXMETHASONE SUPPRESSION PANEL 48 HR             | No Auth Required       |                                |  |                      |
| 80422 | GLUCAGON TOLERANCE PANEL      | GLUCOSE TOLERANCE PANEL INSULINOMA               | No Auth Required       |                                |  |                      |
| 80424 | GLUCAGON TOLERANCE PANEL      | GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA         | No Auth Required       |                                |  |                      |
| 80426 | GONADOTROPIN HORMONE PANEL    | GONADOTROPIN RELEASING HORMONE STIMJ PANEL       | No Auth Required       |                                |  |                      |
| 80428 | GROWTH HORMONE PANEL          | GROWTH HORMONE STIMULATION PANEL                 | No Auth Required       |                                |  |                      |
| 80430 | GROWTH HORMONE PANEL          | GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN          | No Auth Required       |                                |  |                      |
| 80432 | INSULIN SUPPRESSION PANEL     | INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL      | No Auth Required       |                                |  |                      |
| 80434 | INSULIN TOLERANCE PANEL       | INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY       | No Auth Required       |                                |  |                      |
| 80435 | INSULIN TOLERANCE PANEL       | INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY       | No Auth Required       |                                |  |                      |
| 80436 | METRAPONE PANEL               | METRAPONE PANEL                                  | No Auth Required       |                                |  |                      |
| 80438 | TRH STIMULATION PANEL         | THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR   | No Auth Required       |                                |  |                      |
| 80439 | TRH STIMULATION PANEL         | THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR   | No Auth Required       |                                |  |                      |
| 80500 | LAB PATHOLOGY CONSULTATION    | CLINICAL PATHOLOGY CONSULTATION LIMITED          | No Auth Required       |                                |  |                      |
| 80502 | LAB PATHOLOGY CONSULTATION    | CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE    | No Auth Required       |                                |  |                      |
| 81000 | URINALYSIS NONAUTO W/SCOPE    | URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCP  | No Auth Required       |                                |  |                      |
| 81001 | URINALYSIS AUTO W/SCOPE       | URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY   | No Auth Required       |                                |  |                      |
| 81002 | URINALYSIS NONAUTO W/O SCOPE  | URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP | No Auth Required       |                                |  |                      |
| 81003 | URINALYSIS AUTO W/O SCOPE     | URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY  | No Auth Required       |                                |  |                      |
| 81005 | URINALYSIS                    | URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS    | No Auth Required       |                                |  |                      |
| 81007 | URINE SCREEN FOR BACTERIA     | URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK | No Auth Required       |                                |  |                      |
| 81015 | MICROSCOPIC EXAM OF URINE     | URINALYSIS MICROSCOPIC ONLY                      | No Auth Required       |                                |  |                      |
| 81020 | URINALYSIS GLASS TEST         | URINALYSIS 2/3 GLASS TEST                        | No Auth Required       |                                |  |                      |
| 81025 | URINE PREGNANCY TEST          | URINE PREGNANCY TEST VISUAL COLOR CMPSRN METHS   | No Auth Required       |                                |  |                      |
| 81050 | URINALYSIS VOLUME MEASURE     | VOLUME MEASUREMENT TIMED COLLECTION EACH         | No Auth Required       |                                |  |                      |
| 81099 | URINALYSIS TEST PROCEDURE     | UNLISTED URINALYSIS PROCEDURE                    | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 81105 | HPA-1 GENOTYPING              | HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 81106 | HPA-2 GENOTYPING              | HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 81107 | HPA-3 GENOTYPING              | HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 81108 | HPA-4 GENOTYPING              | HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 81109 | HPA-5 GENOTYPING              | HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 81110 | HPA-6 GENOTYPING              | HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |

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| 81111 | HPA-9 GENOTYPING             | HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81112 | HPA-15 GENOTYPING            | HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81120 | IDH1 COMMON VARIANTS         | IDH1 COMMON VARIANTS                             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81121 | IDH2 COMMON VARIANTS         | IDH2 COMMON VARIANTS                             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81161 | DMD DUP/DELET ANALYSIS       | DMD DUPLICATION/DELETION ANALYSIS                | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81163 | BRCA1&2 GENE FULL SEQ ALYS   | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81164 | BRCA1&2 GEN FUL DUP/DEL ALYS | BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81165 | BRCA1 GENE FULL SEQ ALYS     | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81166 | BRCA1 GENE FULL DUP/DEL ALYS | BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81167 | BRCA2 GENE FULL DUP/DEL ALYS | BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81170 | ABL1 GENE                    | ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81171 | AFF2 GENE DETC ABNOR ALLELES | AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81172 | AFF2 GENE CHARAC ALLELES     | AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81173 | AR GENE FULL GENE SEQUENCE   | AR GENE ANALYSIS FULL GENE SEQUENCE              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81174 | AR GENE KNOWN FAMIL VARIANT  | AR GENE ANALYSIS KNOWN FAMILIAL VARIANT          | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81175 | ASXL1 FULL GENE SEQUENCE     | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81176 | ASXL1 GENE TARGET SEQ ALYS   | ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81177 | ATN1 GENE DETC ABNOR ALLELES | ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81178 | ATXN1 GENE DETC ABNOR ALLELE | ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81179 | ATXN2 GENE DETC ABNOR ALLELE | ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81180 | ATXN3 GENE DETC ABNOR ALLELE | ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81181 | ATXN7 GENE DETC ABNOR ALLELE | ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81182 | ATXN80S GEN DETC ABNOR ALLEL | ATXN80S GENE ANALYSIS EVAL DETECT ABNOR ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81183 | ATXN10 GENE DETC ABNOR ALLEL | ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81184 | CACNA1A GEN DETC ABNOR ALLEL | CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81185 | CACNA1A GENE FULL GENE SEQ   | CACNA1A GENE ANALYSIS FULL GENE SEQUENCE         | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81186 | CACNA1A GEN KNOWN FAMIL VRNT | CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81187 | CNBP GENE DETC ABNOR ALLELE  | CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81188 | CSTB GENE DETC ABNOR ALLELE  | CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81189 | CSTB GENE FULL GENE SEQUENCE | CSTB GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81190 | CSTB GENE KNOWN FAMIL VRNT   | CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81200 | ASPA GENE                    | ASPA GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81201 | APC GENE FULL SEQUENCE       | APC GENE ANALYSIS FULL GENE SEQUENCE             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81202 | APC GENE KNOWN FAM VARIANTS  | APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81203 | APC GENE DUP/DELET VARIANTS  | APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81204 | AR GENE CHARAC ALLELES       | AR GENE ANALYSIS CHARACTERIZATION OF ALLELES     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81205 | BCKDHB GENE                  | BCKDHB GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81206 | BCR/ABL1 GENE MAJOR BP       | BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81207 | BCR/ABL1 GENE MINOR BP       | BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81208 | BCR/ABL1 GENE OTHER BP       | BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81209 | BLM GENE                     | BLM GENE ANALYSIS 2281DEL6INS7 VARIANT           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81210 | BRAF GENE                    | BRAF GENE ANALYSIS V600 VARIANT(S)               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81212 | BRCA1&2 185&5385&6174 VRNT   | BRCA1 BRCA 2 GEN ALYS 185DEL6G 5385INSC 6174DELT | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81215 | BRCA1 GENE KNOWN FAMIL VRNT  | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81216 | BRCA2 GENE FULL SEQ ALYS     | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81217 | BRCA2 GENE KNOWN FAMIL VRNT  | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81218 | CEBPA GENE FULL SEQUENCE     | CEBPA GENE ANALYSIS FULL GENE SEQUENCE           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81219 | CALR GENE COM VARIANTS       | CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81220 | CFTR GENE COM VARIANTS       | CFTR GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81221 | CFTR GENE KNOWN FAM VARIANTS | CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81222 | CFTR GENE DUP/DELET VARIANTS | CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |

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| 81223 | CFTR GENE FULL SEQUENCE      | CFTR GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81224 | CFTR GENE INTRON POLY T      | CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS      | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81225 | CYP2C19 GENE COM VARIANTS    | CYP2C19 GENE ANALYSIS COMMON VARIANTS            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81226 | CYP2D6 GENE COM VARIANTS     | CYP2D6 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81227 | CYP2C9 GENE COM VARIANTS     | CYP2C9 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81228 | CYTOGEN MICRARRAY COPY NMBR  | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81229 | CYTOGEN M ARRAY COPY NO&SNP  | CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81230 | CYP3A4 GENE COMMON VARIANTS  | CYP3A4 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81231 | CYP3A5 GENE COMMON VARIANTS  | CYP3A5 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81232 | DPYD GENE COMMON VARIANTS    | DYPD GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81233 | BTK GENE COMMON VARIANTS     | BTK GENE ANALYSIS COMMON VARIANTS                | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81234 | DMPK GENE DETC ABNOR ALLELE  | DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81235 | EGFR GENE COM VARIANTS       | EGFR GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81236 | EZH2 GENE FULL GENE SEQUENCE | EZH2 GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81237 | EZH2 GENE COMMON VARIANTS    | EZH2 GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81238 | F9 FULL GENE SEQUENCE        | F9 FULL GENE SEQUENCE                            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81239 | DMPK GENE CHARAC ALLELES     | DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81240 | F2 GENE                      | F2 GENE ANALYSIS 20210G >A VARIANT               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81241 | F5 GENE                      | F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT      | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81242 | FANCC GENE                   | FANCC GENE ANALYSIS COMMON VARIANT               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81243 | FMR1 GENE DETECTION          | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81244 | FMR1 GENE CHARAC ALLELES     | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81245 | FLT3 GENE                    | FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81246 | FLT3 GENE ANALYSIS           | FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81247 | G6PD GENE ALYS CMN VARIANT   | G6PD GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81248 | G6PD KNOWN FAMILIAL VARIANT  | G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81249 | G6PD FULL GENE SEQUENCE      | G6PD GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81250 | G6PC GENE                    | G6PC GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81251 | GBA GENE                     | GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81252 | GJB2 GENE FULL SEQUENCE      | GJB2 GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81253 | GJB2 GENE KNOWN FAM VARIANTS | GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81254 | GJB6 GENE COM VARIANTS       | GJB6 GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81255 | HEXA GENE                    | HEXA GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81256 | HFE GENE                     | HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81257 | HBA1/HBA2 GENE               | HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81258 | HBA1/HBA2 GENE FAM VRNT      | HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81259 | HBA1/HBA2 FULL GENE SEQUENCE | HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81260 | IKBKAP GENE                  | IKBKAP GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81261 | IGH GENE REARRANGE AMP METH  | IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81262 | IGH GENE REARRANG DIR PROBE  | IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81263 | IGH VARI REGIONAL MUTATION   | IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81264 | IGK REARRANGEABN CLONAL POP  | IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81265 | STR MARKERS SPECIMEN ANAL    | COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81266 | STR MARKERS SPEC ANAL ADDL   | COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81267 | CHIMERISM ANAL NO CELL SELEC | CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81268 | CHIMERISM ANAL W/CELL SELECT | CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81269 | HBA1/HBA2 GENE DUP/DEL VRNTS | HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS         | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81270 | JAK2 GENE                    | JAK2 GENE ANALYSIS P.VAL617PHE VARIANT           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81271 | HTT GENE DETC ABNOR ALLELES  | HTT GENE ANALYSIS DETECT ABNORMAL ALLELES        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81272 | KIT GENE TARGETED SEQ ANALYS | KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81273 | KIT GENE ANALYS D816 VARIANT | KIT GENE ANALYSIS D816 VARIANT(S)                | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81274 | HTT GENE CHARAC ALLELES      | HTT GENE ANALYSIS CHARACTERIZATION ALLELES       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |

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|-------|-------------------------------|--|------------------------|--------------------------------|--|----------------------|--|
| 81275 | KRAS GENE VARIANTS EXON 2     | KRAS GENE ANALYSIS VARIANTS IN EXON 2            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81276 | KRAS GENE ADDL VARIANTS       | KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)         | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81277 | CYTOGENOMIC NEO MICRORA ALYS  | CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81283 | IFNL3 GENE                    | IFNL3 GENE ANALYSIS RS12979860 VARIANT           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81284 | FXN GENE DETC ABNOR ALLELES   | FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81285 | FXN GENE CHARAC ALLELES       | FXN GENE ANALYSIS CHARACTERIZATION ALLELES       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81286 | FXN GENE FULL GENE SEQUENCE   | FXN GENE ANALYSIS FULL GENE SEQUENCE             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81287 | MGMT GENE PRMTR METHYLTN ALYS | MGMT GENE PROMOTER METHYLATION ANALYSIS          | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81288 | MLH1 GENE                     | MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81289 | FXN GENE KNOWN FAMIL VARIANT  | FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81290 | MCOLN1 GENE                   | MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81291 | MTHFR GENE                    | MTHFR GENE ANALYSIS COMMON VARIANTS              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81292 | MLH1 GENE FULL SEQ            | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81293 | MLH1 GENE KNOWN VARIANTS      | MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81294 | MLH1 GENE DUP/DELETE VARIANT  | MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81295 | MSH2 GENE FULL SEQ            | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81296 | MSH2 GENE KNOWN VARIANTS      | MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81297 | MSH2 GENE DUP/DELETE VARIANT  | MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81298 | MSH6 GENE FULL SEQ            | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81299 | MSH6 GENE KNOWN VARIANTS      | MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81300 | MSH6 GENE DUP/DELETE VARIANT  | MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81301 | MICROSATELLITE INSTABILITY    | MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81302 | MECP2 GENE FULL SEQ           | MECP2 GENE ANALYSIS FULL SEQUENCE                | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81303 | MECP2 GENE KNOWN VARIANT      | MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81304 | MECP2 GENE DUP/DELET VARIANT  | MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81305 | MYD88 GENE P.LEU265PRO VRNT   | MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81306 | NUDT15 GENE COMMON VARIANTS   | NUDT15 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81307 | PALB2 GENE FULL GENE SEQ      | PALB2 GENE ANALYSIS FULL GENE SEQUENCE           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81308 | PALB2 GENE KNOWN FAMIL VRNT   | PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81309 | PIK3CA GENE TRGT SEQ ALYS     | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81310 | NPM1 GENE                     | NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81311 | NRAS GENE VARIANTS EXON 2&3   | NRAS GENE ANALYSIS VARIANTS IN EXON 2&3          | Authorization Required | Pathology and Lab              |  | Full Clinical Review |  |
| 81312 | PABPN1 GENE DETC ABNOR ALLEL  | PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81313 | PCA3/KLK3 ANTIGEN             | PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81314 | PDGFRA GENE                   | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS      | Authorization Required | Pathology and Lab              |  | Full Clinical Review |  |
| 81315 | PML/RARALPHA COM BREAKPOINTS  | PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81316 | PML/RARALPHA 1 BREAKPOINT     | PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN         | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81317 | PMS2 GENE FULL SEQ ANALYSIS   | PMS2 GENE ANALYSIS FULL SEQUENCE                 | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81318 | PMS2 KNOWN FAMILIAL VARIANTS  | PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81319 | PMS2 GENE DUP/DELET VARIANTS  | PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81320 | PLCG2 GENE COMMON VARIANTS    | PLCG2 GENE ANALYSIS COMMON VARIANTS              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81321 | PTEN GENE FULL SEQUENCE       | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81322 | PTEN GENE KNOWN FAM VARIANT   | PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT        | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81323 | PTEN GENE DUP/DELET VARIANT   | PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81324 | PMP22 GENE DUP/DELET          | PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81325 | PMP22 GENE FULL SEQUENCE      | PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81326 | PMP22 GENE KNOWN FAM VARIANT  | PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81327 | SEPT9 GEN PRMTR METHYLTN ALYS | SEPT9 GENE PROMOTER METHYLATION ANALYSIS         | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81328 | SLCO1B1 GENE COM VARIANTS     | SLCO1B1 GENE ANALYSIS COMMON VARIANTS            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81329 | SMN1 GENE DOS/DELETION ALYS   | SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81330 | SMPD1 GENE COMMON VARIANTS    | SMPD1 GENE ANALYSIS COMMON VARIANTS              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81331 | SNRPN/UBE3A GENE              | SNRPN/UBE3A METHYLATION ANALYSIS                 | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |



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| 81332 | SERPINA1 GENE                | SERPINA1 GENE ANALYSIS COMMON VARIANTS           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81333 | TGFBI GENE COMMON VARIANTS   | TGFBI GENE ANALYSIS COMMON VARIANTS              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81334 | RUNX1 GENE TARGETED SEQ ALYS | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81335 | TPMT GENE COM VARIANTS       | TPMT GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81336 | SMN1 GENE FULL GENE SEQUENCE | SMN1 GENE ANALYSIS FULL GENE SEQUENCE            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81337 | SMN1 GEN NOWN FAMIL SEQ VRNT | SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81340 | TRB@ GENE REARRANGE AMPLIFY  | TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81341 | TRB@ GENE REARRANGE DIRPROBE | TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81342 | TRG GENE REARRANGEMENT ANAL  | TRG@ GENE REARRANGEMENT ANALYSIS                 | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81343 | PPP2R2B GEN DETC ABNOR ALLEL | PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81344 | TBP GENE DETC ABNOR ALLELES  | TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81345 | TERT GENE TARGETED SEQ ALYS  | TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81346 | TYMS GENE COM VARIANTS       | TYMS GENE ANALYSIS COMMON VARIANTS               | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81350 | UGT1A1 GENE COMMON VARIANTS  | UGT1A1 GENE ANALYSIS COMMON VARIANTS             | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81355 | VKORC1 GENE                  | VKORC1 GENE ANALYSIS COMMON VARIANT(S)           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81361 | HBB GENE COM VARIANTS        | HBB COMMON VARIANTS                              | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81362 | HBB GENE KNOWN FAM VARIANT   | HBB KNOWN FAMILIAL VARIANTS                      | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81363 | HBB GENE DUP/DEL VARIANTS    | HBB DUPLICATION/DELETION VARIANTS                | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81364 | HBB FULL GENE SEQUENCE       | HBB FULL GENE SEQUENCE                           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81370 | HLA I & II TYPING LR         | HLA CLASS I&II LOW HLA-A -B -C - DRB1/3/4/5&DQB  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81371 | HLA I & II TYPE VERIFY LR    | HLA I&II LOW RESOLUTION HLA-A -B&-DRB1           | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81372 | HLA I TYPING COMPLETE LR     | HLA CLASS I TYPING LOW RESOLUTION COMPLETE       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81373 | HLA I TYPING 1 LOCUS LR      | HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81374 | HLA I TYPING 1 ANTIGEN LR    | HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81375 | HLA II TYPING AG EQUIV LR    | HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81376 | HLA II TYPING 1 LOCUS LR     | HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81377 | HLA II TYPE 1 AG EQUIV LR    | HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81378 | HLA I & II TYPING HR         | HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81379 | HLA I TYPING COMPLETE HR     | HLA CLASS I TYPING HIGH RESOLUTION COMPLETE      | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81380 | HLA I TYPING 1 LOCUS HR      | HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81381 | HLA I TYPING 1 ALLELE HR     | HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81382 | HLA II TYPING 1 LOC HR       | HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81383 | HLA II TYPING 1 ALLELE HR    | HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81400 | MOPATH PROCEDURE LEVEL 1     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81401 | MOPATH PROCEDURE LEVEL 2     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81402 | MOPATH PROCEDURE LEVEL 3     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81403 | MOPATH PROCEDURE LEVEL 4     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81404 | MOPATH PROCEDURE LEVEL 5     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81405 | MOPATH PROCEDURE LEVEL 6     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81406 | MOPATH PROCEDURE LEVEL 7     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81407 | MOPATH PROCEDURE LEVEL 8     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81408 | MOPATH PROCEDURE LEVEL 9     | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81410 | AORTIC DYSFUNCTION/DILATION  | AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81411 | AORTIC DYSFUNCTION/DILATION  | AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS     | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81412 | ASHKENAZI JEWISH ASSOC DIS   | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81413 | CAR ION CHNNLPATH INC 10 GNS | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81414 | CAR ION CHNNLPATH INC 2 GNS  | CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81415 | EXOME SEQUENCE ANALYSIS      | EXOME SEQUENCE ANALYSIS                          | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81416 | EXOME SEQUENCE ANALYSIS      | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81417 | EXOME RE-EVALUATION          | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81420 | FETAL CHRMOML ANEUPLOIDY     | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |

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| 81422 | FETAL CHRMOML MICRODELTA     | FETAL CHROMOSOMAL MICRODELTA<br>GENOMIC SEQ ANALYS  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81425 | GENOME SEQUENCE ANALYSIS     | GENOME SEQUENCE ANALYSIS                            | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81426 | GENOME SEQUENCE ANALYSIS     | GENOME SEQUENCE ANALYSIS EACH<br>COMPARATOR GENOME  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81427 | GENOME RE-EVALUATION         | GENOME RE-EVALUATION OF PREC<br>OBTAINED GENOME SEQ | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81430 | HEARING LOSS SEQUENCE ANALYS | HEARING LOSS GENOMIC SEQUENCE<br>ANALYSIS 60 GENES  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81431 | HEARING LOSS DUP/DEL ANALYS  | HEARING LOSS DUP/DEL ANALYSIS                       | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81432 | HRDTRY BRST CA-RLATD DSORDRS | HEREDITARY BRST CA-RELATED GEN<br>SEQ ANALYS 10 GEN | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81433 | HRDTRY BRST CA-RLATD DSORDRS | HEREDITARY BRST CA-RELATED<br>DUP/DEL ANALYSIS      | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81434 | HEREDITARY RETINAL DISORDERS | HEREDITARY RETINAL DSRDRS GEN<br>SEQ ANALYS 15 GEN  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81435 | HEREDITARY COLON CA DSORDRS  | HEREDITARY COLON CA DSRDRS GEN<br>SEQ ANALYS 10 GEN | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81436 | HEREDITARY COLON CA DSORDRS  | HEREDITARY COLON CA DSRDRS<br>DUP/DEL ANALYS 5 GEN  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81437 | HEREDTRY NURONDCRN TUM DSRDR | HEREDTRY NURONDCRN TUM DSRDRS<br>GEN SEQ ANAL 6 GEN | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81438 | HEREDTRY NURONDCRN TUM DSRDR | HEREDTRY NURONDCRN TUM DSRDRS<br>DUP/DEL ANALYSIS   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81439 | HRDTRY CARDMYPY GENE PANEL   | HEREDITARY CARDIOMYOPATHY GEN<br>SEQ ANALYS 5 GEN   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81440 | MITOCHONDRIAL GENE           | NUCLEAR MITOCHONDRIAL 100 GENE<br>GENOMIC SEQ       | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81442 | NOONAN SPECTRUM DISORDERS    | NOONAN SPECTRUM DISORDERS GEN<br>SEQ ANALYS 12 GEN  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81443 | GENETIC TSTG SEVERE INH COND | GENETIC TESTING FOR SEVERE<br>INHERITED CONDITIONS  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81445 | TARGETED GENOMIC SEQ ANALYS  | GEN SEQ ANALYS SOLID ORGAN<br>NEOPLASM 5-50 GENE    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81448 | HRDTRY PERPH NEURPHY PANEL   | HEREDITARY PERIPHERAL<br>NEUROPATHY GEN SEQ PNL     | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81450 | TARGETED GENOMIC SEQ ANALYS  | GEN SEQ ANALYS HEMATOLYMPHOID<br>NEO 5-50 GENE      | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81455 | TARGETED GENOMIC SEQ ANALYS  | GEN SEQ ANALYS SOL<br>ORG/HEMOLYMPHOID NEO 51/> GEN | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81460 | WHOLE MITOCHONDRIAL GENOME   | WHOLE MITOCHONDRIAL GENOME                          | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81465 | WHOLE MITOCHONDRIAL GENOME   | WHOLE MITOCHONDRIAL GENOME<br>ANALYSIS PANEL        | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81470 | X-LINKED INTELLECTUAL DBLT   | X-LINKED INTELLECTUAL DBLT<br>GENOMIC SEQ ANALYS    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81471 | X-LINKED INTELLECTUAL DBLT   | X-LINKED INTELLECTUAL DBLT<br>DUP/DEL GENE ANALYS   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81479 | UNLISTED MOLECULAR PATHOLOGY | UNLISTED MOLECULAR PATHOLOGY<br>PROCEDURE           | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHR  | AUTOIMMUNE RHEUMATOID<br>ARTHRTS ANALYS 12 BIOMRKRS | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81493 | COR ARTERY DISEASE MRNA      | COR ART DISEASE MRNA GENE<br>EXPRESSION 23 GENES    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81500 | ONCO (OVAR) TWO PROTEINS     | ONCO (OVARIAN) BIOCHEMICAL<br>ASSAY TWO PROTEINS    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81503 | ONCO (OVAR) FIVE PROTEINS    | ONCO (OVARIAN) BIOCHEMICAL<br>ASSAY FIVE PROTEINS   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81504 | ONCOLOGY TISSUE OF ORIGIN    | ONCOLOGY TISSUE OF ORIGIN<br>SIMILAR SCOR ALGORITHM | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81506 | ENDO ASSAY SEVEN ANAL        | ENDOCRINOLOGY BIOCHEMICAL<br>ASSAY SEVEN ANAL       | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81507 | FETAL ANEUPLOIDY TRISOM RISK | FETAL ANEUPLOIDY 21 18 13 SEQ<br>ANALY TRISOM RISK  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81508 | FTL CGEN ABNOR TWO PROTEINS  | FETAL CONGENITAL ABNOR ASSAY<br>TWO PROTEINS        | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81509 | FTL CGEN ABNOR 3 PROTEINS    | FETAL CONGENITAL ABNOR ASSAY 3<br>PROTEINS          | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81510 | FTL CGEN ABNOR THREE ANAL    | FETAL CONGENITAL ABNOR ASSAY<br>THREE ANAL          | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81511 | FTL CGEN ABNOR FOUR ANAL     | FETAL CONGENITAL ABNOR ASSAY<br>FOUR ANAL           | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81512 | FTL CGEN ABNOR FIVE ANAL     | FETAL CONGENITAL ABNOR ASSAY<br>FIVE ANAL           | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81518 | ONC BRST MRNA 11 GENES       | ONCOLOGY BREAST MRNA GENE<br>EXPRESSION 11 GENES    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81519 | ONCOLOGY BREAST MRNA         | ONCOLOGY BREAST MRNA GENE<br>EXPRESSION 21 GENES    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81520 | ONC BREAST MRNA 58 GENES     | ONC BREAST MRNA GENE XPRSN PRFL<br>HYBRD 58 GENES   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81521 | ONC BREAST MRNA 70 GENES     | ONC BREAST MRNA MICRORA GENE<br>XPRSN PRFL 70 GENES | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81522 | ONC BREAST MRNA 12 GENES     | ONCOLOGY BREAST MRNA GENE<br>XPRSN PRFL 12 GENES    | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81525 | ONCOLOGY COLON MRNA          | ONCOLOGY COLON MRNA GENE<br>EXPRESSION 12 GENES     | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81528 | ONCOLOGY COLORECTAL SCR      | ONCOLOGY COLORECTAL SCREENING<br>QUAN 10 DNA MARKRS | No Auth Required       | Genetic testing and<br>counseling |  |                      |  |
| 81535 | ONCOLOGY GYNECOLOGIC         | ONCOLOGY GYNE LIVE TUM CELL<br>CLTR&CHEMO RESP 1ST  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81536 | ONCOLOGY GYNECOLOGIC         | ONCOLOGY GYNE LIVE TUM CELL<br>CLTR&CHEMO RESP ADD  | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81538 | ONCOLOGY LUNG                | ONCOLOGY LUNG MS 8-PROTEIN<br>SIGNATURE             | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81539 | ONCOLOGY PROSTATE PROB SCORE | ONCOLOGY PROSTATE BIOCHEMICAL<br>ASSAY 4 PROTEINS   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN  | ONCOLOGY TUM UNKNOWN ORIGIN<br>MRNA 92 GENES        | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |
| 81541 | ONC PROSTATE MRNA 46 GENES   | ONC PRST8 MRNA GENE XPRSN PRFL<br>RT-PCR 46 GENES   | Authorization Required | Genetic testing and<br>counseling |  | Full Clinical Review |  |

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| 81542 | ONC PROSTATE MRNA 22 CNT GEN | ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81545 | ONCOLOGY THYROID             | ONCOLOGY THYROID GENE EXPRESSION 142 GENES       | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81551 | ONC PROSTATE 3 GENES         | ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81552 | ONC UVEAL MLNMA MRNA 15 GENE | ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA   | CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81596 | NFCT DS CHRNC HCV 6 ASSAYS   | NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR    | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |  |
| 81599 | UNLISTED MAAA                | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS | Authorization Required | Pathology and Lab              |  | Full Clinical Review |  |
| 82009 | TEST FOR ACETONE/KETONES     | KETONE BODIES SERUM QUALITATIVE                  | No Auth Required       |                                |  |                      |  |
| 82010 | ACETONE ASSAY                | KETONE BODIES SERUM QUANTITATIVE                 | No Auth Required       |                                |  |                      |  |
| 82013 | ACETYLCHOLINESTERASE ASSAY   | ASSAY OF ACETYLCHOLINESTERASE                    | No Auth Required       |                                |  |                      |  |
| 82016 | ACYLCARNITINES QUAL          | ACYLCARNITINES QUALITATIVE EACH SPECIMEN         | No Auth Required       |                                |  |                      |  |
| 82017 | ACYLCARNITINES QUANT         | ACYLCARNITINES QUANTITATIVE EACH SPECIMEN        | No Auth Required       |                                |  |                      |  |
| 82024 | ASSAY OF ACTH                | ADRENOCORTICOTROPIC HORMONE ACTH                 | No Auth Required       |                                |  |                      |  |
| 82030 | ASSAY OF ADP & AMP           | ADENOSINE 5-MONOPHOSPHATE CYCLIC                 | No Auth Required       |                                |  |                      |  |
| 82040 | ASSAY OF SERUM ALBUMIN       | ALBUMIN SERUM PLASMA/WHOLE BLOOD                 | No Auth Required       |                                |  |                      |  |
| 82042 | OTHER SOURCE ALBUMIN QUAN EA | OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN  | No Auth Required       |                                |  |                      |  |
| 82043 | UR ALBUMIN QUANTITATIVE      | URINE ALBUMIN QUANTITATIVE                       | No Auth Required       |                                |  |                      |  |
| 82044 | UR ALBUMIN SEMIQUANTITATIVE  | URINE ALBUMIN SEMIQUANTITATIVE                   | No Auth Required       |                                |  |                      |  |
| 82045 | ALBUMIN ISCHEMIA MODIFIED    | ALBUMIN ISCHEMIA MODIFIED                        | No Auth Required       |                                |  |                      |  |
| 82075 | ASSAY OF BREATH ETHANOL      | ASSAY OF ALCOHOL BREATH                          | No Auth Required       |                                |  |                      |  |
| 82085 | ASSAY OF ALDOLASE            | ASSAY OF ALDOLASE                                | No Auth Required       |                                |  |                      |  |
| 82088 | ASSAY OF ALDOSTERONE         | ASSAY OF ALDOSTERONE                             | No Auth Required       |                                |  |                      |  |
| 82103 | ALPHA-1-ANTITRYPSIN TOTAL    | ALPHA-1-ANTITRYPSIN TOTAL                        | No Auth Required       |                                |  |                      |  |
| 82104 | ALPHA-1-ANTITRYPSIN PHENO    | ALPHA-1-ANTITRYPSIN PHENOTYPE                    | No Auth Required       |                                |  |                      |  |
| 82105 | ALPHA-FETOPROTEIN SERUM      | ALPHA-FETOPROTEIN SERUM                          | No Auth Required       |                                |  |                      |  |
| 82106 | ALPHA-FETOPROTEIN AMNIOTIC   | ALPHA-FETOPROTEIN AMNIOTIC FLUID                 | No Auth Required       |                                |  |                      |  |
| 82107 | ALPHA-FETOPROTEIN L3         | AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO      | No Auth Required       |                                |  |                      |  |
| 82108 | ASSAY OF ALUMINUM            | ASSAY OF ALUMINUM                                | No Auth Required       |                                |  |                      |  |
| 82120 | AMINES VAGINAL FLUID QUAL    | AMINES VAGINAL FLUID QUALITATIVE                 | No Auth Required       |                                |  |                      |  |
| 82127 | AMINO ACID SINGLE QUAL       | AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN          | No Auth Required       |                                |  |                      |  |
| 82128 | AMINO ACIDS MULT QUAL        | AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN   | No Auth Required       |                                |  |                      |  |
| 82131 | AMINO ACIDS SINGLE QUANT     | AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN         | No Auth Required       |                                |  |                      |  |
| 82135 | ASSAY AMINOLEVULINIC ACID    | AMINOLEVULINIC ACID DELTA                        | No Auth Required       |                                |  |                      |  |
| 82136 | AMINO ACIDS QUANT 2-5        | AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC | No Auth Required       |                                |  |                      |  |
| 82139 | AMINO ACIDS QUAN 6 OR MORE   | AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE  | No Auth Required       |                                |  |                      |  |
| 82140 | ASSAY OF AMMONIA             | ASSAY OF AMMONIA                                 | No Auth Required       |                                |  |                      |  |
| 82143 | AMNIOTIC FLUID SCAN          | AMNIOTIC FLU SCAN                                | No Auth Required       |                                |  |                      |  |
| 82150 | ASSAY OF AMYLASE             | ASSAY OF AMYLASE                                 | No Auth Required       |                                |  |                      |  |
| 82154 | ANDROSTANEDIOL GLUCURONIDE   | ANDROSTANEDIOL GLUCURONIDE                       | No Auth Required       |                                |  |                      |  |
| 82157 | ASSAY OF ANDROSTENEDIONE     | ANDROSTENEDIONE                                  | No Auth Required       |                                |  |                      |  |
| 82160 | ASSAY OF ANDROSTERONE        | ANDROSTERONE                                     | No Auth Required       |                                |  |                      |  |
| 82163 | ASSAY OF ANGIOTENSIN II      | ANGIOTENSIN II                                   | No Auth Required       |                                |  |                      |  |
| 82164 | ANGIOTENSIN I ENZYME TEST    | ANGIOTENSIN I-CONVERTING ENZYME                  | No Auth Required       |                                |  |                      |  |
| 82172 | ASSAY OF APOLIPOPROTEIN      | APOLIPOPROTEIN EACH                              | Authorization Required | Pathology and Lab              |  | Full Clinical Review |  |
| 82175 | ASSAY OF ARSENIC             | ASSAY OF ARSENIC                                 | No Auth Required       |                                |  |                      |  |
| 82180 | ASSAY OF ASCORBIC ACID       | ASSAY OF ASCORBIC ACID BLOOD                     | No Auth Required       |                                |  |                      |  |
| 82190 | ATOMIC ABSORPTION            | ATOMIC ABSR PJ SPECTROSCOPY EA ANALYTE           | No Auth Required       |                                |  |                      |  |
| 82232 | ASSAY OF BETA-2 PROTEIN      | BETA-2 MICROGLOBULIN                             | No Auth Required       |                                |  |                      |  |
| 82239 | BILE ACIDS TOTAL             | BILE ACIDS TOTAL                                 | No Auth Required       |                                |  |                      |  |
| 82240 | BILE ACIDS CHOLYLGLYCINE     | BILE ACIDS CHOLYLGLYCINE                         | No Auth Required       |                                |  |                      |  |
| 82247 | BILIRUBIN TOTAL              | BILIRUBIN TOTAL                                  | No Auth Required       |                                |  |                      |  |
| 82248 | BILIRUBIN DIRECT             | BILIRUBIN DIRECT                                 | No Auth Required       |                                |  |                      |  |
| 82252 | FECAL BILIRUBIN TEST         | BILIRUBIN FECES QUALITATIVE                      | No Auth Required       |                                |  |                      |  |
| 82261 | ASSAY OF BIOTINIDASE         | BIOTINIDASE EACH SPECIMEN                        | No Auth Required       |                                |  |                      |  |
| 82270 | OCCULT BLOOD FECES           | BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER  | No Auth Required       |                                |  |                      |  |
| 82271 | OCCULT BLOOD OTHER SOURCES   | BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES  | No Auth Required       |                                |  |                      |  |
| 82272 | OCCULT BLD FECES 1-3 TESTS   | BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC | No Auth Required       |                                |  |                      |  |
| 82274 | ASSAY TEST FOR BLOOD FECAL   | BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3   | No Auth Required       |                                |  |                      |  |
| 82286 | ASSAY OF BRADYKININ          | BRADYKININ                                       | No Auth Required       |                                |  |                      |  |
| 82300 | ASSAY OF CADMIUM             | CADMIUM  | No Auth Required       |                                |  |                      |  |
| 82306 | VITAMIN D 25 HYDROXY         | 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED       | No Auth Required       |                                |  |                      |  |
| 82308 | ASSAY OF CALCITONIN          | CALCITONIN                                       | No Auth Required       |                                |  |                      |  |
| 82310 | ASSAY OF CALCIUM             | CALCIUM TOTAL                                    | No Auth Required       |                                |  |                      |  |
| 82330 | ASSAY OF CALCIUM             | CALCIUM IONIZED                                  | No Auth Required       |                                |  |                      |  |
| 82331 | CALCIUM INFUSION TEST        | CALCIUM AFTER CALCIUM INFUSION TEST              | No Auth Required       |                                |  |                      |  |
| 82340 | ASSAY OF CALCIUM IN URINE    | CALCIUM URINE QUANTITATIVE TIMED SPECIMEN        | No Auth Required       |                                |  |                      |  |
| 82355 | CALCULUS ANALYSIS QUAL       | CALCULUS QUALITATIVE ANALYSIS                    | No Auth Required       |                                |  |                      |  |
| 82360 | CALCULUS ASSAY QUANT         | CALCULUS QUANTITATIVE CHEMICAL                   | No Auth Required       |                                |  |                      |  |
| 82365 | CALCULUS SPECTROSCOPY        | CALCULUS INFRARED SPECTROSCOPY                   | No Auth Required       |                                |  |                      |  |

|       |                              |  |                  |  |  |  |  |
|-------|------------------------------|--|------------------|--|--|--|--|
| 82370 | X-RAY ASSAY CALCULUS         | CALCULUS XRAY DIFFRACTION                        | No Auth Required |  |  |  |  |
| 82373 | ASSAY C-D TRANSFER MEASURE   | CARBOHYDRATE DEFICIENT TRANSFERRIN               | No Auth Required |  |  |  |  |
| 82374 | ASSAY BLOOD CARBON DIOXIDE   | CARBON DIOXIDE BICARBONATE                       | No Auth Required |  |  |  |  |
| 82375 | ASSAY CARBOXYHB QUANT        | CARBOXYHEMOGLOBIN QUANTITATIVE                   | No Auth Required |  |  |  |  |
| 82376 | ASSAY CARBOXYHB QUAL         | CARBOXYHEMOGLOBIN QUALITATIVE                    | No Auth Required |  |  |  |  |
| 82378 | CARCINOEMBRYONIC ANTIGEN     | CARCINOEMBRYONIC ANTIGEN CEA                     | No Auth Required |  |  |  |  |
| 82379 | ASSAY OF CARNITINE           | CARNITINE QUANTITATIVE EACH SPECIMEN             | No Auth Required |  |  |  |  |
| 82380 | ASSAY OF CAROTENE            | CAROTENE   | No Auth Required |  |  |  |  |
| 82382 | ASSAY URINE CATECHOLAMINES   | CATECHOLAMINES TOTAL URINE                       | No Auth Required |  |  |  |  |
| 82383 | ASSAY BLOOD CATECHOLAMINES   | CATECHOLAMINES BLOOD                             | No Auth Required |  |  |  |  |
| 82384 | ASSAY THREE CATECHOLAMINES   | CATECHOLAMINES FRACTIONATED                      | No Auth Required |  |  |  |  |
| 82387 | ASSAY OF CATHEPSIN-D         | CATHEPSIN-D                                      | No Auth Required |  |  |  |  |
| 82390 | ASSAY OF CERULOPLASMIN       | CERULOPLASMIN                                    | No Auth Required |  |  |  |  |
| 82397 | CHEMILUMINESCENT ASSAY       | CHEMILUMINESCENT ASSAY                           | No Auth Required |  |  |  |  |
| 82415 | ASSAY OF CHLORAMPHENICOL     | CHLORAMPHENICOL                                  | No Auth Required |  |  |  |  |
| 82435 | ASSAY OF BLOOD CHLORIDE      | CHLORIDE BLD                                     | No Auth Required |  |  |  |  |
| 82436 | ASSAY OF URINE CHLORIDE      | CHLORIDE URINE                                   | No Auth Required |  |  |  |  |
| 82438 | ASSAY OTHER FLUID CHLORIDES  | CHLORIDE OTHER SOURCE                            | No Auth Required |  |  |  |  |
| 82441 | TEST FOR CHLOROXYDROCARBONS  | CHLORINATED HYDROCARBONS SCREEN                  | No Auth Required |  |  |  |  |
| 82465 | ASSAY BLD/SERUM CHOLESTEROL  | CHOLESTEROL SERUM/WHOLE BLOOD TOTAL              | No Auth Required |  |  |  |  |
| 82480 | ASSAY SERUM CHOLINESTERASE   | CHOLINESTERASE SERUM                             | No Auth Required |  |  |  |  |
| 82482 | ASSAY RBC CHOLINESTERASE     | CHOLINESTERASE RBC                               | No Auth Required |  |  |  |  |
| 82485 | ASSAY CHONDROITIN SULFATE    | CHONDROITIN B SULFATE QUANTITATIVE               | No Auth Required |  |  |  |  |
| 82495 | ASSAY OF CHROMIUM            | ASSAY OF CHROMIUM                                | No Auth Required |  |  |  |  |
| 82507 | ASSAY OF CITRATE             | ASSAY OF CITRATE                                 | No Auth Required |  |  |  |  |
| 82523 | COLLAGEN CROSSLINKS          | COLLAGEN CROSS LINKS ANY METHOD                  | No Auth Required |  |  |  |  |
| 82525 | ASSAY OF COPPER              | ASSAY OF COPPER                                  | No Auth Required |  |  |  |  |
| 82528 | ASSAY OF CORTICOSTERONE      | CORTICOSTERONE                                   | No Auth Required |  |  |  |  |
| 82530 | CORTISOL FREE                | CORTISOL FREE                                    | No Auth Required |  |  |  |  |
| 82533 | TOTAL CORTISOL               | CORTISOL TOTAL                                   | No Auth Required |  |  |  |  |
| 82540 | ASSAY OF CREATINE            | ASSAY OF CREATINE                                | No Auth Required |  |  |  |  |
| 82542 | COL CHROMOTOGRAPHY QUAL/QUAN | COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC | No Auth Required |  |  |  |  |
| 82550 | ASSAY OF CK (CPK)            | CREATINE KINASE TOTAL                            | No Auth Required |  |  |  |  |
| 82552 | ASSAY OF CPK IN BLOOD        | CREATINE KINASE ISOENZYMES                       | No Auth Required |  |  |  |  |
| 82553 | CREATINE MB FRACTION         | CREATINE KINASE MB FRACTION ONLY                 | No Auth Required |  |  |  |  |
| 82554 | CREATINE ISOFORMS            | CREATINE KINASE ISOFORMS                         | No Auth Required |  |  |  |  |
| 82565 | ASSAY OF CREATININE          | CREATININE BLOOD                                 | No Auth Required |  |  |  |  |
| 82570 | ASSAY OF URINE CREATININE    | CREATININE OTHER SOURCE                          | No Auth Required |  |  |  |  |
| 82575 | CREATININE CLEARANCE TEST    | CREATININE CLEARANCE                             | No Auth Required |  |  |  |  |
| 82585 | ASSAY OF CRYOFIBRINOGEN      | ASSAY OF CRYOFIBRN                               | No Auth Required |  |  |  |  |
| 82595 | ASSAY OF CRYOGLOBULIN        | CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE       | No Auth Required |  |  |  |  |
| 82600 | ASSAY OF CYANIDE             | ASSAY OF CYANIDE                                 | No Auth Required |  |  |  |  |
| 82607 | VITAMIN B-12                 | CYANOCOBALAMIN VITAMIN B-12                      | No Auth Required |  |  |  |  |
| 82608 | B-12 BINDING CAPACITY        | CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY   | No Auth Required |  |  |  |  |
| 82610 | CYSTATIN C                   | CYSTATIN C                                       | No Auth Required |  |  |  |  |
| 82615 | TEST FOR URINE CYSTINES      | CSTINE&HOMOCSTINE URINE QUALITATIVE              | No Auth Required |  |  |  |  |
| 82626 | DEHYDROEPIANDROSTERONE       | DEHYDROEPIANDROSTERONE                           | No Auth Required |  |  |  |  |
| 82627 | DEHYDROEPIANDROSTERONE       | DEHYDROEPIANDROSTERONE-SULFATE                   | No Auth Required |  |  |  |  |
| 82633 | DESOXYCORTICOSTERONE         | DESOXYCORTICOSTERONE 11-                         | No Auth Required |  |  |  |  |
| 82634 | DEOXYCORTISOL                | DEOXYCORTISOL 11-                                | No Auth Required |  |  |  |  |
| 82638 | ASSAY OF DIBUCAINE NUMBER    | ASSAY OF DIBUCAINE NUMBER                        | No Auth Required |  |  |  |  |
| 82642 | DIHYDROTESTOSTERONE          | DIHYDROTESTOSTERONE (DHT)                        | No Auth Required |  |  |  |  |
| 82652 | VIT D 1 25-DIHYDROXY         | 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED   | No Auth Required |  |  |  |  |
| 82656 | PANCREATIC ELASTASE FECAL    | ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN         | No Auth Required |  |  |  |  |
| 82657 | ENZYME CELL ACTIVITY         | NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA | No Auth Required |  |  |  |  |
| 82658 | ENZYME CELL ACTIVITY RA      | NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA   | No Auth Required |  |  |  |  |
| 82664 | ELECTROPHORETIC TEST         | ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED | No Auth Required |  |  |  |  |
| 82668 | ASSAY OF ERYTHROPOIETIN      | ASSAY OF ERYTHROPOIETIN                          | No Auth Required |  |  |  |  |
| 82670 | ASSAY OF ESTRADIOL           | ASSAY OF ESTRADIOL                               | No Auth Required |  |  |  |  |
| 82671 | ASSAY OF ESTROGENS           | ASSAY OF ESTROGENS FRACTIONATED                  | No Auth Required |  |  |  |  |
| 82672 | ASSAY OF ESTROGEN            | ASSAY OF ESTROGENS TOTAL                         | No Auth Required |  |  |  |  |
| 82677 | ASSAY OF ESTRIOL             | ASSAY OF ESTRIOL                                 | No Auth Required |  |  |  |  |
| 82679 | ASSAY OF ESTRONE             | ASSAY OF ESTRONE                                 | No Auth Required |  |  |  |  |
| 82693 | ASSAY OF ETHYLENE GLYCOL     | ASSAY OF ETHYLENE GLYCOL                         | No Auth Required |  |  |  |  |
| 82696 | ASSAY OF ETIOCHOLANOLONE     | ASSAY OF ETIOCHOLANOLONE                         | No Auth Required |  |  |  |  |
| 82705 | FATS/LIPIDS FECES QUAL       | FAT/LIPIDS FECES QUALITATIVE                     | No Auth Required |  |  |  |  |
| 82710 | FATS/LIPIDS FECES QUANT      | FAT/LIPIDS FECES QUANTITATIVE                    | No Auth Required |  |  |  |  |
| 82715 | ASSAY OF FECAL FAT           | FAT DIFFIAL FECES QUANTITATIVE                   | No Auth Required |  |  |  |  |
| 82725 | ASSAY OF BLOOD FATTY ACIDS   | FATTY ACIDS NONESTERIFIED                        | No Auth Required |  |  |  |  |
| 82726 | LONG CHAIN FATTY ACIDS       | VERY LONG CHAIN FATTY ACIDS                      | No Auth Required |  |  |  |  |
| 82728 | ASSAY OF FERRITIN            | ASSAY OF FERRITIN                                | No Auth Required |  |  |  |  |
| 82731 | ASSAY OF FETAL FIBRONECTIN   | FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN  | No Auth Required |  |  |  |  |
| 82735 | ASSAY OF FLUORIDE            | ASSAY OF FLUORIDE                                | No Auth Required |  |  |  |  |
| 82746 | ASSAY OF FOLIC ACID SERUM    | ASSAY OF FOLIC ACID SERUM                        | No Auth Required |  |  |  |  |
| 82747 | ASSAY OF FOLIC ACID RBC      | ASSAY OF FOLIC ACID RBC                          | No Auth Required |  |  |  |  |
| 82757 | ASSAY OF SEMEN FRUCTOSE      | ASSAY OF FRUCTOSE SEMEN                          | No Auth Required |  |  |  |  |
| 82759 | ASSAY OF RBC GALACTOKINASE   | ASSAY OF GALACTOKINASE RBC                       | No Auth Required |  |  |  |  |
| 82760 | ASSAY OF GALACTOSE           | ASSAY OF GALACTOSE                               | No Auth Required |  |  |  |  |
| 82775 | ASSAY GALACTOSE TRANSFERASE  | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN    | No Auth Required |  |  |  |  |
| 82776 | GALACTOSE TRANSFERASE TEST   | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN  | No Auth Required |  |  |  |  |
| 82777 | GALECTIN-3                   | GALECTIN-3                                       | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 82784 | ASSAY IGA/IGD/IGG/IGM EACH   | ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH      | No Auth Required |  |  |  |  |
| 82785 | ASSAY OF IGE                 | ASSAY OF GAMMAGLOBULIN IGE                       | No Auth Required |  |  |  |  |
| 82787 | IGG 1 2 3 OR 4 EACH          | GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES          | No Auth Required |  |  |  |  |
| 82800 | BLOOD PH                     | GASES BLOOD PH ONLY                              | No Auth Required |  |  |  |  |
| 82803 | BLOOD GASES ANY COMBINATION  | BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3 | No Auth Required |  |  |  |  |
| 82805 | BLOOD GASES W/O2 SATURATION  | GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY   | No Auth Required |  |  |  |  |
| 82810 | BLOOD GASES O2 SAT ONLY      | GASES BLOOD O2 SATURATION ONLY DIRECT MEAS       | No Auth Required |  |  |  |  |
| 82820 | HEMOGLOBIN-OXYGEN AFFINITY   | HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN        | No Auth Required |  |  |  |  |
| 82930 | GASTRIC ANALY W/PH EA SPEC   | GASTRIC ACID ANALYSIS W/PH EACH SPECIMEN         | No Auth Required |  |  |  |  |
| 82938 | GASTRIN TEST                 | GASTRIN AFTER SECRETIN STIMULATION               | No Auth Required |  |  |  |  |
| 82941 | ASSAY OF GASTRIN             | ASSAY OF GASTRIN                                 | No Auth Required |  |  |  |  |
| 82943 | ASSAY OF GLUCAGON            | ASSAY OF GLUCAGON                                | No Auth Required |  |  |  |  |
| 82945 | GLUCOSE OTHER FLUID          | GLUCOSE BODY FLUID OTHER THAN BLOOD              | No Auth Required |  |  |  |  |
| 82946 | GLUCAGON TOLERANCE TEST      | GLUCOSE TOLERANCE TEST                           | No Auth Required |  |  |  |  |
| 82947 | ASSAY GLUCOSE BLOOD QUANT    | GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP    | No Auth Required |  |  |  |  |
| 82948 | REAGENT STRIP/BLOOD GLUCOSE  | GLUCOSE BLOOD REAGENT STRIP                      | No Auth Required |  |  |  |  |
| 82950 | GLUCOSE TEST                 | GLUCOSE POST GLUCOSE DOSE                        | No Auth Required |  |  |  |  |
| 82951 | GLUCOSE TOLERANCE TEST (GTT) | GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS           | No Auth Required |  |  |  |  |
| 82952 | GTT-ADDED SAMPLES            | GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS     | No Auth Required |  |  |  |  |
| 82955 | ASSAY OF G6PD ENZYME         | GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE      | No Auth Required |  |  |  |  |
| 82960 | TEST FOR G6PD ENZYME         | GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN            | No Auth Required |  |  |  |  |
| 82962 | GLUCOSE BLOOD TEST           | GLUC BLD GLUC MNTR DEV CLEARED                   | No Auth Required |  |  |  |  |
| 82963 | ASSAY OF GLUCOSIDASE         | ASSAY OF GLUCOSIDASE BETA                        | No Auth Required |  |  |  |  |
| 82965 | ASSAY OF GDH ENZYME          | ASSAY OF GLUTAMATE DEHYDROGENASE                 | No Auth Required |  |  |  |  |
| 82977 | ASSAY OF GGT                 | ASSAY OF GLUTAMYLTRASE GAMMA                     | No Auth Required |  |  |  |  |
| 82978 | ASSAY OF GLUTATHIONE         | ASSAY OF GLUTATHIONE                             | No Auth Required |  |  |  |  |
| 82979 | ASSAY RBC GLUTATHIONE        | ASSAY OF GLUTATHIONE REDUCTASE RBC               | No Auth Required |  |  |  |  |
| 82985 | ASSAY OF GLYCATED PROTEIN    | ASSAY OF GLYCATED PROTEIN                        | No Auth Required |  |  |  |  |
| 83001 | ASSAY OF GONADOTROPIN (FSH)  | GONADOTROPIN FOLLICLE                            | No Auth Required |  |  |  |  |
| 83002 | ASSAY OF GONADOTROPIN (LH)   | GONADOTROPIN LUTEINIZING                         | No Auth Required |  |  |  |  |
| 83003 | ASSAY GROWTH HORMONE (HGH)   | ASSAY OF GROWTH HORMONE                          | No Auth Required |  |  |  |  |
| 83006 | GROWTH STIMULATION GENE 2    | GROWTH STIMULATION EXPRESSED                     | No Auth Required |  |  |  |  |
| 83009 | H PYLORI (C-13) BLOOD        | HPYLORI BLOOD ANAL UREASE ACT                    | No Auth Required |  |  |  |  |
| 83010 | ASSAY OF HAPTOGLOBIN QUANT   | ASSAY OF HAPTOGLOBIN                             | No Auth Required |  |  |  |  |
| 83012 | ASSAY OF HAPTOGLOBINS        | ASSAY OF HAPTOGLOBIN PHENOTYPES                  | No Auth Required |  |  |  |  |
| 83013 | H PYLORI (C-13) BREATH       | HPYLORI BREATH ANAL UREASE ACT                   | No Auth Required |  |  |  |  |
| 83014 | H PYLORI DRUG ADMIN          | HPYLORI DRUG ADMINISTRATION                      | No Auth Required |  |  |  |  |
| 83015 | HEAVY METAL QUAL ANY ANAL    | HEAVY METAL QUALITATIVE ANY ANALYTES             | No Auth Required |  |  |  |  |
| 83018 | HEAVY METAL QUANT EACH NES   | HEAVY METAL QUANTITATIVE EACH NES                | No Auth Required |  |  |  |  |
| 83020 | HEMOGLOBIN ELECTROPHORESIS   | HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS         | No Auth Required |  |  |  |  |
| 83021 | HEMOGLOBIN CHROMOTOGRAPHY    | HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY          | No Auth Required |  |  |  |  |
| 83026 | HEMOGLOBIN COPPER SULFATE    | HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED   | No Auth Required |  |  |  |  |
| 83030 | FETAL HEMOGLOBIN CHEMICAL    | HEMOGLOBIN F FETAL CHEMICAL                      | No Auth Required |  |  |  |  |
| 83033 | FETAL HEMOGLOBIN ASSAY QUAL  | HEMOGLOBIN F FETAL QUALITATIVE                   | No Auth Required |  |  |  |  |
| 83036 | GLYCOSYLATED HEMOGLOBIN TEST | HEMOGLOBIN GLYCOSYLATED A1C                      | No Auth Required |  |  |  |  |
| 83037 | GLYCOSYLATED HB HOME DEVICE  | HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE     | No Auth Required |  |  |  |  |
| 83045 | BLOOD METHEMOGLOBIN TEST     | HEMOGLOBIN METHEMOGLOBIN QUALITATIVE             | No Auth Required |  |  |  |  |
| 83050 | BLOOD METHEMOGLOBIN ASSAY    | HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE            | No Auth Required |  |  |  |  |
| 83051 | ASSAY OF PLASMA HEMOGLOBIN   | ASSAY OF HEMOGLOBIN PLASMA                       | No Auth Required |  |  |  |  |
| 83060 | BLOOD SULFHEMOGLOBIN ASSAY   | HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE           | No Auth Required |  |  |  |  |
| 83065 | ASSAY OF HEMOGLOBIN HEAT     | HEMOGLOBIN THERMOLABILE                          | No Auth Required |  |  |  |  |
| 83068 | HEMOGLOBIN STABILITY SCREEN  | HEMOGLOBIN UNSTABLE SCREEN                       | No Auth Required |  |  |  |  |
| 83069 | ASSAY OF URINE HEMOGLOBIN    | ASSAY OF HEMOGLOBIN URINE                        | No Auth Required |  |  |  |  |
| 83070 | ASSAY OF HEMOSIDERIN QUAL    | ASSAY OF HEMOSIDERIN QUALITATIVE                 | No Auth Required |  |  |  |  |
| 83080 | ASSAY OF B HEXOSAMINIDASE    | ASSAY OF B-HEXOSAMINIDASE EACH ASSAY             | No Auth Required |  |  |  |  |
| 83088 | ASSAY OF HISTAMINE           | ASSAY OF HISTAMINE                               | No Auth Required |  |  |  |  |
| 83090 | ASSAY OF HOMOCYSTEINE        | ASSAY OF HOMOCYSTEINE                            | No Auth Required |  |  |  |  |
| 83150 | ASSAY OF HOMOVANILLIC ACID   | ASSAY OF HOMOVANILLIC ACID                       | No Auth Required |  |  |  |  |
| 83491 | ASSAY OF CORTICOSTEROIDS 17  | HYDROXYCORTICOSTEROIDS 17                        | No Auth Required |  |  |  |  |
| 83497 | ASSAY OF 5-HIAA              | ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA          | No Auth Required |  |  |  |  |
| 83498 | ASSAY OF PROGESTERONE 17-D   | ASSAY OF HYDROXYPROGESTERONE 17-D                | No Auth Required |  |  |  |  |
| 83500 | ASSAY FREE HYDROXYPROLINE    | ASSAY OF HYDROXYPROLINE FREE                     | No Auth Required |  |  |  |  |
| 83505 | ASSAY TOTAL HYDROXYPROLINE   | ASSAY OF HYDROXYPROLINE TOTAL                    | No Auth Required |  |  |  |  |
| 83516 | IMMUNOASSAY NONANTIBODY      | IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP  | No Auth Required |  |  |  |  |
| 83518 | IMMUNOASSAY DIPSTICK         | IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP    | No Auth Required |  |  |  |  |
| 83519 | RIA NONANTIBODY              | IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY       | No Auth Required |  |  |  |  |
| 83520 | IMMUNOASSAY QUANT NOS NONAB  | IMMUNOASSAY ANALYTE QUANTITATIVE NOS             | No Auth Required |  |  |  |  |
| 83525 | ASSAY OF INSULIN             | ASSAY OF INSULIN TOTAL                           | No Auth Required |  |  |  |  |
| 83527 | ASSAY OF INSULIN             | ASSAY OF INSULIN FREE                            | No Auth Required |  |  |  |  |
| 83528 | ASSAY OF INTRINSIC FACTOR    | ASSAY OF INTRINSIC FACTOR                        | No Auth Required |  |  |  |  |
| 83540 | ASSAY OF IRON                | ASSAY OF IRON                                    | No Auth Required |  |  |  |  |
| 83550 | IRON BINDING TEST            | IRON BINDING CAPACITY                            | No Auth Required |  |  |  |  |

|       |                              |  |                        |                                |  |                      |
|-------|------------------------------|--|------------------------|--------------------------------|--|----------------------|
| 83570 | ASSAY OF IDH ENZYME          | ISOCITRIC DEHYDROGENASE                          | No Auth Required       |                                |  |                      |
| 83582 | ASSAY OF KETOGENIC STEROIDS  | ASSAY OF KETOGENIC STEROIDS FRACTIONATION        | No Auth Required       |                                |  |                      |
| 83586 | ASSAY 17- KETOSTEROIDS       | ASSAY OF KETOSTEROIDS 17- TOTAL                  | No Auth Required       |                                |  |                      |
| 83593 | FRACTIONATION KETOSTEROIDS   | KETOSTEROIDS 17- FRACTIONATION                   | No Auth Required       |                                |  |                      |
| 83605 | ASSAY OF LACTIC ACID         | ASSAY OF LACTATE                                 | No Auth Required       |                                |  |                      |
| 83615 | LACTATE (LD) (LDH) ENZYME    | LACTATE DEHYDROGENASE LDH                        | No Auth Required       |                                |  |                      |
| 83625 | ASSAY OF LDH ENZYMES         | LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN        | No Auth Required       |                                |  |                      |
| 83630 | LACTOFERRIN FECAL (QUAL)     | LACTOFERRIN FECAL QUALITATIVE                    | No Auth Required       |                                |  |                      |
| 83631 | LACTOFERRIN FECAL (QUANT)    | LACTOFERRIN FECAL QUANTITATIVE                   | No Auth Required       |                                |  |                      |
| 83632 | PLACENTAL LACTOGEN           | LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN   | No Auth Required       |                                |  |                      |
| 83633 | TEST URINE FOR LACTOSE       | LACTOSE URINE QUALITATIVE                        | No Auth Required       |                                |  |                      |
| 83655 | ASSAY OF LEAD                | ASSAY OF LEAD                                    | No Auth Required       |                                |  |                      |
| 83661 | L/S RATIO FETAL LUNG         | FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO | No Auth Required       |                                |  |                      |
| 83662 | FOAM STABILITY FETAL LUNG    | FETAL LUNG MATURITY FOAM STABILITY TEST          | No Auth Required       |                                |  |                      |
| 83663 | FLUORO POLARIZE FETAL LUNG   | FETAL LUNG MATURITY FLUORESCENCE POLARIZATION    | No Auth Required       |                                |  |                      |
| 83664 | LAMELLAR BDY FETAL LUNG      | FETAL LUNG MATURITY LAMELLAR BODY DENSITY        | No Auth Required       |                                |  |                      |
| 83670 | ASSAY OF LAP ENZYME          | LEUCINE AMINOPEPTIDASE LAP                       | No Auth Required       |                                |  |                      |
| 83690 | ASSAY OF LIPASE              | ASSAY OF LIPASE                                  | No Auth Required       |                                |  |                      |
| 83695 | ASSAY OF LIPOPROTEIN(A)      | LIPOPROTEIN (A)                                  | No Auth Required       |                                |  |                      |
| 83698 | ASSAY LIPOPROTEIN PLA2       | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2          | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 83700 | LIPOPRO BLD ELECTROPHORETIC  | LIPOPROTEIN BLOOD ELECTROPHORETIC SEP&QUAN       | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 83701 | LIPOPROTEIN BLD HR FRACTION  | LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS   | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 83704 | LIPOPROTEIN BLD QUAN PART    | LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES      | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 83718 | ASSAY OF LIPOPROTEIN         | LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL    | No Auth Required       |                                |  |                      |
| 83719 | ASSAY OF BLOOD LIPOPROTEIN   | LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL  | No Auth Required       |                                |  |                      |
| 83721 | ASSAY OF BLOOD LIPOPROTEIN   | LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL   | No Auth Required       |                                |  |                      |
| 83722 | LIPOPRTN DIR MEAS SD LDL CHL | DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL | No Auth Required       |                                |  |                      |
| 83727 | ASSAY OF LRH HORMONE         | LUTEINIZING RELEASING FACTOR                     | No Auth Required       |                                |  |                      |
| 83735 | ASSAY OF MAGNESIUM           | ASSAY OF MAGNESIUM                               | No Auth Required       |                                |  |                      |
| 83775 | ASSAY MALATE DEHYDROGENASE   | ASSAY OF MALATE DEHYDROGENASE                    | No Auth Required       |                                |  |                      |
| 83785 | ASSAY OF MANGANESE           | ASSAY OF MANGANESE                               | No Auth Required       |                                |  |                      |
| 83789 | MASS SPECTROMETRY QUAL/QUAN  | MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA  | No Auth Required       |                                |  |                      |
| 83825 | ASSAY OF MERCURY             | ASSAY OF MERCURY QUANTITATIVE                    | No Auth Required       |                                |  |                      |
| 83835 | ASSAY OF METANEPHRINES       | METANEPHRINES                                    | No Auth Required       |                                |  |                      |
| 83857 | ASSAY OF METHEMALBUMIN       | METHEMALBUMIN                                    | No Auth Required       |                                |  |                      |
| 83861 | MICROFLUID ANALY TEARS       | MICROFLUIDIC ANALYSIS TEAR OSMOLARITY            | No Auth Required       |                                |  |                      |
| 83864 | MUCOPOLYSACCHARIDES          | MUCOPOLYSACCHARIDES ACID QUANTITATIVE            | No Auth Required       |                                |  |                      |
| 83872 | ASSAY SYNOVIAL FLUID MUCIN   | MUCIN SYNOVIAL FLUID ROPES TEST                  | No Auth Required       |                                |  |                      |
| 83873 | ASSAY OF CSF PROTEIN         | MYELIN BASIC PROTEIN CEREBROSPINAL FLUID         | No Auth Required       |                                |  |                      |
| 83874 | ASSAY OF MYOGLOBIN           | MYOGLOBIN  | No Auth Required       |                                |  |                      |
| 83876 | ASSAY MYELOPEROXIDASE        | MYELOPEROXIDASE MPO                              | No Auth Required       |                                |  |                      |
| 83880 | ASSAY OF NATRIURETIC PEPTIDE | NATRIURETIC PEPTIDE                              | No Auth Required       |                                |  |                      |
| 83883 | ASSAY NEPHELOMETRY NOT SPEC  | ASSAY OF NEPHELOMETRY EACH ANALYTE NES           | No Auth Required       |                                |  |                      |
| 83885 | ASSAY OF NICKEL              | ASSAY OF NICKEL                                  | No Auth Required       |                                |  |                      |
| 83915 | ASSAY OF NUCLEOTIDASE        | ASSAY OF NUCLEOTIDASE 5'-                        | No Auth Required       |                                |  |                      |
| 83916 | OLIGOCLONAL BANDS            | OLIGOCLONAL IMMUNE                               | No Auth Required       |                                |  |                      |
| 83918 | ORGANIC ACIDS TOTAL QUANT    | ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN   | No Auth Required       |                                |  |                      |
| 83919 | ORGANIC ACIDS QUAL EACH      | ORGANIC ACIDS QUALITATIVE EACH SPECIMEN          | No Auth Required       |                                |  |                      |
| 83921 | ORGANIC ACID SINGLE QUANT    | ORGANIC ACID 1 QUANTITATIVE                      | No Auth Required       |                                |  |                      |
| 83930 | ASSAY OF BLOOD OSMOLALITY    | ASSAY OF OSMOLALITY BLOOD                        | No Auth Required       |                                |  |                      |
| 83935 | ASSAY OF URINE OSMOLALITY    | ASSAY OF OSMOLALITY URINE                        | No Auth Required       |                                |  |                      |
| 83937 | ASSAY OF OSTEOCALCIN         | ASSAY OF OSTEOCALCIN                             | No Auth Required       |                                |  |                      |
| 83945 | ASSAY OF OXALATE             | ASSAY OF OXALATE                                 | No Auth Required       |                                |  |                      |
| 83950 | ONCOPROTEIN HER-2/NEU        | ONCOPROTEIN HER-2/NEU                            | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 83951 | ONCOPROTEIN DCP              | ONCOPROTEIN DES-GAMMA-CARBOXY PROTHROMBIN DCP    | No Auth Required       |                                |  |                      |
| 83970 | ASSAY OF PARATHORMONE        | ASSAY OF PARATHORMONE                            | No Auth Required       |                                |  |                      |
| 83986 | ASSAY PH BODY FLUID NOS      | PH BODY FLUID NOT ELSEWHERE                      | No Auth Required       |                                |  |                      |
| 83987 | EXHALED BREATH CONDENSATE    | PH EXHALED BREATH CONDENSATE                     | Authorization Required | Pathology and Lab              |  | Full Clinical Review |
| 83992 | ASSAY FOR PHENCYCLIDINE      | ASSAY OF PHENCYCLIDINE                           | No Auth Required       |                                |  |                      |
| 83993 | ASSAY FOR CALPROTECTIN FECAL | ASSAY OF CALPROTECTIN FECAL                      | No Auth Required       |                                |  |                      |
| 84030 | ASSAY OF BLOOD PKU           | ASSAY OF PHENYLALANINE BLOOD                     | No Auth Required       |                                |  |                      |
| 84035 | ASSAY OF PHENYLKETONES       | ASSAY OF PHENYLKETONES                           | No Auth Required       |                                |  |                      |
| 84060 | ASSAY ACID PHOSPHATASE       | ASSAY OF PHOSPHATASE ACID TOTAL                  | No Auth Required       |                                |  |                      |
| 84066 | ASSAY PROSTATE PHOSPHATASE   | ASSAY OF PHOSPHATASE ACID PROSTATIC              | No Auth Required       |                                |  |                      |
| 84075 | ASSAY ALKALINE PHOSPHATASE   | ASSAY OF PHOSPHATASE ALKALINE                    | No Auth Required       |                                |  |                      |
| 84078 | ASSAY ALKALINE PHOSPHATASE   | ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE        | No Auth Required       |                                |  |                      |
| 84080 | ASSAY ALKALINE PHOSPHATASES  | ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES         | No Auth Required       |                                |  |                      |
| 84081 | ASSAY PHOSPHATIDYLGLYCEROL   | PHOSPHATIDYLGLYCEROL                             | No Auth Required       |                                |  |                      |
| 84085 | ASSAY OF RBC PG6D ENZYME     | PHOSPHOGLUCONATE 6-DEHYD RBC                     | No Auth Required       |                                |  |                      |
| 84087 | ASSAY PHOSPHOHEXOSE ENZYMES  | ASSAY OF PHOSPHOHEXOSE ISOMERASE                 | No Auth Required       |                                |  |                      |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 84100 | ASSAY OF PHOSPHORUS          | ASSAY OF PHOSPHORUS INORGANIC                    | No Auth Required |  |  |  |  |
| 84105 | ASSAY OF URINE PHOSPHORUS    | ASSAY OF PHOSPHORUS INORGANIC URINE              | No Auth Required |  |  |  |  |
| 84106 | TEST FOR PORPHOBILINOGEN     | PORPHOBILINOGEN URINE QUALITATIVE                | No Auth Required |  |  |  |  |
| 84110 | ASSAY OF PORPHOBILINOGEN     | ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE      | No Auth Required |  |  |  |  |
| 84112 | EVAL AMNIOTIC FLUID PROTEIN  | EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN | No Auth Required |  |  |  |  |
| 84119 | TEST URINE FOR PORPHYRINS    | PORPHYRINS URINE QUALITATIVE                     | No Auth Required |  |  |  |  |
| 84120 | ASSAY OF URINE PORPHYRINS    | PORPHYRINS URINE QUANTITATION & FRACTIONATION    | No Auth Required |  |  |  |  |
| 84126 | ASSAY OF FECES PORPHYRINS    | PORPHYRINS FECES QUANTITATIVE                    | No Auth Required |  |  |  |  |
| 84132 | ASSAY OF SERUM POTASSIUM     | POTASSIUM SERUM PLASMA/WHOLE BLOOD               | No Auth Required |  |  |  |  |
| 84133 | ASSAY OF URINE POTASSIUM     | POTASSIUM URINE                                  | No Auth Required |  |  |  |  |
| 84134 | ASSAY OF PREALBUMIN          | PREALBUMIN                                       | No Auth Required |  |  |  |  |
| 84135 | ASSAY OF PREGNANEDIOL        | PREGNANEDIOL                                     | No Auth Required |  |  |  |  |
| 84138 | ASSAY OF PREGNANETRIOL       | PREGNANETRIOL                                    | No Auth Required |  |  |  |  |
| 84140 | ASSAY OF PREGNENOLONE        | PREGNENOLONE                                     | No Auth Required |  |  |  |  |
| 84143 | ASSAY OF 17-HYDROXYPREGNENO  | 17-HYDROXYPREGNENOLONE                           | No Auth Required |  |  |  |  |
| 84144 | ASSAY OF PROGESTERONE        | ASSAY OF PROGESTERONE                            | No Auth Required |  |  |  |  |
| 84145 | PROCALCITONIN (PCT)          | PROCALCITONIN (PCT)                              | No Auth Required |  |  |  |  |
| 84146 | ASSAY OF PROLACTIN           | ASSAY OF PROLACTIN                               | No Auth Required |  |  |  |  |
| 84150 | ASSAY OF PROSTAGLANDIN       | ASSAY OF PROSTAGLANDIN EACH                      | No Auth Required |  |  |  |  |
| 84152 | ASSAY OF PSA COMPLEXED       | ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED     | No Auth Required |  |  |  |  |
| 84153 | ASSAY OF PSA TOTAL           | ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL         | No Auth Required |  |  |  |  |
| 84154 | ASSAY OF PSA FREE            | ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE          | No Auth Required |  |  |  |  |
| 84155 | ASSAY OF PROTEIN SERUM       | PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD  | No Auth Required |  |  |  |  |
| 84156 | ASSAY OF PROTEIN URINE       | PROTEIN TOTAL XCPT REFRACTOMETRY URINE           | No Auth Required |  |  |  |  |
| 84157 | ASSAY OF PROTEIN OTHER       | PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC         | No Auth Required |  |  |  |  |
| 84160 | ASSAY OF PROTEIN ANY SOURCE  | PROTEIN TOTAL REFRACTOMETRY ANY SRC              | No Auth Required |  |  |  |  |
| 84163 | PAPPA SERUM                  | PREGNANCY-ASSOCIATED PLASMA PROTEIN-A            | No Auth Required |  |  |  |  |
| 84165 | PROTEIN E-PHORESIS SERUM     | PROTEIN ELECTROPHORETIC FRACT&QUANTJ SERUM       | No Auth Required |  |  |  |  |
| 84166 | PROTEIN E-PHORESIS/URINE/CSF | PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI   | No Auth Required |  |  |  |  |
| 84181 | WESTERN BLOT TEST            | PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID        | No Auth Required |  |  |  |  |
| 84182 | PROTEIN WESTERN BLOT TEST    | PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL  | No Auth Required |  |  |  |  |
| 84202 | ASSAY RBC PROTOPORPHYRIN     | PROTOPORPHYRIN RBC QUANTITATIVE                  | No Auth Required |  |  |  |  |
| 84203 | TEST RBC PROTOPORPHYRIN      | PROTOPORPHYRIN RBC SCREEN                        | No Auth Required |  |  |  |  |
| 84206 | ASSAY OF PROINSULIN          | ASSAY OF PROINSULIN                              | No Auth Required |  |  |  |  |
| 84207 | ASSAY OF VITAMIN B-6         | ASSAY OF PYRIDOXAL PHOSPHATE                     | No Auth Required |  |  |  |  |
| 84210 | ASSAY OF PYRUVATE            | ASSAY OF PYRUVATE                                | No Auth Required |  |  |  |  |
| 84220 | ASSAY OF PYRUVATE KINASE     | ASSAY OF PYRUVATE KINASE                         | No Auth Required |  |  |  |  |
| 84228 | ASSAY OF QUININE             | ASSAY OF QUININE                                 | No Auth Required |  |  |  |  |
| 84233 | ASSAY OF ESTROGEN            | ASSAY OF RECEPTOR ASSAY ESTROGEN                 | No Auth Required |  |  |  |  |
| 84234 | ASSAY OF PROGESTERONE        | ASSAY OF RECEPTOR ASSAY PROGESTERONE             | No Auth Required |  |  |  |  |
| 84235 | ASSAY OF ENDOCRINE HORMONE   | RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST   | No Auth Required |  |  |  |  |
| 84238 | ASSAY NONENDOCRINE RECEPTOR  | RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR    | No Auth Required |  |  |  |  |
| 84244 | ASSAY OF RENIN               | ASSAY OF RENIN                                   | No Auth Required |  |  |  |  |
| 84252 | ASSAY OF VITAMIN B-2         | ASSAY OF RIBOFLAVIN-VITAMIN B-2                  | No Auth Required |  |  |  |  |
| 84255 | ASSAY OF SELENIUM            | ASSAY OF SELENIUM                                | No Auth Required |  |  |  |  |
| 84260 | ASSAY OF SEROTONIN           | ASSAY OF SEROTONIN                               | No Auth Required |  |  |  |  |
| 84270 | ASSAY OF SEX HORMONE GLOBUL  | ASSAY OF SEX HORMONE BINDING GLOBULIN            | No Auth Required |  |  |  |  |
| 84275 | ASSAY OF SIALIC ACID         | ASSAY OF SIALIC ACID                             | No Auth Required |  |  |  |  |
| 84285 | ASSAY OF SILICA              | ASSAY OF SILICA                                  | No Auth Required |  |  |  |  |
| 84295 | ASSAY OF SERUM SODIUM        | SODIUM SERUM PLASMA OR WHOLE BLOOD               | No Auth Required |  |  |  |  |
| 84300 | ASSAY OF URINE SODIUM        | ASSAY OF URINE SODIUM                            | No Auth Required |  |  |  |  |
| 84302 | ASSAY OF SWEAT SODIUM        | ASSAY OF SODIUM OTHER SOURCE                     | No Auth Required |  |  |  |  |
| 84305 | ASSAY OF SOMATOMEDIN         | ASSAY OF SOMATOMEDIN                             | No Auth Required |  |  |  |  |
| 84307 | ASSAY OF SOMATOSTATIN        | ASSAY OF SOMATOSTATIN                            | No Auth Required |  |  |  |  |
| 84311 | SPECTROPHOTOMETRY            | SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED | No Auth Required |  |  |  |  |
| 84315 | BODY FLUID SPECIFIC GRAVITY  | SPECIFIC GRAVITY EXCEPT URINE                    | No Auth Required |  |  |  |  |
| 84375 | CHROMATOGRAM ASSAY SUGARS    | SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY  | No Auth Required |  |  |  |  |
| 84376 | SUGARS SINGLE QUAL           | SUGARS MONO DI&OLIGOS 1 QUALITATIVE EACH SPEC    | No Auth Required |  |  |  |  |
| 84377 | SUGARS MULTIPLE QUAL         | SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE   | No Auth Required |  |  |  |  |
| 84378 | SUGARS SINGLE QUANT          | SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC   | No Auth Required |  |  |  |  |
| 84379 | SUGARS MULTIPLE QUANT        | SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC   | No Auth Required |  |  |  |  |
| 84392 | ASSAY OF URINE SULFATE       | ASSAY OF SULFATE URINE                           | No Auth Required |  |  |  |  |
| 84402 | ASSAY OF FREE TESTOSTERONE   | ASSAY OF TESTOSTERONE FREE                       | No Auth Required |  |  |  |  |
| 84403 | ASSAY OF TOTAL TESTOSTERONE  | ASSAY OF TESTOSTERONE TOTAL                      | No Auth Required |  |  |  |  |
| 84410 | TESTOSTERONE BIOAVAILABLE    | ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT    | No Auth Required |  |  |  |  |
| 84425 | ASSAY OF VITAMIN B-1         | ASSAY OF THIAMINE-VITAMIN B-1                    | No Auth Required |  |  |  |  |
| 84430 | ASSAY OF THIOCYANATE         | ASSAY OF THIOCYANATE                             | No Auth Required |  |  |  |  |
| 84431 | THROMBOXANE URINE            | THROMBOXANE METABOLITE W/WO THROMBOXANE URINE    | No Auth Required |  |  |  |  |
| 84432 | ASSAY OF THYROGLOBULIN       | ASSAY OF THYROGLOBULIN                           | No Auth Required |  |  |  |  |
| 84436 | ASSAY OF TOTAL THYROXINE     | ASSAY OF THYROXINE TOTAL                         | No Auth Required |  |  |  |  |

|       |                              |  |                        |                   |  |                      |
|-------|------------------------------|--|------------------------|-------------------|--|----------------------|
| 84437 | ASSAY OF NEONATAL THYROXINE  | ASSAY OF THYROXINE REQUIRING ELUTION             | No Auth Required       |                   |  |                      |
| 84439 | ASSAY OF FREE THYROXINE      | ASSAY OF FREE THYROXINE                          | No Auth Required       |                   |  |                      |
| 84442 | ASSAY OF THYROID ACTIVITY    | ASSAY OF THYROXINE BINDING GLOBULIN              | No Auth Required       |                   |  |                      |
| 84443 | ASSAY THYROID STIM HORMONE   | ASSAY OF THYROID STIMULATING HORMONE TSH         | No Auth Required       |                   |  |                      |
| 84445 | ASSAY OF TSI GLOBULIN        | THYROID STIMULATING IMMUNE GLOBULINS TSI         | No Auth Required       |                   |  |                      |
| 84446 | ASSAY OF VITAMIN E           | ASSAY OF TOCOPHEROL ALPHA VITAMIN E              | No Auth Required       |                   |  |                      |
| 84449 | ASSAY OF TRANSCORTIN         | ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN   | No Auth Required       |                   |  |                      |
| 84450 | TRANSFERASE (AST) (SGOT)     | TRANSFERASE ASPARTATE AMINO AST SGOT             | No Auth Required       |                   |  |                      |
| 84460 | ALANINE AMINO (ALT) (SGPT)   | TRANSFERASE ALANINE AMINO ALT SGPT               | No Auth Required       |                   |  |                      |
| 84466 | ASSAY OF TRANSFERRIN         | ASSAY OF L7383TRANSFERRIN                        | No Auth Required       |                   |  |                      |
| 84478 | ASSAY OF TRIGLYCERIDES       | ASSAY OF TRIGLYCERIDES                           | No Auth Required       |                   |  |                      |
| 84479 | ASSAY OF THYROID (T3 OR T4)  | THYROID HORM UPTK/THYROID HORMONE BINDING RATIO  | No Auth Required       |                   |  |                      |
| 84480 | ASSAY TRIIODOTHYRONINE (T3)  | ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3           | No Auth Required       |                   |  |                      |
| 84481 | FREE ASSAY (FT-3)            | ASSAY OF TRIIODOTHYRONINE T3 FREE                | No Auth Required       |                   |  |                      |
| 84482 | T3 REVERSE                   | TRIIODOTHYRONINE T3 REVERSE                      | No Auth Required       |                   |  |                      |
| 84484 | ASSAY OF TROPONIN QUANT      | ASSAY OF TROPONIN QUANTITATIVE                   | No Auth Required       |                   |  |                      |
| 84485 | ASSAY DUODENAL FLUID TRYPSIN | ASSAY OF TRYPSIN DUODENAL FLUID                  | No Auth Required       |                   |  |                      |
| 84488 | TEST FECES FOR TRYPSIN       | ASSAY OF TRYPSIN FECES QUALITATIVE               | No Auth Required       |                   |  |                      |
| 84490 | ASSAY OF FECES FOR TRYPSIN   | TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION      | No Auth Required       |                   |  |                      |
| 84510 | ASSAY OF TYROSINE            | ASSAY OF TYROSINE                                | No Auth Required       |                   |  |                      |
| 84512 | ASSAY OF TROPONIN QUAL       | ASSAY OF TROPONIN QUALITATIVE                    | No Auth Required       |                   |  |                      |
| 84520 | ASSAY OF UREA NITROGEN       | ASSAY OF UREA NITROGEN QUANTITATIVE              | No Auth Required       |                   |  |                      |
| 84525 | UREA NITROGEN SEMI-QUANT     | ASSAY OF UREA NITROGEN SEMIQUANTITATIVE          | No Auth Required       |                   |  |                      |
| 84540 | ASSAY OF URINE/UREA-N        | ASSAY OF UREA NITROGEN URINE                     | No Auth Required       |                   |  |                      |
| 84545 | UREA-N CLEARANCE TEST        | UREA NITROGEN CLEARANCE                          | No Auth Required       |                   |  |                      |
| 84550 | ASSAY OF BLOOD/URIC ACID     | ASSAY OF BLOOD/URIC ACID                         | No Auth Required       |                   |  |                      |
| 84560 | ASSAY OF URINE/URIC ACID     | ASSAY OF URIC ACID OTHER SOURCE                  | No Auth Required       |                   |  |                      |
| 84577 | ASSAY OF FECES/UROBILINOGEN  | ASSAY OF UROBILINOGEN FECES QUANTITATIVE         | No Auth Required       |                   |  |                      |
| 84578 | TEST URINE UROBILINOGEN      | ASSAY OF UROBILINOGEN URINE QUALITATIVE          | No Auth Required       |                   |  |                      |
| 84580 | ASSAY OF URINE UROBILINOGEN  | UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN   | No Auth Required       |                   |  |                      |
| 84583 | ASSAY OF URINE UROBILINOGEN  | ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE     | No Auth Required       |                   |  |                      |
| 84585 | ASSAY OF URINE VMA           | ASSAY OF VANILLYLMADELIC ACID URINE              | No Auth Required       |                   |  |                      |
| 84586 | ASSAY OF VIP                 | ASSAY OF VASOACTIVE INTESTINAL PEPTIDE           | No Auth Required       |                   |  |                      |
| 84588 | ASSAY OF VASOPRESSIN         | ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE       | No Auth Required       |                   |  |                      |
| 84590 | ASSAY OF VITAMIN A           | ASSAY OF VITAMIN A                               | No Auth Required       |                   |  |                      |
| 84591 | ASSAY OF NOS VITAMIN         | ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED         | No Auth Required       |                   |  |                      |
| 84597 | ASSAY OF VITAMIN K           | ASSAY OF VITAMIN K                               | No Auth Required       |                   |  |                      |
| 84600 | ASSAY OF VOLATILES           | ASSAY OF VOLATILES                               | No Auth Required       |                   |  |                      |
| 84620 | XYLOSE TOLERANCE TEST        | XYLOSE ABSORPTION TEST BLOOD &/URINE             | No Auth Required       |                   |  |                      |
| 84630 | ASSAY OF ZINC                | ASSAY OF ZINC                                    | No Auth Required       |                   |  |                      |
| 84681 | ASSAY OF C-PEPTIDE           | ASSAY OF C-PEPTIDE                               | No Auth Required       |                   |  |                      |
| 84702 | CHORIONIC GONADOTROPIN TEST  | GONADOTROPIN CHORIONIC QUANTITATIVE              | No Auth Required       |                   |  |                      |
| 84703 | CHORIONIC GONADOTROPIN ASSAY | GONADOTROPIN CHORIONIC QUALITATIVE               | No Auth Required       |                   |  |                      |
| 84704 | HCG FREE BETACHAIN TEST      | GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN       | No Auth Required       |                   |  |                      |
| 84830 | OVULATION TESTS              | OVULATION TEST VISUAL COLOR COMPARISON HLH       | No Auth Required       |                   |  |                      |
| 84999 | CLINICAL CHEMISTRY TEST      | UNLISTED CHEMISTRY PROCEDURE                     | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| 85002 | BLEEDING TIME TEST           | BLEEDING TIME TEST                               | No Auth Required       |                   |  |                      |
| 85004 | AUTOMATED DIFF WBC COUNT     | BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT     | No Auth Required       |                   |  |                      |
| 85007 | BL SMEAR W/DIFF WBC COUNT    | BLOOD COUNT SMEAR MCRSCP W/MNL DIRNRTL WBC COUNT | No Auth Required       |                   |  |                      |
| 85008 | BL SMEAR W/O DIFF WBC COUNT  | BLD COUNT SMEAR MCRSCP W/O MNL DIRNRTL WBC COUNT | No Auth Required       |                   |  |                      |
| 85009 | MANUAL DIFF WBC COUNT B-COAT | BLOOD COUNT MANUAL DIRNRTL WBC COUNT BUFFY COAT  | No Auth Required       |                   |  |                      |
| 85013 | SPUN MICROHEMATOCRIT         | BLOOD COUNT SPUN MICROHEMATOCRIT                 | No Auth Required       |                   |  |                      |
| 85014 | HEMATOCRIT                   | BLOOD COUNT HEMATOCRIT                           | No Auth Required       |                   |  |                      |
| 85018 | HEMOGLOBIN                   | BLOOD COUNT HEMOGLOBIN                           | No Auth Required       |                   |  |                      |
| 85025 | COMPLETE CBC W/AUTO DIFF WBC | BLOOD COUNT COMPLETE AUTO&AUTO DIRNRTL WBC       | No Auth Required       |                   |  |                      |
| 85027 | COMPLETE CBC AUTOMATED       | BLOOD COUNT COMPLETE AUTOMATED                   | No Auth Required       |                   |  |                      |
| 85032 | MANUAL CELL COUNT EACH       | BLOOD COUNT MANUAL CELL COUNT EACH               | No Auth Required       |                   |  |                      |
| 85041 | AUTOMATED RBC COUNT          | BLOOD COUNT RED BLOOD CELL AUTOMATED             | No Auth Required       |                   |  |                      |
| 85044 | MANUAL RETICULOCYTE COUNT    | BLOOD COUNT RETICULOCYTE AUTOMATED               | No Auth Required       |                   |  |                      |
| 85045 | AUTOMATED RETICULOCYTE COUNT | BLOOD COUNT RETICULOCYTE AUTOMATED               | No Auth Required       |                   |  |                      |
| 85046 | RETICYTE/HGB CONCENTRATE     | BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS     | No Auth Required       |                   |  |                      |



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|-------|-------------------------------|--|------------------|--|--|--|--|
| 85048 | AUTOMATED LEUKOCYTE COUNT     | BLOOD COUNT LEUKOCYTE WBC AUTOMATED              | No Auth Required |  |  |  |  |
| 85049 | AUTOMATED PLATELET COUNT      | BLOOD COUNT PLATELET AUTOMATED                   | No Auth Required |  |  |  |  |
| 85055 | RETICULATED PLATELET ASSAY    | RETICULATED PLATELET ASSAY                       | No Auth Required |  |  |  |  |
| 85060 | BLOOD SMEAR INTERPRETATION    | BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT | No Auth Required |  |  |  |  |
| 85097 | BONE MARROW INTERPRETATION    | BONE MARROW SMEAR INTERPRETATION                 | No Auth Required |  |  |  |  |
| 85130 | CHROMOGENIC SUBSTRATE ASSAY   | CHROMOGENIC SUBSTRATE ASSAY                      | No Auth Required |  |  |  |  |
| 85170 | BLOOD CLOT RETRACTION         | BLOOD CLOT RETRACTION                            | No Auth Required |  |  |  |  |
| 85175 | BLOOD CLOT LYSIS TIME         | CLOT LYSIS TIME WHOLE BLOOD DILUTION             | No Auth Required |  |  |  |  |
| 85210 | CLOT FACTOR II PROTHROM SPEC  | CLOTTING FACTOR II PROTHROMBIN SPECIFIC          | No Auth Required |  |  |  |  |
| 85220 | BLOOC CLOT FACTOR V TEST      | CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR | No Auth Required |  |  |  |  |
| 85230 | CLOT FACTOR VII PROCONVERTIN  | CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR   | No Auth Required |  |  |  |  |
| 85240 | CLOT FACTOR VIII AHG 1 STAGE  | CLOTTING FACTOR VIII AHG 1 STAGE                 | No Auth Required |  |  |  |  |
| 85244 | CLOT FACTOR VIII RELTD ANTGN  | CLOTTING FACTOR VIII RELATED ANTIGEN             | No Auth Required |  |  |  |  |
| 85245 | CLOT FACTOR VIII VW RISTOCTN  | CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT | No Auth Required |  |  |  |  |
| 85246 | CLOT FACTOR VIII VW ANTIGEN   | CLOTTING FACTOR VIII VW FACTOR ANTIGEN           | No Auth Required |  |  |  |  |
| 85247 | CLOT FACTOR VIII MULTIMETRIC  | CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS        | No Auth Required |  |  |  |  |
| 85250 | CLOT FACTOR IX PTC/CHRSTMAS   | CLOTTING FACTOR IX PTC/CHRISTMAS                 | No Auth Required |  |  |  |  |
| 85260 | CLOT FACTOR X STUART-POWER    | CLOTTING FACTOR X STUART-PROWER                  | No Auth Required |  |  |  |  |
| 85270 | CLOT FACTOR XI PTA            | CLOTTING FACTOR XI PTA                           | No Auth Required |  |  |  |  |
| 85280 | CLOT FACTOR XII HAGEMAN       | CLOTTING FACTOR XII HAGEMAN                      | No Auth Required |  |  |  |  |
| 85290 | CLOT FACTOR XIII FIBRIN STAB  | CLOTTING FACTOR XIII FIBRIN STABILIZING          | No Auth Required |  |  |  |  |
| 85291 | CLOT FACTOR XIII FIBRIN SCRNI | CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB | No Auth Required |  |  |  |  |
| 85292 | CLOT FACTOR FLETCHER FACT     | CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY | No Auth Required |  |  |  |  |
| 85293 | CLOT FACTOR WGHT KININOGEN    | CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY         | No Auth Required |  |  |  |  |
| 85300 | ANTITHROMBIN III ACTIVITY     | CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY    | No Auth Required |  |  |  |  |
| 85301 | ANTITHROMBIN III ANTIGEN      | CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY | No Auth Required |  |  |  |  |
| 85302 | CLOT INHIBIT PROT C ANTIGEN   | CLOTTING INHIBITORS PROTEIN C ANTIGEN            | No Auth Required |  |  |  |  |
| 85303 | CLOT INHIBIT PROT C ACTIVITY  | CLOTTING INHIBITORS PROTEIN C ACTIVITY           | No Auth Required |  |  |  |  |
| 85305 | CLOT INHIBIT PROT S TOTAL     | CLOTTING INHIBITORS PROTEIN S TOTAL              | No Auth Required |  |  |  |  |
| 85306 | CLOT INHIBIT PROT S FREE      | CLOTTING INHIBITORS PROTEIN S FREE               | No Auth Required |  |  |  |  |
| 85307 | ASSAY ACTIVATED PROTEIN C     | ACTIVATED PROTEIN C APC RESISTANCE ASSAY         | No Auth Required |  |  |  |  |
| 85335 | FACTOR INHIBITOR TEST         | FACTOR INHIBITOR TEST                            | No Auth Required |  |  |  |  |
| 85337 | THROMBOMODULIN                | THROMBOMODULIN                                   | No Auth Required |  |  |  |  |
| 85345 | COAGULATION TIME LEE & WHITE  | COAGULATION TIME LEE AND WHITE                   | No Auth Required |  |  |  |  |
| 85347 | COAGULATION TIME ACTIVATED    | COAGULATION TIME ACTIVATED                       | No Auth Required |  |  |  |  |
| 85348 | COAGULATION TIME OTR METHOD   | COAGULATION TIME OTHER METHODS                   | No Auth Required |  |  |  |  |
| 85360 | EUGLOBULIN LYSIS              | EUGLOBULIN LYSIS                                 | No Auth Required |  |  |  |  |
| 85362 | FIBRIN DEGRADATION PRODUCTS   | FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN | No Auth Required |  |  |  |  |
| 85366 | FIBRINOGEN TEST               | FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ             | No Auth Required |  |  |  |  |
| 85370 | FIBRINOGEN TEST               | FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE         | No Auth Required |  |  |  |  |
| 85378 | FIBRIN DEGRADE SEMIQUANT      | FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN     | No Auth Required |  |  |  |  |
| 85379 | FIBRIN DEGRADATION QUANT      | FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE      | No Auth Required |  |  |  |  |
| 85380 | FIBRIN DEGRADJ D-DIMER        | FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE    | No Auth Required |  |  |  |  |
| 85384 | FIBRINOGEN ACTIVITY           | FIBRINOGEN ACTIVITY                              | No Auth Required |  |  |  |  |
| 85385 | FIBRINOGEN ANTIGEN            | FIBRINOGEN ANTIGEN                               | No Auth Required |  |  |  |  |
| 85390 | FIBRINOLYSINS SCREEN I&R      | FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR   | No Auth Required |  |  |  |  |
| 85396 | CLOTTING ASSAY WHOLE BLOOD    | COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY | No Auth Required |  |  |  |  |
| 85397 | CLOTTING FUNCT ACTIVITY       | COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL   | No Auth Required |  |  |  |  |
| 85400 | FIBRINOLYTIC PLASMIN          | FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN        | No Auth Required |  |  |  |  |
| 85410 | FIBRINOLYTIC ANTIPLASMIN      | FBRNLYC FACTORS&INHIBITORS ALPHA 2 ANTIPLASMIN   | No Auth Required |  |  |  |  |
| 85415 | FIBRINOLYTIC PLASMINOGEN      | FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR      | No Auth Required |  |  |  |  |
| 85420 | FIBRINOLYTIC PLASMINOGEN      | FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS   | No Auth Required |  |  |  |  |
| 85421 | FIBRINOLYTIC PLASMINOGEN      | FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY     | No Auth Required |  |  |  |  |
| 85441 | HEINZ BODIES DIRECT           | HEINZ BODIES DIRECT                              | No Auth Required |  |  |  |  |
| 85445 | HEINZ BODIES INDUCED          | HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE      | No Auth Required |  |  |  |  |
| 85460 | HEMOGLOBIN FETAL              | HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS | No Auth Required |  |  |  |  |
| 85461 | HEMOGLOBIN FETAL              | HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE       | No Auth Required |  |  |  |  |
| 85475 | HEMOLYSIN ACID                | HEMOLYSIN ACID                                   | No Auth Required |  |  |  |  |
| 85520 | HEPARIN ASSAY                 | HEPARIN ASSAY                                    | No Auth Required |  |  |  |  |

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| 85525 | HEPARIN NEUTRALIZATION       | HEPARIN NEUTRALIZATION                           | No Auth Required       |                   |  |                      |
| 85530 | HEPARIN-PROTAMINE TOLERANCE  | HEPARIN-PROTAMINE TOLERANCE TST                  | No Auth Required       |                   |  |                      |
| 85536 | IRON STAIN PERIPHERAL BLOOD  | IRON STAIN PERIPHERAL BLOOD                      | No Auth Required       |                   |  |                      |
| 85540 | WBC ALKALINE PHOSPHATASE     | WBC ALKALINE PHOSPHATASE COUNT                   | No Auth Required       |                   |  |                      |
| 85547 | RBC MECHANICAL FRAGILITY     | MECHANICAL FRAGILITY RBC                         | No Auth Required       |                   |  |                      |
| 85549 | MURAMIDASE                   | MURAMIDASE                                       | No Auth Required       |                   |  |                      |
| 85555 | RBC OSMOTIC FRAGILITY        | OSMOTIC FRAGILITY RBC UNINCUBATED                | No Auth Required       |                   |  |                      |
| 85557 | RBC OSMOTIC FRAGILITY        | OSMOTIC FRAGILITY RBC INCUBATED                  | No Auth Required       |                   |  |                      |
| 85576 | BLOOD PLATELET AGGREGATION   | PLATELET AGGREGATION IN VITRO EACH AGENT         | No Auth Required       |                   |  |                      |
| 85597 | PHOSPHOLIPID PLTLT NEUTRALIZ | PHOSPHOLIPID NEUTRALIZATION PLATELET             | No Auth Required       |                   |  |                      |
| 85598 | HEXAGNAL PHOSPH PLTLT NEUTRL | PHOSPHOLIPID NEUTRALIZATION HEXAGONAL            | No Auth Required       |                   |  |                      |
| 85610 | PROTHROMBIN TIME             | PROTHROMBIN TIME                                 | No Auth Required       |                   |  |                      |
| 85611 | PROTHROMBIN TEST             | PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH  | No Auth Required       |                   |  |                      |
| 85612 | VIPER VENOM PROTHROMBIN TIME | RUSSELL VIPER VENOM TIME UNDILUTED               | No Auth Required       |                   |  |                      |
| 85613 | RUSSELL VIPER VENOM DILUTED  | RUSSELL VIPER VENOM TIME DILUTED                 | No Auth Required       |                   |  |                      |
| 85635 | REPTILASE TEST               | REPTILASE TEST                                   | No Auth Required       |                   |  |                      |
| 85651 | RBC SED RATE NONAUTOMATED    | SEDIMENTATION RATE RBC NON-AUTOMATED             | No Auth Required       |                   |  |                      |
| 85652 | RBC SED RATE AUTOMATED       | SEDIMENTATION RATE RBC AUTOMATED                 | No Auth Required       |                   |  |                      |
| 85660 | RBC SICKLE CELL TEST         | SICKLING RBC REDUCTION                           | No Auth Required       |                   |  |                      |
| 85670 | THROMBIN TIME PLASMA         | THROMBIN TIME PLASMA                             | No Auth Required       |                   |  |                      |
| 85675 | THROMBIN TIME TITER          | THROMBIN TIME TITER                              | No Auth Required       |                   |  |                      |
| 85705 | THROMBOPLASTIN INHIBITION    | THROMBOPLASTIN INHIBITION TISSUE                 | No Auth Required       |                   |  |                      |
| 85730 | THROMBOPLASTIN TIME PARTIAL  | THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD   | No Auth Required       |                   |  |                      |
| 85732 | THROMBOPLASTIN TIME PARTIAL  | THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | No Auth Required       |                   |  |                      |
| 85810 | BLOOD VISCOSITY EXAMINATION  | VISCOSITY  | No Auth Required       |                   |  |                      |
| 85999 | HEMATOLOGY PROCEDURE         | UNLISTED HEMATOLOGY & COAGULATION PROCEDURE      | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| 86000 | AGGLUTININS FEBRILE ANTIGEN  | AGGLUTININS FEBRILE EACH ANTIGEN                 | No Auth Required       |                   |  |                      |
| 86001 | ALLERGEN SPECIFIC IGG        | ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN  | No Auth Required       |                   |  |                      |
| 86003 | ALLG SPEC IGE CRUDE XTRC EA  | ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH    | No Auth Required       |                   |  |                      |
| 86005 | ALLG SPEC IGE MULTIALLG SCR  | ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN      | No Auth Required       |                   |  |                      |
| 86008 | ALLG SPEC IGE RECOMB EA      | ALLERGEN SPEC IGE                                | No Auth Required       |                   |  |                      |
| 86021 | WBC ANTIBODY IDENTIFICATION  | ANTIBODY IDENTIFICATION                          | No Auth Required       |                   |  |                      |
| 86022 | PLATELET ANTIBODIES          | ANTIBODY IDENTIFICATION PLATELET                 | No Auth Required       |                   |  |                      |
| 86023 | IMMUNOGLOBULIN ASSAY         | ANTIBODY IDENTIFICATION PLATELET                 | No Auth Required       |                   |  |                      |
| 86038 | ANTINUCLEAR ANTIBODIES       | ANTINUCLEAR ANTIBODIES ANA                       | No Auth Required       |                   |  |                      |
| 86039 | ANTINUCLEAR ANTIBODIES (ANA) | ANTINUCLEAR ANTIBODIES ANA TITER                 | No Auth Required       |                   |  |                      |
| 86060 | ANTISTREPTOLYSIN O TITER     | ANTISTREPTOLYSIN O TITER                         | No Auth Required       |                   |  |                      |
| 86063 | ANTISTREPTOLYSIN O SCREEN    | ANTISTREPTOLYSIN O SCREEN                        | No Auth Required       |                   |  |                      |
| 86077 | PHYS BLOOD BANK SERV XMATCH  | BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP   | No Auth Required       |                   |  |                      |
| 86078 | PHYS BLOOD BANK SERV REACTJ  | BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPR         | No Auth Required       |                   |  |                      |
| 86079 | PHYS BLOOD BANK SERV AUTHRJ  | BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPR     | No Auth Required       |                   |  |                      |
| 86140 | C-REACTIVE PROTEIN           | C-REACTIVE PROTEIN                               | No Auth Required       |                   |  |                      |
| 86141 | C-REACTIVE PROTEIN HS        | C-REACTIVE PROTEIN HIGH SENSITIVITY              | No Auth Required       |                   |  |                      |
| 86146 | BETA-2 GLYCOPROTEIN ANTIBODY | BETA 2 GLYCOPROTEIN I ANTIBODY EACH              | No Auth Required       |                   |  |                      |
| 86147 | CARDIOLIPIN ANTIBODY EA IG   | CARDIOLIPIN ANTIBODY EACH IG CLASS               | No Auth Required       |                   |  |                      |
| 86148 | ANTI-PHOSPHOLIPID ANTIBODY   | ANTI-PHOSPHATIDYLSERINE ANTIBODY                 | No Auth Required       |                   |  |                      |
| 86152 | CELL ENUMERATION & ID        | CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC  | No Auth Required       |                   |  |                      |
| 86153 | CELL ENUMERATION PHYS INTERP | CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP | No Auth Required       |                   |  |                      |
| 86155 | CHEMOTAXIS ASSAY             | CHEMOTAXIS ASSAY SPECIFY METHOD                  | No Auth Required       |                   |  |                      |
| 86156 | COLD AGGLUTININ SCREEN       | COLD AGGLUTININ SCREEN                           | No Auth Required       |                   |  |                      |
| 86157 | COLD AGGLUTININ TITER        | COLD AGGLUTININ TITER                            | No Auth Required       |                   |  |                      |
| 86160 | COMPLEMENT ANTIGEN           | COMPLEMENT ANTIGEN EACH COMPONENT                | No Auth Required       |                   |  |                      |
| 86161 | COMPLEMENT/FUNCTION ACTIVITY | COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT    | No Auth Required       |                   |  |                      |
| 86162 | COMPLEMENT TOTAL (CH50)      | COMPLEMENT TOTAL HEMOLYTIC                       | No Auth Required       |                   |  |                      |
| 86171 | COMPLEMENT FIXATION EACH     | COMPLEMENT FIXATION TESTS EACH ANTIGEN           | No Auth Required       |                   |  |                      |
| 86200 | CCP ANTIBODY                 | CYCLIC CITRULLINATED PEPTIDE ANTIBODY            | No Auth Required       |                   |  |                      |
| 86215 | DEOXYRIBONUCLEASE ANTIBODY   | DEOXYRIBONUCLEASE ANTIBODY                       | No Auth Required       |                   |  |                      |
| 86225 | DNA ANTIBODY NATIVE          | DNA ANTIBODY NATIVE/DOUBLE STRANDED              | No Auth Required       |                   |  |                      |
| 86226 | DNA ANTIBODY SINGLE STRAND   | DNA ANTIBODY SINGLE STRANDED                     | No Auth Required       |                   |  |                      |
| 86235 | NUCLEAR ANTIGEN ANTIBODY     | EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD  | No Auth Required       |                   |  |                      |
| 86255 | FLUORESCENT ANTIBODY SCREEN  | FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY  | No Auth Required       |                   |  |                      |
| 86256 | FLUORESCENT ANTIBODY TITER   | FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY   | No Auth Required       |                   |  |                      |
| 86277 | GROWTH HORMONE ANTIBODY      | GROWTH HORMONE HUMAN                             | No Auth Required       |                   |  |                      |
| 86280 | HEMAGGLUTINATION INHIBITION  | HEMAGGLUTINATION INHIBITION TEST HAI             | No Auth Required       |                   |  |                      |

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| 86294 | IMMUNOASSAY TUMOR QUAL        | IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE  | No Auth Required |  |  |  |  |
| 86300 | IMMUNOASSAY TUMOR CA 15-3     | IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3   | No Auth Required |  |  |  |  |
| 86301 | IMMUNOASSAY TUMOR CA 19-9     | IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9   | No Auth Required |  |  |  |  |
| 86304 | IMMUNOASSAY TUMOR CA 125      | IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125    | No Auth Required |  |  |  |  |
| 86305 | HUMAN EPIDIDYMS PROTEIN 4     | HUMAN EPIDIDYMS PROTEIN 4 (HE4)                  | No Auth Required |  |  |  |  |
| 86308 | HETEROPHILE ANTIBODY SCREEN   | HETEROPHILE ANTIBODIES SCREEN                    | No Auth Required |  |  |  |  |
| 86309 | HETEROPHILE ANTIBODY TITER    | HETEROPHILE ANTIBODIES TITER                     | No Auth Required |  |  |  |  |
| 86310 | HETEROPHILE ANTIBODY ABSRBJ   | HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION    | No Auth Required |  |  |  |  |
| 86316 | IMMUNOASSAY TUMOR OTHER       | IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE           | No Auth Required |  |  |  |  |
| 86317 | IMMUNOASSAY INFECTIOUS AGENT  | IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS   | No Auth Required |  |  |  |  |
| 86318 | IMMUNOASSAY INFECTIOUS AGENT  | IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP   | No Auth Required |  |  |  |  |
| 86320 | SERUM IMMUNOELECTROPHORESIS   | IMMUNOELECTROPHORESIS SERUM                      | No Auth Required |  |  |  |  |
| 86325 | OTHER IMMUNOELECTROPHORESIS   | IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION | No Auth Required |  |  |  |  |
| 86327 | IMMUNOELECTROPHORESIS ASSAY   | IMMUNOELECTROPHORESIS CROSSED                    | No Auth Required |  |  |  |  |
| 86329 | IMMUNODIFFUSION NES           | IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED          | No Auth Required |  |  |  |  |
| 86331 | IMMUNODIFFUSION OUCHTERLONY   | IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY  | No Auth Required |  |  |  |  |
| 86332 | IMMUNE COMPLEX ASSAY          | IMMUNE COMPLEX ASSAY                             | No Auth Required |  |  |  |  |
| 86334 | IMMUNOFIX E-PHORESIS SERUM    | IMMUNOFIX ELECTROPHORESIS SERUM                  | No Auth Required |  |  |  |  |
| 86335 | IMMUNIFIX E-PHORSIS/URINE/CSF | IMMUNOFIX ELECTROPHORESIS OTHER FLUIDS           | No Auth Required |  |  |  |  |
| 86336 | INHIBIN A                     | INHIBIN A  | No Auth Required |  |  |  |  |
| 86337 | INSULIN ANTIBODIES            | INSULIN ANTIBODIES                               | No Auth Required |  |  |  |  |
| 86340 | INTRINSIC FACTOR ANTIBODY     | INTRINSIC FACTOR ANTIBODIES                      | No Auth Required |  |  |  |  |
| 86341 | ISLET CELL ANTIBODY           | ISLET CELL ANTIBODY                              | No Auth Required |  |  |  |  |
| 86343 | LEUKOCYTE HISTAMINE RELEASE   | LEUKOCYTE HISTAMINE RELEASE TEST LHR             | No Auth Required |  |  |  |  |
| 86344 | LEUKOCYTE PHAGOCYTOSIS        | LEUKOCYTE PHAGOCYTOSIS                           | No Auth Required |  |  |  |  |
| 86352 | CELL FUNCTION ASSAY W/STIM    | CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE   | No Auth Required |  |  |  |  |
| 86353 | LYMPHOCYTE TRANSFORMATION     | LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS   | No Auth Required |  |  |  |  |
| 86355 | B CELLS TOTAL COUNT           | B CELLS TOTAL COUNT                              | No Auth Required |  |  |  |  |
| 86356 | MONONUCLEAR CELL ANTIGEN      | MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA     | No Auth Required |  |  |  |  |
| 86357 | NK CELLS TOTAL COUNT          | NATURAL KILLER CELLS TOTAL COUNT                 | No Auth Required |  |  |  |  |
| 86359 | T CELLS TOTAL COUNT           | T CELLS TOTAL COUNT                              | No Auth Required |  |  |  |  |
| 86360 | T CELL ABSOLUTE COUNT/RATIO   | T CELLS ABSOLUTE CD4&CD8 COUNT RATIO             | No Auth Required |  |  |  |  |
| 86361 | T CELL ABSOLUTE COUNT         | T CELLS ABSOLUTE CD4 COUNT                       | No Auth Required |  |  |  |  |
| 86367 | STEM CELLS TOTAL COUNT        | STEM CELLS TOTAL COUNT                           | No Auth Required |  |  |  |  |
| 86376 | MICROSOMAL ANTIBODY EACH      | MICROSOMAL ANTIBODIES EACH                       | No Auth Required |  |  |  |  |
| 86382 | NEUTRALIZATION TEST VIRAL     | NEUTRALIZATION TEST VIRAL                        | No Auth Required |  |  |  |  |
| 86384 | NITROBLUE TETRAZOLIUM DYE     | NITROBLUE TETRAZOLIUM DYE TEST NTD               | No Auth Required |  |  |  |  |
| 86386 | NUCLEAR MATRIX PROTEIN 22     | NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE      | No Auth Required |  |  |  |  |
| 86403 | PARTICLE AGGLUT ANTBODY SCRIN | PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY      | No Auth Required |  |  |  |  |
| 86406 | PARTICLE AGGLUT ANTBODY TITR  | PARTICLE AGGLUTINATION TITER EACH ANTIBODY       | No Auth Required |  |  |  |  |
| 86430 | RHEUMATOID FACTOR TEST QUAL   | RHEUMATOID FACTOR QUALITATIVE                    | No Auth Required |  |  |  |  |
| 86431 | RHEUMATOID FACTOR QUANT       | RHEUMATOID FACTOR QUANTITATIVE                   | No Auth Required |  |  |  |  |
| 86480 | TB TEST CELL IMMUN MEASURE    | TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON | No Auth Required |  |  |  |  |
| 86481 | TB AG RESPONSE T-CELL SUSP    | TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP | No Auth Required |  |  |  |  |
| 86485 | SKIN TEST CANDIDA             | SKIN TEST CANDIDA                                | No Auth Required |  |  |  |  |
| 86486 | SKIN TEST NOS ANTIGEN         | SKIN TEST UNLISTED ANTIGEN EACH                  | No Auth Required |  |  |  |  |
| 86490 | COCCIDIOIDOMYCOSIS SKIN TEST  | SKIN TEST COCCIDIOIDOMYCOSIS                     | No Auth Required |  |  |  |  |
| 86510 | HISTOPLASMOSIS SKIN TEST      | SKIN TEST HISTOPLASMOSIS                         | No Auth Required |  |  |  |  |
| 86580 | TB INTRADERMAL TEST           | SKIN TEST TUBERCULOSIS INTRADERMAL               | No Auth Required |  |  |  |  |
| 86590 | STREPTOKINASE ANTIBODY        | STREPTOKINASE ANTIBODY                           | No Auth Required |  |  |  |  |
| 86592 | SYPHILIS TEST NON-TREP QUAL   | SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL       | No Auth Required |  |  |  |  |
| 86593 | SYPHILIS TEST NON-TREP QUANT  | SYPHILIS TEST QUANTITATIVE                       | No Auth Required |  |  |  |  |
| 86602 | ANTINOMYCES ANTIBODY          | ANTIBODY ACTINOMYCES                             | No Auth Required |  |  |  |  |
| 86603 | ADENOVIRUS ANTIBODY           | ANTIBODY ADENOVIRUS                              | No Auth Required |  |  |  |  |
| 86606 | ASPERGILLUS ANTIBODY          | ANTIBODY ASPERGILLUS                             | No Auth Required |  |  |  |  |
| 86609 | BACTERIUM ANTIBODY            | ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED       | No Auth Required |  |  |  |  |
| 86611 | BARTONELLA ANTIBODY           | ANTIBODY BARTONELLA                              | No Auth Required |  |  |  |  |
| 86612 | BLASTOMYCES ANTIBODY          | ANTIBODY BLASTOMYCES                             | No Auth Required |  |  |  |  |
| 86615 | BORDETELLA ANTIBODY           | ANTIBODY BORDETELLA                              | No Auth Required |  |  |  |  |
| 86617 | LYME DISEASE ANTIBODY         | ANTIBODY BORRELIA BURGSDORFERI CONFIRMATORY TST  | No Auth Required |  |  |  |  |
| 86618 | LYME DISEASE ANTIBODY         | ANTIBODY BORRELIA BURGSDORFERI LYME DISEASE      | No Auth Required |  |  |  |  |
| 86619 | BORRELIA ANTIBODY             | ANTIBODY BORRELIA RELAPSING FEVER                | No Auth Required |  |  |  |  |
| 86622 | BRUCELLA ANTIBODY             | ANTIBODY BRUCELLA                                | No Auth Required |  |  |  |  |
| 86625 | CAMPYLOBACTER ANTIBODY        | ANTIBODY CAMPYLOBACTER                           | No Auth Required |  |  |  |  |
| 86628 | CANDIDA ANTIBODY              | ANTIBODY CANDIDA                                 | No Auth Required |  |  |  |  |
| 86631 | CHLAMYDIA ANTIBODY            | ANTIBODY CHLAMYDIA                               | No Auth Required |  |  |  |  |
| 86632 | CHLAMYDIA IGM ANTIBODY        | ANTIBODY CHLAMYDIA IGM                           | No Auth Required |  |  |  |  |
| 86635 | COCCIDIOIDES ANTIBODY         | ANTIBODY COCCIDIOIDES                            | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------------|-------------------|--|----------------------|
| 86638 | Q FEVER ANTIBODY             | ANTIBODY COXIELLA BURNETII Q FEVER               | No Auth Required       |                   |  |                      |
| 86641 | CRYPTOCOCCUS ANTIBODY        | ANTIBODY CRYPTOCOCCUS                            | No Auth Required       |                   |  |                      |
| 86644 | CMV ANTIBODY                 | ANTIBODY CYTOMEGALOVIRUS CMV                     | No Auth Required       |                   |  |                      |
| 86645 | CMV ANTIBODY IGM             | ANTIBODY CYTOMEGALOVIRUS CMV IGM                 | No Auth Required       |                   |  |                      |
| 86648 | DIPHTHERIA ANTIBODY          | ANTIBODY DIPHTHERIA                              | No Auth Required       |                   |  |                      |
| 86651 | ENCEPHALITIS CALIFORN ANTDY  | ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE       | No Auth Required       |                   |  |                      |
| 86652 | ENCEPHALITIS EAST EQNE ANBDY | ANTIBODY ENCEPHALITIS EASTERN EQUINE             | No Auth Required       |                   |  |                      |
| 86653 | ENCEPHALITIS ST LOUIS ANTDY  | ANTIBODY ENCEPHALITIS ST. LOUIS                  | No Auth Required       |                   |  |                      |
| 86654 | ENCEPHALITIS WEST EQNE ANTDY | ANTIBODY ENCEPHALITIS WESTRN EQUINE              | No Auth Required       |                   |  |                      |
| 86658 | ENTEROVIRUS ANTIBODY         | ANTIBODY ENTEROVIRUS                             | No Auth Required       |                   |  |                      |
| 86663 | EPSTEIN-BARR ANTIBODY        | ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA  | No Auth Required       |                   |  |                      |
| 86664 | EPSTEIN-BARR NUCLEAR ANTIGEN | ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA   | No Auth Required       |                   |  |                      |
| 86665 | EPSTEIN-BARR CAPSID VCA      | ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA  | No Auth Required       |                   |  |                      |
| 86666 | EHRlichia ANTIBODY           | ANTIBODY EHRlichia                               | No Auth Required       |                   |  |                      |
| 86668 | FRANCISELLA TULARENSIS       | ANTIBODY FRANCISELLA TULARENSIS                  | No Auth Required       |                   |  |                      |
| 86671 | FUNGUS NES ANTIBODY          | ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED          | No Auth Required       |                   |  |                      |
| 86674 | GIARDIA LAMBLIA ANTIBODY     | ANTIBODY GIARDIA LAMBLIA                         | No Auth Required       |                   |  |                      |
| 86677 | HELICOBACTER PYLORI ANTIBODY | ANTIBODY HELICOBACTER PYLORI                     | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| 86682 | HELMINTH ANTIBODY            | ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED        | No Auth Required       |                   |  |                      |
| 86684 | HEMOPHILUS INFLUENZA ANTDY   | ANTIBODY HAEMOPHILUS INFLUENZA                   | No Auth Required       |                   |  |                      |
| 86687 | HTLV-I ANTIBODY              | ANTIBODY HTLV-I                                  | No Auth Required       |                   |  |                      |
| 86688 | HTLV-II ANTIBODY             | ANTIBODY HTLV-II                                 | No Auth Required       |                   |  |                      |
| 86689 | HTLV/HIV CONFIRMJ ANTIBODY   | ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST     | No Auth Required       |                   |  |                      |
| 86692 | HEPATITIS DELTA AGENT ANTDY  | ANTIBODY HEP DELTA AGENT                         | No Auth Required       |                   |  |                      |
| 86694 | HERPES SIMPLEX NES ANTDY     | ANTIBODY HERPES SMPLEX NON-SPECIFIC TYPE TEST    | No Auth Required       |                   |  |                      |
| 86695 | HERPES SIMPLEX TYPE 1 TEST   | ANTIBODY HERPES SMPLEX TYPE 1                    | No Auth Required       |                   |  |                      |
| 86696 | HERPES SIMPLEX TYPE 2 TEST   | ANTIBODY HERPES SMPLEX TYPE 2                    | No Auth Required       |                   |  |                      |
| 86698 | HISTOPLASMA ANTIBODY         | ANTIBODY HISTOPLASMA                             | No Auth Required       |                   |  |                      |
| 86701 | HIV-1 ANTIBODY               | ANTIBODY HIV-1                                   | No Auth Required       |                   |  |                      |
| 86702 | HIV-2 ANTIBODY               | ANTIBODY HIV-2                                   | No Auth Required       |                   |  |                      |
| 86703 | HIV-1/HIV-2 1 RESULT ANTDY   | ANTIBODY HIV-1&HIV-2 SINGLE RESULT               | No Auth Required       |                   |  |                      |
| 86704 | HEP B CORE ANTIBODY TOTAL    | HEPATITIS B CORE ANTIBODY HCBAB TOTAL            | No Auth Required       |                   |  |                      |
| 86705 | HEP B CORE ANTIBODY IGM      | HEPATITIS B CORE ANTIBODY HCBAB IGM ANTIBODY     | No Auth Required       |                   |  |                      |
| 86706 | HEP B SURFACE ANTIBODY       | HEPATITIS B SURF ANTIBODY HBSAB                  | No Auth Required       |                   |  |                      |
| 86707 | HEPATITIS BE ANTIBODY        | HEPATITIS BE ANTIBODY HBEAB                      | No Auth Required       |                   |  |                      |
| 86708 | HEPATITIS A ANTIBODY         | HEPATITIS A ANTIBODY HAAB                        | No Auth Required       |                   |  |                      |
| 86709 | HEPATITIS A IGM ANTIBODY     | HEPATITIS ANTIBODY HAAB IGM ANTIBODY             | No Auth Required       |                   |  |                      |
| 86710 | INFLUENZA VIRUS ANTIBODY     | ANTIBODY INFLUENZA VIRUS                         | No Auth Required       |                   |  |                      |
| 86711 | JOHN CUNNINGHAM ANTIBODY     | ANTIBODY JOHN CUNNINGHAM VIRUS                   | No Auth Required       |                   |  |                      |
| 86713 | LEGIONELLA ANTIBODY          | ANTIBODY LEGIONELLA                              | No Auth Required       |                   |  |                      |
| 86717 | LEISHMANIA ANTIBODY          | ANTIBODY LEISHMANIA                              | No Auth Required       |                   |  |                      |
| 86720 | LEPTOSPIRA ANTIBODY          | ANTIBODY LEPTOSPIRA                              | No Auth Required       |                   |  |                      |
| 86723 | LISTERIA MONOCYTOGENES       | ANTIBODY LISTERIA MONOCYTOGENES                  | No Auth Required       |                   |  |                      |
| 86727 | LYMPH CHORIOMENINGITIS AB    | ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS            | No Auth Required       |                   |  |                      |
| 86732 | MUCORMYCOSIS ANTIBODY        | ANTIBODY MUCORMYCOSIS                            | No Auth Required       |                   |  |                      |
| 86735 | MUMPS ANTIBODY               | ANTIBODY MUMPS                                   | No Auth Required       |                   |  |                      |
| 86738 | MYCOPLASMA ANTIBODY          | ANTIBODY MYCOPLSM                                | No Auth Required       |                   |  |                      |
| 86741 | NEISSERIA MENINGITIDIS       | ANTIBODY NEISSERIA MENINGITIDIS                  | No Auth Required       |                   |  |                      |
| 86744 | NOCARDIA ANTIBODY            | ANTIBODY NOCARDIA                                | No Auth Required       |                   |  |                      |
| 86747 | PARVOVIRUS ANTIBODY          | ANTIBODY PARVOVIRUS                              | No Auth Required       |                   |  |                      |
| 86750 | MALARIA ANTIBODY             | ANTIBODY PLASMODIUM MALARIA                      | No Auth Required       |                   |  |                      |
| 86753 | PROTOZOA ANTIBODY NOS        | ANTIBODY PROTOZOA NES                            | No Auth Required       |                   |  |                      |
| 86756 | RESPIRATORY VIRUS ANTIBODY   | ANTIBODY RESPIRATORY SYNCTIAL VIRUS              | No Auth Required       |                   |  |                      |
| 86757 | RICKETTSIA ANTIBODY          | ANTIBODY RICKETTSIA                              | No Auth Required       |                   |  |                      |
| 86759 | ROTAVIRUS ANTIBODY           | ANTIBODY ROTAVIRUS                               | No Auth Required       |                   |  |                      |
| 86762 | RUBELLA ANTIBODY             | ANTIBODY RUBELLA                                 | No Auth Required       |                   |  |                      |
| 86765 | RUBEOLA ANTIBODY             | ANTIBODY RUBEOLA                                 | No Auth Required       |                   |  |                      |
| 86768 | SALMONELLA ANTIBODY          | ANTIBODY SALMONELLA                              | No Auth Required       |                   |  |                      |
| 86771 | SHIGELLA ANTIBODY            | ANTIBODY SHIGELLA                                | No Auth Required       |                   |  |                      |
| 86774 | TETANUS ANTIBODY             | ANTIBODY TETANUS                                 | No Auth Required       |                   |  |                      |
| 86777 | TOXOPLASMA ANTIBODY          | ANTIBODY TOXOPLASMA                              | No Auth Required       |                   |  |                      |
| 86778 | TOXOPLASMA ANTIBODY IGM      | ANTIBODY TOXOPLASMA IGM                          | No Auth Required       |                   |  |                      |
| 86780 | TREPONEMA PALLIDUM           | ANTIBODY TREPONEMA PALLIDUM                      | No Auth Required       |                   |  |                      |
| 86784 | TRICHINELLA ANTIBODY         | ANTIBODY TRICHINELLA                             | No Auth Required       |                   |  |                      |
| 86787 | VARICELLA-ZOSTER ANTIBODY    | ANTIBODY VARICELLA-ZOSTER                        | No Auth Required       |                   |  |                      |
| 86788 | WEST NILE VIRUS AB IGM       | ANTIBODY WEST NILE VIRUS IGM                     | No Auth Required       |                   |  |                      |
| 86789 | WEST NILE VIRUS ANTIBODY     | ANTIBODY WEST NILE VIRUS                         | No Auth Required       |                   |  |                      |
| 86790 | VIRUS ANTIBODY NOS           | ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED           | No Auth Required       |                   |  |                      |
| 86793 | YERSINIA ANTIBODY            | ANTIBODY YERSINIA                                | No Auth Required       |                   |  |                      |
| 86794 | ZIKA VIRUS IGM ANTIBODY      | ZIKA VIRUS IGM ANTIBODY                          | No Auth Required       |                   |  |                      |
| 86800 | THYROGLOBULIN ANTIBODY       | THYROGLOBULIN ANTIBODY                           | No Auth Required       |                   |  |                      |
| 86803 | HEPATITIS C AB TEST          | HEPATITIS C ANTIBODY                             | No Auth Required       |                   |  |                      |
| 86804 | HEP C AB TEST CONFIRM        | HEPATITIS C ANTIBODY CONFIRMATORY TEST           | No Auth Required       |                   |  |                      |
| 86805 | LYMPHOCYTOTOXICITY ASSAY     | LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ  | No Auth Required       |                   |  |                      |
| 86806 | LYMPHOCYTOTOXICITY ASSAY     | LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT | No Auth Required       |                   |  |                      |

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|-------|-------------------------------|--|------------------------|-------------------|--|----------------------|
| 86807 | CYTOTOXIC ANTIBODY SCREENING  | SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH | No Auth Required       |                   |  |                      |
| 86808 | CYTOTOXIC ANTIBODY SCREENING  | SERUM SCREENING % REACTIVE ANTIBODY QUICK METH   | No Auth Required       |                   |  |                      |
| 86812 | HLA TYPING A B OR C           | HLA TYPING A/B/C SINGLE ANTIGEN                  | No Auth Required       |                   |  |                      |
| 86813 | HLA TYPING A B OR C           | HLA TYPING A/B/C MULTIPLE ANTIGENS               | No Auth Required       |                   |  |                      |
| 86816 | HLA TYPING DR/DQ              | HLA TYPING DR/DQ SINGLE ANTIGEN                  | No Auth Required       |                   |  |                      |
| 86817 | HLA TYPING DR/DQ              | HLA TYPING DR/DQ MULTIPLE ANTIGENS               | No Auth Required       |                   |  |                      |
| 86821 | LYMPHOCYTE CULTURE MIXED      | HLA TYPING LYMPHOCYTE CULTURE MIXED              | No Auth Required       |                   |  |                      |
| 86825 | HLA X-MATH NON-CYTOTOXIC      | HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION   | No Auth Required       |                   |  |                      |
| 86826 | HLA X-MATCH NONCYTOTOXC ADDL  | HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION  | No Auth Required       |                   |  |                      |
| 86828 | HLA CLASS I&II ANTIBODY QUAL  | ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL    | No Auth Required       |                   |  |                      |
| 86829 | HLA CLASS I/II ANTIBODY QUAL  | ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL   | No Auth Required       |                   |  |                      |
| 86830 | HLA CLASS I PHENOTYPE QUAL    | ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE | No Auth Required       |                   |  |                      |
| 86831 | HLA CLASS II PHENOTYPE QUAL   | ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL       | No Auth Required       |                   |  |                      |
| 86832 | HLA CLASS I HIGH DEFIN QUAL   | ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL  | No Auth Required       |                   |  |                      |
| 86833 | HLA CLASS II HIGH DEFIN QUAL  | ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL | No Auth Required       |                   |  |                      |
| 86834 | HLA CLASS I SEMIQUANT PANEL   | ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL      | No Auth Required       |                   |  |                      |
| 86835 | HLA CLASS II SEMIQUANT PANEL  | ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL     | No Auth Required       |                   |  |                      |
| 86849 | IMMUNOLOGY PROCEDURE          | UNLISTED IMMUNOLOGY                              | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| 86850 | RBC ANTIBODY SCREEN           | ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE         | No Auth Required       |                   |  |                      |
| 86860 | RBC ANTIBODY ELUTION          | ANTIBODY ELUTION RBC EACH ELUTION                | No Auth Required       |                   |  |                      |
| 86870 | RBC ANTIBODY IDENTIFICATION   | ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ  | No Auth Required       |                   |  |                      |
| 86880 | COOMBS TEST DIRECT            | ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM         | No Auth Required       |                   |  |                      |
| 86885 | COOMBS TEST INDIRECT QUAL     | ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL    | No Auth Required       |                   |  |                      |
| 86886 | COOMBS TEST INDIRECT TITER    | ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER  | No Auth Required       |                   |  |                      |
| 86890 | AUTOLOGOUS BLOOD PROCESS      | AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED   | No Auth Required       |                   |  |                      |
| 86891 | AUTOLOGOUS BLOOD OP SALVAGE   | AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE        | No Auth Required       |                   |  |                      |
| 86900 | BLOOD TYPING SEROLOGIC ABO    | BLOOD TYPING SEROLOGIC ABO                       | No Auth Required       |                   |  |                      |
| 86901 | BLOOD TYPING SEROLOGIC RH(D)  | BLOOD TYPING SEROLOGIC RH (D)                    | No Auth Required       |                   |  |                      |
| 86902 | BLOOD TYPE ANTIGEN DONOR EA   | BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH      | No Auth Required       |                   |  |                      |
| 86904 | BLOOD TYPING PATIENT SERUM    | BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT   | No Auth Required       |                   |  |                      |
| 86905 | BLOOD TYPING RBC ANTIGENS     | BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH  | No Auth Required       |                   |  |                      |
| 86906 | BLD TYPING SEROLOGIC RH PHNT  | BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE   | No Auth Required       |                   |  |                      |
| 86910 | BLOOD TYPING PATERNITY TEST   | BLOOD TYPING PATERNITY PR INDIV ABO RH&MN        | No Auth Required       |                   |  |                      |
| 86911 | BLOOD TYPING ANTIGEN SYSTEM   | BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS    | No Auth Required       |                   |  |                      |
| 86920 | COMPATIBILITY TEST SPIN       | COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE | No Auth Required       |                   |  |                      |
| 86921 | COMPATIBILITY TEST INCUBATE   | COMPATIBILITY EACH UNIT INCUBATION               | No Auth Required       |                   |  |                      |
| 86922 | COMPATIBILITY TEST ANTIGLOB   | COMPATIBILITY EACH UNIT ANTIGLOBULIN             | No Auth Required       |                   |  |                      |
| 86923 | COMPATIBILITY TEST ELECTRIC   | COMPATIBILITY EACH UNIT ELECTRONIC               | No Auth Required       |                   |  |                      |
| 86927 | PLASMA FRESH FROZEN           | FRESH FROZEN PLASMA THAWING EACH UNIT            | No Auth Required       |                   |  |                      |
| 86930 | FROZEN BLOOD PREP             | FROZEN BLOOD EACH UNIT FREEZING                  | No Auth Required       |                   |  |                      |
| 86931 | FROZEN BLOOD THAW             | FROZEN BLOOD EACH UNIT THAWING                   | No Auth Required       |                   |  |                      |
| 86932 | FROZEN BLOOD FREEZE/THAW      | FROZEN BLOOD EACH UNIT FREEZING & THAWING        | No Auth Required       |                   |  |                      |
| 86940 | HEMOLYSINS/AGGLUTININS AUTO   | HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH          | No Auth Required       |                   |  |                      |
| 86941 | HEMOLYSINS/AGGLUTININS        | HEMOLYSINS&AGGLUTININS INCUBATED                 | No Auth Required       |                   |  |                      |
| 86945 | BLOOD PRODUCT/IRRADIATION     | IRRADIATION BLOOD PRODUCT EACH UNIT              | No Auth Required       |                   |  |                      |
| 86950 | LEUKACYTE TRANSFUSION         | LEUKOCYTE TRANSFUSION                            | No Auth Required       |                   |  |                      |
| 86960 | VOL REDUCTION OF BLOOD/PROD   | VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT   | No Auth Required       |                   |  |                      |
| 86965 | POOLING BLOOD PLATELETS       | POOLING PLATELETS/OTHER BLOOD PRODUCTS           | No Auth Required       |                   |  |                      |
| 86970 | RBC PRETX INCUBATJ W/CHEMICAL | PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA | No Auth Required       |                   |  |                      |
| 86971 | RBC PRETX INCUBATJ W/ENZYMES  | PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH        | No Auth Required       |                   |  |                      |
| 86972 | RBC PRETX INCUBATJ W/DENSITY  | PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP    | No Auth Required       |                   |  |                      |
| 86975 | RBC SERUM PRETX INCUBJ DRUGS  | PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH   | No Auth Required       |                   |  |                      |
| 86976 | RBC SERUM PRETX ID DILUTION   | PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION | No Auth Required       |                   |  |                      |

|       |                              |   |                        |  |  |                      |
|-------|------------------------------|---|------------------------|--|--|----------------------|
| 86977 | RBC SERUM PRETX INCUBJ/INHIB | PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA  | No Auth Required       |  |  |                      |
| 86978 | RBC PRETREATMENT SERUM       | PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ   | No Auth Required       |  |  |                      |
| 86985 | SPLIT BLOOD OR PRODUCTS      | SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT          | No Auth Required       |  |  |                      |
| 86999 | TRANSFUSION PROCEDURE        | UNLISTED TRANSFUSION MEDICINE PROCEDURE           | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 87003 | SMALL ANIMAL INOCULATION     | ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ         | No Auth Required       |  |  |                      |
| 87015 | SPECIMEN INFECT AGNT CONCNTJ | CONCENTRATION INFECTIOUS AGENTS                   | No Auth Required       |  |  |                      |
| 87040 | BLOOD CULTURE FOR BACTERIA   | CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES     | No Auth Required       |  |  |                      |
| 87045 | FECES CULTURE AEROBIC BACT   | CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL    | No Auth Required       |  |  |                      |
| 87046 | STOOL CULTR AEROBIC BACT EA  | CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA       | No Auth Required       |  |  |                      |
| 87070 | CULTURE OTHR SPECIMN AEROBIC | CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL      | No Auth Required       |  |  |                      |
| 87071 | CULTURE AEROBIC QUANT OTHER  | CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL    | No Auth Required       |  |  |                      |
| 87073 | CULTURE BACTERIA ANAEROBIC   | CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL     | No Auth Required       |  |  |                      |
| 87075 | CULTR BACTERIA EXCEPT BLOOD  | CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID     | No Auth Required       |  |  |                      |
| 87076 | CULTURE ANAEROBE IDENT EACH  | CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL  | No Auth Required       |  |  |                      |
| 87077 | CULTURE AEROBIC IDENTIFY     | CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL    | No Auth Required       |  |  |                      |
| 87081 | CULTURE SCREEN ONLY          | CUL PRSMPTV PTHGNC ORGANISM SCR N W/COLONY ESTIMJ | No Auth Required       |  |  |                      |
| 87084 | CULTURE OF SPECIMEN BY KIT   | CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART        | No Auth Required       |  |  |                      |
| 87086 | URINE CULTURE/COLONY COUNT   | CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE  | No Auth Required       |  |  |                      |
| 87088 | URINE BACTERIA CULTURE       | CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE      | No Auth Required       |  |  |                      |
| 87101 | SKIN FUNGI CULTURE           | CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL      | No Auth Required       |  |  |                      |
| 87102 | FUNGUS ISOLATION CULTURE     | CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD    | No Auth Required       |  |  |                      |
| 87103 | BLOOD FUNGUS CULTURE         | CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD   | No Auth Required       |  |  |                      |
| 87106 | FUNGI IDENTIFICATION YEAST   | CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST   | No Auth Required       |  |  |                      |
| 87107 | FUNGI IDENTIFICATION MOLD    | CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD    | No Auth Required       |  |  |                      |
| 87109 | MYCOPLASMA                   | CULTURE MYCOPLASMA ANY SOURCE                     | No Auth Required       |  |  |                      |
| 87110 | CHLAMYDIA CULTURE            | CULTURE CHLAMYDIA ANY SOURCE                      | No Auth Required       |  |  |                      |
| 87116 | MYCOBACTERIA CULTURE         | CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL   | No Auth Required       |  |  |                      |
| 87118 | MYCOBACTERIC IDENTIFICATION  | CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL       | No Auth Required       |  |  |                      |
| 87140 | CULTURE TYPE IMMUNOFLUORESC  | CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM   | No Auth Required       |  |  |                      |
| 87143 | CULTURE TYPING GLC/HPLC      | CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY   | No Auth Required       |  |  |                      |
| 87147 | CULTURE TYPE IMMUNOLOGIC     | CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES  | No Auth Required       |  |  |                      |
| 87149 | DNA/RNA DIRECT PROBE         | CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM  | No Auth Required       |  |  |                      |
| 87150 | DNA/RNA AMPLIFIED PROBE      | CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM   | No Auth Required       |  |  |                      |
| 87152 | CULTURE TYPE PULSE FIELD GEL | CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING    | No Auth Required       |  |  |                      |
| 87153 | DNA/RNA SEQUENCING           | CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE    | No Auth Required       |  |  |                      |
| 87158 | CULTURE TYPING ADDED METHOD  | CULTURE TYPING OTHER METHODS                      | No Auth Required       |  |  |                      |
| 87164 | DARK FIELD EXAMINATION       | DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION  | No Auth Required       |  |  |                      |
| 87166 | DARK FIELD EXAMINATION       | DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT   | No Auth Required       |  |  |                      |
| 87168 | MACROSCOPIC EXAM ARTHROPOD   | MACROSCOPIC EXAMINATION ARTHROPOD                 | No Auth Required       |  |  |                      |
| 87169 | MACROSCOPIC EXAM PARASITE    | MACROSCOPIC EXAMINATION PARASITE                  | No Auth Required       |  |  |                      |
| 87172 | PINWORM EXAM                 | PINWORM EXAMINATION                               | No Auth Required       |  |  |                      |
| 87176 | TISSUE HOMOGENIZATION CULTR  | HOMOGENIZATION TISSUE CULTURE                     | No Auth Required       |  |  |                      |
| 87177 | OVA AND PARASITES SMEARS     | OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID    | No Auth Required       |  |  |                      |
| 87181 | MICROBE SUSCEPTIBLE DIFFUSE  | SUSCEPTILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ    | No Auth Required       |  |  |                      |
| 87184 | MICROBE SUSCEPTIBLE DISK     | SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD    | No Auth Required       |  |  |                      |
| 87185 | MICROBE SUSCEPTIBLE ENZYME   | SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ   | No Auth Required       |  |  |                      |
| 87186 | MICROBE SUSCEPTIBLE MIC      | SUSCEPTILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ   | No Auth Required       |  |  |                      |
| 87187 | MICROBE SUSCEPTIBLE MLC      | SUSCEPTILTY STDY ANTMCRB MICRO/AGAR DILUTJ EA     | No Auth Required       |  |  |                      |
| 87188 | MICROBE SUSCEPT MACROBROTH   | SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT     | No Auth Required       |  |  |                      |
| 87190 | MICROBE SUSCEPT MYCOBACTERI  | SUSCEPTILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD    | No Auth Required       |  |  |                      |
| 87197 | BACTERICIDAL LEVEL SERUM     | SERUM BACTERICIDAL TITER                          | No Auth Required       |  |  |                      |
| 87205 | SMEAR GRAM STAIN             | SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL     | No Auth Required       |  |  |                      |
| 87206 | SMEAR FLUORESCENT/ACID STAI  | SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT    | No Auth Required       |  |  |                      |

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| 87207 | SMEAR SPECIAL STAIN          | SMR PRIM SRC SPEC STAIN BODIES/PARASITS          | No Auth Required |  |  |  |  |
| 87209 | SMEAR COMPLEX STAIN          | SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS        | No Auth Required |  |  |  |  |
| 87210 | SMEAR WET MOUNT SALINE/INK   | SMR PRIM SRC WET MOUNT NFCT AGT                  | No Auth Required |  |  |  |  |
| 87220 | TISSUE EXAM FOR FUNGI        | TISS KOH SLIDE SAMPs SKN/HR/NLS FNGI/ECTOPARASIT | No Auth Required |  |  |  |  |
| 87230 | ASSAY TOXIN OR ANTITOXIN     | TOXIN/ANTITOXIN ASSAY TISSUE CULTURE             | No Auth Required |  |  |  |  |
| 87250 | VIRUS INOCULATE EGGS/ANIMAL  | VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ         | No Auth Required |  |  |  |  |
| 87252 | VIRUS INOCULATION TISSUE     | VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT     | No Auth Required |  |  |  |  |
| 87253 | VIRUS INOCULATE TISSUE ADDL  | VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE   | No Auth Required |  |  |  |  |
| 87254 | VIRUS INOCULATION SHELL VIA  | VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA      | No Auth Required |  |  |  |  |
| 87255 | GENET VIRUS ISOLATE HSV      | VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC      | No Auth Required |  |  |  |  |
| 87260 | ADENOVIRUS AG IF             | IAADI ADENOVIRUS                                 | No Auth Required |  |  |  |  |
| 87265 | PERTUSSIS AG IF              | IAADI BORDETELLA PRUUSIS/PARAPRTUSSIS            | No Auth Required |  |  |  |  |
| 87267 | ENTEROVIRUS ANTIBODY DFA     | IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY    | No Auth Required |  |  |  |  |
| 87269 | GIARDIA AG IF                | IAADI GIARDIA                                    | No Auth Required |  |  |  |  |
| 87270 | CHLAMYDIA TRACHOMATIS AG IF  | IAADI CHLAMYDIA TRACHOMATIS                      | No Auth Required |  |  |  |  |
| 87271 | CYTOMEGALOVIRUS DFA          | IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY   | No Auth Required |  |  |  |  |
| 87272 | CRYPTOSPORIDIUM AG IF        | IAADI CRYPTOSPORIDIUM                            | No Auth Required |  |  |  |  |
| 87273 | HERPES SIMPLEX 2 AG IF       | IAADI HERPES SMLPX VIRUS TYPE 2                  | No Auth Required |  |  |  |  |
| 87274 | HERPES SIMPLEX 1 AG IF       | IAADI HERPES SMLPX VIRUS TYPE 1                  | No Auth Required |  |  |  |  |
| 87275 | INFLUENZA B AG IF            | IAADI INFLUENZA B VIRUS                          | No Auth Required |  |  |  |  |
| 87276 | INFLUENZA A AG IF            | IAADI INFFLUENZA A VIRUS                         | No Auth Required |  |  |  |  |
| 87278 | LEGION PNEUMOPHILIA AG IF    | IAADI LEGIONELLA PNEUMOPHILA                     | No Auth Required |  |  |  |  |
| 87279 | PARAINFLUENZA AG IF          | IAADI PARAINFLUENZA VIRUS EACH TYPE              | No Auth Required |  |  |  |  |
| 87280 | RESPIRATORY SYNCYTIAL AG IF  | IAADI RESPIRATORY SYNCYTIAL VIRUS                | No Auth Required |  |  |  |  |
| 87281 | PNEUMOCYSTIS CARINII AG IF   | IAADI PNEUMOCUSTIS CARINII                       | No Auth Required |  |  |  |  |
| 87283 | RUBEOLA AG IF                | IAADI RUBEOLA                                    | No Auth Required |  |  |  |  |
| 87285 | TREPONEMA PALLIDUM AG IF     | IAADI TREPONEMA PALLIDUM                         | No Auth Required |  |  |  |  |
| 87290 | VARICELLA ZOSTER AG IF       | IAADI VARICELLA ZOSTER VIRUS                     | No Auth Required |  |  |  |  |
| 87299 | ANTIBODY DETECTION NOS IF    | IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM      | No Auth Required |  |  |  |  |
| 87300 | AG DETECTION POLYVAL IF      | IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM     | No Auth Required |  |  |  |  |
| 87301 | ADENOVIRUS AG IA             | IAAD IA ADENOVIRUS ENTERIC TYP 40/41             | No Auth Required |  |  |  |  |
| 87305 | ASPERGILLUS AG IA            | IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS  | No Auth Required |  |  |  |  |
| 87320 | CHYLM D TRACH AG IA          | IAAD IA CHLAMYDIA TRACHOMATIS                    | No Auth Required |  |  |  |  |
| 87324 | CLOSTRIDIUM AG IA            | IAAD IA CLOSTRIDIUM DIFFICILE TOXIN              | No Auth Required |  |  |  |  |
| 87327 | CRYPTOCOCCUS NEOFORM AG IA   | IAAD IA CRYPTOCOCCUS NEOFORMANS                  | No Auth Required |  |  |  |  |
| 87328 | CRYPTOSPORIDIUM AG IA        | IAAD IA CRYPTOSPORIDIUM                          | No Auth Required |  |  |  |  |
| 87329 | GIARDIA AG IA                | IAAD IA GIARDIA                                  | No Auth Required |  |  |  |  |
| 87332 | CYTOMEGALOVIRUS AG IA        | IAAD IA CYTOMEGALOVIRUS                          | No Auth Required |  |  |  |  |
| 87335 | E COLI 0157 AG IA            | IAAD IA ESCHERICHIA COLI 0157                    | No Auth Required |  |  |  |  |
| 87336 | ENTAMOEB HIST DISPR AG IA    | IAAD IA ENTAMOEBIA HISTOLYTICA DISPAR GRP        | No Auth Required |  |  |  |  |
| 87337 | ENTAMOEB HIST GROUP AG IA    | IAAD IA ENTAMOEBIA HISTOLYTICA GRP               | No Auth Required |  |  |  |  |
| 87338 | HPYLORI STOOL IA             | IAAD IA HPYLORI STOOL                            | No Auth Required |  |  |  |  |
| 87339 | H PYLORI AG IA               | IAAD IA HPYLORI                                  | No Auth Required |  |  |  |  |
| 87340 | HEPATITIS B SURFACE AG IA    | IAAD IA HEPATITIS B SURFACE ANTIGEN              | No Auth Required |  |  |  |  |
| 87341 | HEPATITIS B SURFACE AG IA    | IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION    | No Auth Required |  |  |  |  |
| 87350 | HEPATITIS BE AG IA           | IAAD IA HEPATITIS BE ANTIGEN                     | No Auth Required |  |  |  |  |
| 87380 | HEPATITIS DELTA AG IA        | IAAD IA HEPATITIS DELTA ANTIGEN                  | No Auth Required |  |  |  |  |
| 87385 | HISTOPLASMA CAPSUL AG IA     | IAAD IA HISTOPLASM CAPSULATUM                    | No Auth Required |  |  |  |  |
| 87389 | HIV-1 AG W/HIV-1 & HIV-2 AB  | IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBODY SINGLE  | No Auth Required |  |  |  |  |
| 87390 | HIV-1 AG IA                  | IAAD IA HIV-1                                    | No Auth Required |  |  |  |  |
| 87391 | HIV-2 AG IA                  | IAAD IA HIV-2                                    | No Auth Required |  |  |  |  |
| 87400 | INFLUENZA A/B AG IA          | IAAD IA INFLUENZA A/B EACH                       | No Auth Required |  |  |  |  |
| 87420 | RESP SYNCYTIAL AG IA         | IAAD IA RESPIRATORY SYNCYTIAL VIRUS              | No Auth Required |  |  |  |  |
| 87425 | ROTAVIRUS AG IA              | IAAD IA ROTAVIRUS                                | No Auth Required |  |  |  |  |
| 87427 | SHIGA-LIKE TOXIN AG IA       | IAAD IA SHIGA-LIKE TOXIN                         | No Auth Required |  |  |  |  |
| 87428 | SARSCOV & INF VIR A&B AG IA  | IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B      | No Auth Required |  |  |  |  |
| 87430 | STREP A AG IA                | IAAD IA STREPTOCOCCUS GROUP A                    | No Auth Required |  |  |  |  |
| 87449 | AG DETECT NOS IA MULT        | IAAD IA MULT STEP METHOD NOS EACH ORGANISM       | No Auth Required |  |  |  |  |
| 87451 | AG DETECT POLYVAL IA MULT    | IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM   | No Auth Required |  |  |  |  |
| 87471 | BARTONELLA DNA AMP PROBE     | IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE       | No Auth Required |  |  |  |  |
| 87472 | BARTONELLA DNA QUANT         | IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ        | No Auth Required |  |  |  |  |
| 87475 | LYME DIS DNA DIR PROBE       | IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ       | No Auth Required |  |  |  |  |
| 87476 | LYME DIS DNA AMP PROBE       | IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ    | No Auth Required |  |  |  |  |
| 87480 | CANDIDA DNA DIR PROBE        | IADNA CANDIDA SPECIES DIRECT PROBE TQ            | No Auth Required |  |  |  |  |
| 87481 | CANDIDA DNA AMP PROBE        | IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ         | No Auth Required |  |  |  |  |
| 87482 | CANDIDA DNA QUANT            | IADNA CANDIDA SPECIES QUANTIFICATION             | No Auth Required |  |  |  |  |
| 87483 | CNS DNA AMP PROBE TYPE 12-25 | CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25    | No Auth Required |  |  |  |  |

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|-------|-------------------------------|--|------------------|--|--|--|--|
| 87485 | CHYLM D PNEUM DNA DIR PROBE   | IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ       | No Auth Required |  |  |  |  |
| 87486 | CHYLM D PNEUM DNA AMP PROBE   | IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ    | No Auth Required |  |  |  |  |
| 87487 | CHYLM D PNEUM DNA QUANT       | IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION        | No Auth Required |  |  |  |  |
| 87490 | CHYLM D TRACH DNA DIR PROBE   | IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ      | No Auth Required |  |  |  |  |
| 87491 | CHYLM D TRACH DNA AMP PROBE   | IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ   | No Auth Required |  |  |  |  |
| 87492 | CHYLM D TRACH DNA QUANT       | IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION       | No Auth Required |  |  |  |  |
| 87493 | C DIFF AMPLIFIED PROBE        | INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE | No Auth Required |  |  |  |  |
| 87495 | CYTOMEG DNA DIR PROBE         | IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ            | No Auth Required |  |  |  |  |
| 87496 | CYTOMEG DNA AMP PROBE         | IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ         | No Auth Required |  |  |  |  |
| 87497 | CYTOMEG DNA QUANT             | IADNA CYTOMEGALOVIRUS QUANTIFICATION             | No Auth Required |  |  |  |  |
| 87498 | ENTEROVIRUS PROBE&REVR S TRNS | IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP | No Auth Required |  |  |  |  |
| 87500 | VANOMYCIN DNA AMP PROBE       | INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE   | No Auth Required |  |  |  |  |
| 87501 | INFLUENZA DNA AMP PROB 1+     | INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE       | No Auth Required |  |  |  |  |
| 87502 | INFLUENZA DNA AMP PROBE       | INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES   | No Auth Required |  |  |  |  |
| 87503 | INFLUENZA DNA AMP PROB ADDL   | NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL    | No Auth Required |  |  |  |  |
| 87505 | NFCT AGENT DETECTION GI       | NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN     | No Auth Required |  |  |  |  |
| 87506 | IADNA-DNA/RNA PROBE TQ 6-11   | IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11   | No Auth Required |  |  |  |  |
| 87507 | IADNA-DNA/RNA PROBE TQ 12-25  | IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25  | No Auth Required |  |  |  |  |
| 87510 | GARDNER VAG DNA DIR PROBE     | IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ      | No Auth Required |  |  |  |  |
| 87511 | GARDNER VAG DNA AMP PROBE     | IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ   | No Auth Required |  |  |  |  |
| 87512 | GARDNER VAG DNA QUANT         | IADNA GARDNERELLA VAGINALIS QUANTIFICATION       | No Auth Required |  |  |  |  |
| 87516 | HEPATITIS B DNA AMP PROBE     | IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ       | No Auth Required |  |  |  |  |
| 87517 | HEPATITIS B DNA QUANT         | IADNA HEPATITIS B VIRUS QUANTIFICATION           | No Auth Required |  |  |  |  |
| 87520 | HEPATITIS C RNA DIR PROBE     | IADNA HEPATITIS C DIRECT PROBE TECHNIQUE         | No Auth Required |  |  |  |  |
| 87521 | HEPATITIS C PROBE&RVRS TRNSC  | IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR | No Auth Required |  |  |  |  |
| 87522 | HEPATITIS C REVR S TRNSCRPJ   | IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION  | No Auth Required |  |  |  |  |
| 87525 | HEPATITIS G DNA DIR PROBE     | IADNA HEPATITIS G DIRECT PROBE TECHNIQUE         | No Auth Required |  |  |  |  |
| 87526 | HEPATITIS G DNA AMP PROBE     | IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE      | No Auth Required |  |  |  |  |
| 87527 | HEPATITIS G DNA QUANT         | IADNA HEPATITIS G QUANTIFICATION                 | No Auth Required |  |  |  |  |
| 87528 | HSV DNA DIR PROBE             | IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ        | No Auth Required |  |  |  |  |
| 87529 | HSV DNA AMP PROBE             | IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ     | No Auth Required |  |  |  |  |
| 87530 | HSV DNA QUANT                 | IADNA HERPES SOMPLX VIRUS QUANTIFICATION         | No Auth Required |  |  |  |  |
| 87531 | HHV-6 DNA DIR PROBE           | IADNA HERPES VIRUS-6 DIRECT PROBE TQ             | No Auth Required |  |  |  |  |
| 87532 | HHV-6 DNA AMP PROBE           | IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ          | No Auth Required |  |  |  |  |
| 87533 | HHV-6 DNA QUANT               | IADNA HERPES VIRUS-6 QUANTIFICATION              | No Auth Required |  |  |  |  |
| 87534 | HIV-1 DNA DIR PROBE           | IADNA HIV-1 DIRECT PROBE TECHNIQUE               | No Auth Required |  |  |  |  |
| 87535 | HIV-1 PROBE&REVERSE TRNSCRPJ  | IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCR PJ | No Auth Required |  |  |  |  |
| 87536 | HIV-1 QUANT&REVRSE TRNSCRPJ   | IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION        | No Auth Required |  |  |  |  |
| 87537 | HIV-2 DNA DIR PROBE           | IADNA HIV-2 DIRECT PROBE TECHNIQUE               | No Auth Required |  |  |  |  |
| 87538 | HIV-2 PROBE&REVRSE TRNSCRPJ   | IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ | No Auth Required |  |  |  |  |
| 87539 | HIV-2 QUANT&REVRSE TRNSCRPJ   | IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION        | No Auth Required |  |  |  |  |
| 87540 | LEGION PNEUMO DNA DIR PROB    | IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ     | No Auth Required |  |  |  |  |
| 87541 | LEGION PNEUMO DNA AMP PROB    | IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ  | No Auth Required |  |  |  |  |
| 87542 | LEGION PNEUMO DNA QUANT       | IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION      | No Auth Required |  |  |  |  |
| 87550 | MYCOBACTERIA DNA DIR PROBE    | IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ       | No Auth Required |  |  |  |  |
| 87551 | MYCOBACTERIA DNA AMP PROBE    | IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ    | No Auth Required |  |  |  |  |
| 87552 | MYCOBACTERIA DNA QUANT        | IADNA MYCOBACTERIA SPECIES QUANTIFICATION        | No Auth Required |  |  |  |  |
| 87555 | M.TUBERCULO DNA DIR PROBE     | IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB          | No Auth Required |  |  |  |  |
| 87556 | M.TUBERCULO DNA AMP PROBE     | IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB          | No Auth Required |  |  |  |  |
| 87557 | M.TUBERCULO DNA QUANT         | IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION   | No Auth Required |  |  |  |  |
| 87560 | M.AVIUM-INTRA DNA DIR PROB    | IADNA MYCOBACTERIA AVIUM-INTRA CLRE DIR PRB      | No Auth Required |  |  |  |  |
| 87561 | M.AVIUM-INTRA DNA AMP PROB    | IADNA MYCOBACTERIA AVIUM-INTRA CLRE AMP PRB      | No Auth Required |  |  |  |  |



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| 87562 | M.AVIUM-INTRA DNA QUANT      | IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT    | No Auth Required       |                   |  |                      |
| 87563 | M. GENITALIUM AMP PROBE      | IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH | No Auth Required       |                   |  |                      |
| 87580 | M.PNEUMON DNA DIR PROBE      | IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ        | No Auth Required       |                   |  |                      |
| 87581 | M.PNEUMON DNA AMP PROBE      | IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ     | No Auth Required       |                   |  |                      |
| 87582 | M.PNEUMON DNA QUANT          | IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION         | No Auth Required       |                   |  |                      |
| 87590 | N.GONORRHOEAE DNA DIR PROB   | IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ      | No Auth Required       |                   |  |                      |
| 87591 | N.GONORRHOEAE DNA AMP PROB   | IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ   | No Auth Required       |                   |  |                      |
| 87592 | N.GONORRHOEAE DNA QUANT      | IADNA NEISSERIA GONORRHOEAE QUANTIFICATION       | No Auth Required       |                   |  |                      |
| 87623 | HPV LOW-RISK TYPES           | IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES        | No Auth Required       |                   |  |                      |
| 87624 | HPV HIGH-RISK TYPES          | IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES       | No Auth Required       |                   |  |                      |
| 87625 | HPV TYPES 16 & 18 ONLY       | IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY    | No Auth Required       |                   |  |                      |
| 87631 | RESP VIRUS 3-5 TARGETS       | IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS  | No Auth Required       |                   |  |                      |
| 87632 | RESP VIRUS 6-11 TARGETS      | IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS | No Auth Required       |                   |  |                      |
| 87633 | RESP VIRUS 12-25 TARGETS     | IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET | No Auth Required       |                   |  |                      |
| 87634 | RSV DNA/RNA AMP PROBE        | IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE      | No Auth Required       |                   |  |                      |
| 87640 | STAPH A DNA AMP PROBE        | IADNA S AUREUS AMPLIFIED PROBE TQ                | No Auth Required       |                   |  |                      |
| 87641 | MR-STAPH DNA AMP PROBE       | IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ   | No Auth Required       |                   |  |                      |
| 87650 | STREP A DNA DIR PROBE        | IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ      | No Auth Required       |                   |  |                      |
| 87651 | STREP A DNA AMP PROBE        | IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ   | No Auth Required       |                   |  |                      |
| 87652 | STREP A DNA QUANT            | IADNA STREPTOCOCCUS GROUP A QUANTIFICATION       | No Auth Required       |                   |  |                      |
| 87653 | STREP B DNA AMP PROBE        | IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ   | No Auth Required       |                   |  |                      |
| 87660 | TRICHOMONAS VAGIN DIR PROBE  | IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ      | No Auth Required       |                   |  |                      |
| 87661 | TRICHOMONAS VAGINALIS AMPLIF | IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH | No Auth Required       |                   |  |                      |
| 87662 | ZIKA VIRUS DNA/RNA AMP PROBE | IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ      | No Auth Required       |                   |  |                      |
| 87797 | DETECT AGENT NOS DNA DIR     | IADNA NOS DIRECT PROBE TQ EACH ORGANISM          | No Auth Required       |                   |  |                      |
| 87798 | DETECT AGENT NOS DNA AMP     | IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM       | No Auth Required       |                   |  |                      |
| 87799 | DETECT AGENT NOS DNA QUANT   | IADNA NOS QUANTIFICATION EACH ORGANISM           | No Auth Required       |                   |  |                      |
| 87800 | DETECT AGNT MULT DNA DIREC   | IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ         | No Auth Required       |                   |  |                      |
| 87801 | DETECT AGNT MULT DNA AMPLI   | IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ      | No Auth Required       |                   |  |                      |
| 87802 | STREP B ASSAY W/OPTIC        | IAADIADOO STREPTOCOCCUS GROUP B                  | No Auth Required       |                   |  |                      |
| 87803 | CLOSTRIDIUM TOXIN A W/OPTIC  | IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN            | No Auth Required       |                   |  |                      |
| 87804 | INFLUENZA ASSAY W/OPTIC      | IAADIADOO INFLUENZA                              | No Auth Required       |                   |  |                      |
| 87806 | HIV ANTIGEN W/HIV ANTIBODIES | IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES  | No Auth Required       |                   |  |                      |
| 87807 | RSV ASSAY W/OPTIC            | IAADIADOO RESPIRATORY SYNCTIAL VIRUS             | No Auth Required       |                   |  |                      |
| 87808 | TRICHOMONAS ASSAY W/OPTIC    | IAADIADOO TRICHOMONAS VAGINALIS                  | No Auth Required       |                   |  |                      |
| 87809 | ADENOVIRUS ASSAY W/OPTIC     | INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS  | No Auth Required       |                   |  |                      |
| 87810 | CHYLMD TRACH ASSAY W/OPTIC   | CHLAMYDIA TRACHOMATIS                            | No Auth Required       |                   |  |                      |
| 87811 | SARS-COV-2 COVID19 W/OPTIC   | IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS     | No Auth Required       |                   |  |                      |
| 87850 | N. GONORRHOEAE ASSAY W/OPTIC | IAADIADOO NEISSERIA GONORRHOEAE                  | No Auth Required       |                   |  |                      |
| 87880 | STREP A ASSAY W/OPTIC        | IAADIADOO STREPTOCOCCUS GROUP A                  | No Auth Required       |                   |  |                      |
| 87899 | AGENT NOS ASSAY W/OPTIC      | IAADIADOO NOT OTHERWISE SPECIFIED                | No Auth Required       |                   |  |                      |
| 87900 | PHENOTYPE INFECT AGENT DRUG  | NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION       | No Auth Required       |                   |  |                      |
| 87901 | GENOTYPE DNA HIV REVERSE T   | NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS   | No Auth Required       |                   |  |                      |
| 87902 | GENOTYPE DNA/RNA HEP C       | NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS | No Auth Required       |                   |  |                      |
| 87903 | PHENOTYPE DNA HIV W/CULTURE  | NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | No Auth Required       |                   |  |                      |
| 87904 | PHENOTYPE DNA HIV W/CLT ADD  | NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG     | No Auth Required       |                   |  |                      |
| 87905 | SIALIDASE ENZYME ASSAY       | INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS    | No Auth Required       |                   |  |                      |
| 87906 | GENOTYPE DNA/RNA HIV         | NFCT GEXYP DNA/RNA HIV 1 OTHER REGION            | No Auth Required       |                   |  |                      |
| 87910 | GENOTYPE CYTOMEGALOVIRUS     | NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS   | No Auth Required       |                   |  |                      |
| 87912 | GENOTYPE DNA HEPATITIS B     | NFCT AGENT GENOTYPE HEPATITIS B VIRUS            | No Auth Required       |                   |  |                      |
| 87999 | MICROBIOLOGY PROCEDURE       | UNLISTED MICROBIOLOGY                            | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| 88000 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAMINATION ONLY W/O CNS          | No Auth Required       |                   |  |                      |
| 88005 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAMINATION W/BRAIN               | No Auth Required       |                   |  |                      |

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| 88007 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD   | No Auth Required       |  |  |                      |
| 88012 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAMINATION INFANT W/BRAIN        | No Auth Required       |  |  |                      |
| 88014 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN    | No Auth Required       |  |  |                      |
| 88016 | AUTOPSY (NECROPSY) GROSS     | NECROPSY GROSS EXAM MACERATED STILLBORN          | No Auth Required       |  |  |                      |
| 88020 | AUTOPSY (NECROPSY) COMPLETE  | NECROPSY GROSS & MICROSCOPIC W/O CNS             | No Auth Required       |  |  |                      |
| 88025 | AUTOPSY (NECROPSY) COMPLETE  | NECROPSY GROSS & MICROSCOPIC W/BRAIN             | No Auth Required       |  |  |                      |
| 88027 | AUTOPSY (NECROPSY) COMPLETE  | NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD        | No Auth Required       |  |  |                      |
| 88028 | AUTOPSY (NECROPSY) COMPLETE  | NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN      | No Auth Required       |  |  |                      |
| 88029 | AUTOPSY (NECROPSY) COMPLETE  | NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN    | No Auth Required       |  |  |                      |
| 88036 | LIMITED AUTOPSY              | NECROPSY LIMITED GROSS&/MCRSCP REGIONAL          | No Auth Required       |  |  |                      |
| 88037 | LIMITED AUTOPSY              | NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN       | No Auth Required       |  |  |                      |
| 88040 | FORENSIC AUTOPSY (NECROPSY)  | NECROPSY FORENSIC EXAMINATION                    | No Auth Required       |  |  |                      |
| 88045 | CORONERS AUTOPSY (NECROPSY)  | NECROPSY CORONER CALL                            | No Auth Required       |  |  |                      |
| 88099 | NECROPSY (AUTOPSY) PROCEDURE | UNLISTED NECROPSY PROCEDURE                      | Authorization Required | Pathology and Lab                      |  | Full Clinical Review |
| 88104 | CYTOPATH FL NONGYN SMEARS    | CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ  | No Auth Required       |  |  |                      |
| 88106 | CYTOPATH FL NONGYN FILTER    | CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ | No Auth Required       |  |  |                      |
| 88108 | CYTOPATH CONCENTRATE TECH    | CYTP CONCENTRATION SMEARS & INTERPRETATION       | No Auth Required       |  |  |                      |
| 88112 | CYTOPATH CELL ENHANCE TECH   | CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V     | No Auth Required       |  |  |                      |
| 88120 | CYTP URNE 3-5 PROBES EA SPEC | CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL  | No Auth Required       |  |  |                      |
| 88121 | CYTP URINE 3-5 PROBES CMPTR  | CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA  | No Auth Required       |  |  |                      |
| 88125 | FORENSIC CYTOPATHOLOGY       | CYTOPATHOLOGY FORENSIC                           | No Auth Required       |  |  |                      |
| 88130 | SEX CHROMATIN IDENTIFICATION | SEX CHROMATIN IDENTIFICATION BARR BODIES         | No Auth Required       |  |  |                      |
| 88140 | SEX CHROMATIN IDENTIFICATION | SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR      | No Auth Required       |  |  |                      |
| 88141 | CYTOPATH C/V INTERPRET       | CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN       | No Auth Required       |  |  |                      |
| 88142 | CYTOPATH C/V THIN LAYER      | CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN    | No Auth Required       |  |  |                      |
| 88143 | CYTOPATH C/V THIN LAYER REDO | CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS        | No Auth Required       |  |  |                      |
| 88147 | CYTOPATH C/V AUTOMATED       | CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV     | No Auth Required       |  |  |                      |
| 88148 | CYTOPATH C/V AUTO RESCREEN   | CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS        | No Auth Required       |  |  |                      |
| 88150 | CYTOPATH C/V MANUAL          | CYTP SLIDES C/V MNL SCR UNDER PHYS               | No Auth Required       |  |  |                      |
| 88152 | CYTOPATH C/V AUTO REDO       | CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS          | No Auth Required       |  |  |                      |
| 88153 | CYTOPATH C/V REDO            | CYTP SLIDES C/V MNL SCR&RESCR PHYS               | No Auth Required       |  |  |                      |
| 88155 | CYTOPATH C/V INDEX ADD-ON    | CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL         | No Auth Required       |  |  |                      |
| 88160 | CYTOPATH SMEAR OTHER SOURCE  | CYTP SMRS ANY OTH SRC SCR&INTERPJ                | No Auth Required       |  |  |                      |
| 88161 | CYTOPATH SMEAR OTHER SOURCE  | CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ          | No Auth Required       |  |  |                      |
| 88162 | CYTOPATH SMEAR OTHER SOURCE  | CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES       | No Auth Required       |  |  |                      |
| 88164 | CYTOPATH TBS C/V MANUAL      | CYTP SLIDES CERV/VAG MNL SCRNL PHYSICIAN SUPV    | No Auth Required       |  |  |                      |
| 88165 | CYTOPATH TBS C/V REDO        | CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV          | No Auth Required       |  |  |                      |
| 88166 | CYTOPATH TBS C/V AUTO REDO   | CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV     | No Auth Required       |  |  |                      |
| 88167 | CYTOPATH TBS C/V SELECT      | CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I      | No Auth Required       |  |  |                      |
| 88172 | CYTP DX EVAL FNA 1ST EA SITE | CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST  | No Auth Required       |  |  |                      |
| 88173 | CYTOPATH EVAL FNA REPORT     | CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT   | No Auth Required       |  |  |                      |
| 88174 | CYTOPATH C/V AUTO IN FLUID   | CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS        | No Auth Required       |  |  |                      |
| 88175 | CYTOPATH C/V AUTO FLUID REDO | CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS  | No Auth Required       |  |  |                      |
| 88177 | CYTP FNA EVAL EA ADDL        | CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL | No Auth Required       |  |  |                      |
| 88187 | FLOWCYTOMETRY/READ 2-8       | FLOW CYTOMETRY INTERPJ 2-8 MARKERS               | No Auth Required       |  |  |                      |
| 88188 | FLOWCYTOMETRY/READ 9-15      | FLOW CYTOMETRY INTERPJ 9-15 MARKERS              | No Auth Required       |  |  |                      |
| 88189 | FLOWCYTOMETRY/READ 16 & >    | FLOW CYTOMETRY INTERPRETATION 16/> MARKERS       | No Auth Required       |  |  |                      |
| 88199 | CYTOPATHOLOGY PROCEDURE      | UNLISTED CYTOPATHOLOGY PROCEDURE                 | Authorization Required | Pathology and Lab - surgical pathology |  | Full Clinical Review |
| 88245 | CHROMOSOME ANALYSIS 20-25    | CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL        | Authorization Required | Genetic testing and counseling         |  | Full Clinical Review |
| 88248 | CHROMOSOME ANALYSIS 50-100   | CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL     | Authorization Required | Genetic testing and counseling         |  | Full Clinical Review |
| 88249 | CHROMOSOME ANALYSIS 100      | CHRMSM BREAKAGE SYNDS SCORE 100 CLL              | Authorization Required | Genetic testing and counseling         |  | Full Clinical Review |
| 88261 | CHROMOSOME ANALYSIS 5        | CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING           | Authorization Required | Genetic testing and counseling         |  | Full Clinical Review |
| 88262 | CHROMOSOME ANALYSIS 15-20    | CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING         | Authorization Required | Genetic testing and counseling         |  | Full Clinical Review |

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| 88263 | CHROMOSOME ANALYSIS 45       | CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE        | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88264 | CHROMOSOME ANALYSIS 20-25    | CHRMSM ANALYZE 20-25 CELLS                       | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88267 | CHROMOSOME ANALYS PLACENTA   | CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE   | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88269 | CHROMOSOME ANALYS AMNIOTIC   | CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88271 | CYTOGENETICS DNA PROBE       | MOLECULAR CYTOGENETICS DNA PROBE EACH            | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88272 | CYTOGENETICS 3-5             | MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS     | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88273 | CYTOGENETICS 10-30           | MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL     | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88274 | CYTOGENETICS 25-99           | MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL  | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88275 | CYTOGENETICS 100-300         | MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL    | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88280 | CHROMOSOME KARYOTYPE STUDY   | CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY         | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88283 | CHROMOSOME BANDING STUDY     | CHRMSM ANALYSIS ADDL SPECIALIZED BANDING         | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88285 | CHROMOSOME COUNT ADDITIONAL  | CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY    | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88289 | CHROMOSOME STUDY ADDITIONAL  | CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY       | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88291 | CYTO/MOLECULAR REPORT        | CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP       | Authorization Required | Genetic testing and counseling          |  | Full Clinical Review |  |
| 88299 | CYTOGENETIC STUDY            | UNLISTED CYTOGENETIC STUDY                       | Authorization Required | Pathology and Lab - cytogenetic studies |  | Full Clinical Review |  |
| 88300 | SURGICAL PATH GROSS          | LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY    | No Auth Required       |   |  |                      |  |
| 88302 | TISSUE EXAM BY PATHOLOGIST   | LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM   | No Auth Required       |   |  |                      |  |
| 88304 | TISSUE EXAM BY PATHOLOGIST   | LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM  | No Auth Required       |   |  |                      |  |
| 88305 | TISSUE EXAM BY PATHOLOGIST   | LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM   | No Auth Required       |   |  |                      |  |
| 88307 | TISSUE EXAM BY PATHOLOGIST   | LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM    | No Auth Required       |   |  |                      |  |
| 88309 | TISSUE EXAM BY PATHOLOGIST   | LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM   | No Auth Required       |   |  |                      |  |
| 88311 | DECALCIFY TISSUE             | DECALCIFICATION PROCEDURE                        | No Auth Required       |   |  |                      |  |
| 88312 | SPECIAL STAINS GROUP 1       | SPECIAL STAIN GROUP 1 MICROORGANISMS I&R         | No Auth Required       |   |  |                      |  |
| 88313 | SPECIAL STAINS GROUP 2       | SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT       | No Auth Required       |   |  |                      |  |
| 88314 | HISTOCHEMICAL STAINS ADD-ON  | SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU   | No Auth Required       |   |  |                      |  |
| 88319 | ENZYME HISTOCHEMISTRY        | SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS   | No Auth Required       |   |  |                      |  |
| 88321 | MICROSLIDE CONSULTATION      | CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE          | No Auth Required       |   |  |                      |  |
| 88323 | MICROSLIDE CONSULTATION      | CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES    | No Auth Required       |   |  |                      |  |
| 88325 | COMPREHENSIVE REVIEW OF DATA | CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL       | No Auth Required       |   |  |                      |  |
| 88329 | PATH CONSULT INTROP          | PATHOLOGY CONSULTATION DURING SURGERY            | No Auth Required       |   |  |                      |  |
| 88331 | PATH CONSULT INTRAOP 1 BLOC  | PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC     | No Auth Required       |   |  |                      |  |
| 88332 | PATH CONSULT INTRAOP ADDL    | PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION     | No Auth Required       |   |  |                      |  |
| 88333 | INTRAOP CYTO PATH CONSULT 1  | PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE    | No Auth Required       |   |  |                      |  |
| 88334 | INTRAOP CYTO PATH CONSULT 2  | PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE       | No Auth Required       |   |  |                      |  |
| 88341 | IMMUNOHISTO ANTB ADDL SLIDE  | IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE        | No Auth Required       |   |  |                      |  |
| 88342 | IMMUNOHISTO ANTB 1ST STAIN   | IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE  | No Auth Required       |   |  |                      |  |
| 88344 | IMMUNOHISTO ANTIBODY SLIDE   | IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE   | No Auth Required       |   |  |                      |  |
| 88346 | IMMUNOFLUOR ANTB 1ST STAIN   | IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN | No Auth Required       |   |  |                      |  |
| 88348 | ELECTRON MICROSCOPY          | ELECTRON MICROSCOPY DIAGNOSTIC                   | No Auth Required       |   |  |                      |  |
| 88350 | IMMUNOFLUOR ANTB ADDL STAIN  | IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN | No Auth Required       |   |  |                      |  |
| 88355 | ANALYSIS SKELETAL MUSCLE     | MORPHOMETRIC ANALYSIS SKELETAL MUSCLE            | No Auth Required       |   |  |                      |  |
| 88356 | ANALYSIS NERVE               | MORPHOMETRIC ANALYSIS NERVE                      | No Auth Required       |   |  |                      |  |
| 88358 | ANALYSIS TUMOR               | MORPHOMETRIC ANALYSIS TUMOR                      | No Auth Required       |   |  |                      |  |
| 88362 | NERVE TEASING PREPARATIONS   | NERVE TEASING PREPARATIONS                       | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88364 | INSITU HYBRIDIZATION (FISH)  | IN SITU HYBRIDIZATION EA ADDL PROBE STAIN        | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88365 | INSITU HYBRIDIZATION (FISH)  | IN SITU HYBRIDIZATION 1ST PROBE STAIN            | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88366 | INSITU HYBRIDIZATION (FISH)  | IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN   | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88367 | INSITU HYBRIDIZATION AUTO    | M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88377 | M/PHMTRC ALYS ISHQUANT/SEMIQ | M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB  | Authorization Required | Pathology and Lab - surgical pathology  |  | Full Clinical Review |  |
| 88380 | MICRODISSECTION LASER        | MICRODISSECTION PREP IDENTIFIED TARGET LASER     | No Auth Required       |   |  |                      |  |
| 88381 | MICRODISSECTION MANUAL       | MICRODISSECTION PREP IDENTIFIED TARGET MANUAL    | No Auth Required       |   |  |                      |  |
| 88387 | TISS EXAM MOLECULAR STUDY    | MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA     | No Auth Required       |   |  |                      |  |
| 88388 | TISS EX MOLEcul STUDY ADD-ON | MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE   | No Auth Required       |   |  |                      |  |

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| 88399 | SURGICAL PATHOLOGY PROCEDURE | UNLISTED SURGICAL PATHOLOGY PROCEDURE             | Authorization Required | Pathology and Lab - surgical pathology               |  | Full Clinical Review |  |
| 88720 | BILIRUBIN TOTAL TRANSCUT     | BILIRUBIN TOTAL TRANSCUTANEOUS                    | No Auth Required       |  |  |                      |  |
| 88738 | HGB QUANT TRANSCUTANEOUS     | HGB QUANTITATIVE TRANSCUTANEOUS                   | No Auth Required       |  |  |                      |  |
| 88740 | TRANSCUTANEOUS CARBOXYHB     | HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN      | No Auth Required       |  |  |                      |  |
| 88741 | TRANSCUTANEOUS METHB         | HEMOGLOBIN QUANTITATIVE TC PER DAY METHHEMOGLOBIN | No Auth Required       |  |  |                      |  |
| 88749 | IN VIVO LAB SERVICE          | UNLISTED IN VIVO LABORATORY SERVICE               | Authorization Required | Pathology and Lab                                    |  | Full Clinical Review |  |
| 89049 | CHCT FOR MAL HYPERTHERMIA    | CAFFEINE HALOTHANE CONTRACTURE TEST               | No Auth Required       |  |  |                      |  |
| 89050 | BODY FLUID CELL COUNT        | CELL COUNT MISCELLANEOUS BODY FLUIDS              | No Auth Required       |  |  |                      |  |
| 89051 | BODY FLUID CELL COUNT        | CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT  | No Auth Required       |  |  |                      |  |
| 89055 | LEUKOCYTE ASSESSMENT FECAL   | LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE       | No Auth Required       |  |  |                      |  |
| 89060 | EXAM SYNOVIAL FLUID CRYSTALS | CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID   | No Auth Required       |  |  |                      |  |
| 89125 | SPECIMEN FAT STAIN           | FAT STAIN FECES URINE/RESPIR SECRETIONS           | No Auth Required       |  |  |                      |  |
| 89160 | EXAM FECES FOR MEAT FIBERS   | MEAT FIBERS FECES                                 | No Auth Required       |  |  |                      |  |
| 89190 | NASAL SMEAR FOR EOSINOPHILS  | NASAL SMEAR EOSINOPHILS                           | No Auth Required       |  |  |                      |  |
| 89220 | SPUTUM SPECIMEN COLLECTION   | SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX      | No Auth Required       |  |  |                      |  |
| 89230 | COLLECT SWEAT FOR TEST       | SWEAT COLLECTION IONTOPHORESIS                    | No Auth Required       |  |  |                      |  |
| 89240 | PATHOLOGY LAB PROCEDURE      | UNLIS MISC PATH                                   | Authorization Required | Pathology and Lab                                    |  | Full Clinical Review |  |
| 89250 | CULTR OOCYTE/EMBRYO <4 DAYS  | CUL OOCYTE/EMBRYO <4 DAYS                         | No Auth Required       |  |  |                      |  |
| 89251 | CULTR OOCYTE/EMBRYO <4 DAYS  | CUL OOCYTE/EMBRYO < 4 D CO-CULT OOCYTE/EMBRYO     | No Auth Required       |  |  |                      |  |
| 89253 | EMBRYO HATCHING              | ASSTD EMBRYO HATCHING MICROTOS ANY METH           | No Auth Required       |  |  |                      |  |
| 89254 | OOCYTE IDENTIFICATION        | OOCYTE ID FROM FOLLICULAR FLU                     | No Auth Required       |  |  |                      |  |
| 89255 | PREPARE EMBRYO FOR TRANSFER  | PREPJ EMBRYO TR                                   | No Auth Required       |  |  |                      |  |
| 89257 | SPERM IDENTIFICATION         | SPRM ID FROM ASPIR OTH/THN SEMINAL                | No Auth Required       |  |  |                      |  |
| 89258 | CRYOPRESERVATION EMBRYO(S)   | CRYOPRSRV EMBRYO                                  | No Auth Required       |  |  |                      |  |
| 89259 | CRYOPRESERVATION SPERM       | CRYOPRSRV SPRM                                    | No Auth Required       |  |  |                      |  |
| 89260 | SPERM ISOLATION SIMPLE       | SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS    | No Auth Required       |  |  |                      |  |
| 89261 | SPERM ISOLATION COMPLEX      | SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS    | No Auth Required       |  |  |                      |  |
| 89264 | IDENTIFY SPERM TISSUE        | SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD           | No Auth Required       |  |  |                      |  |
| 89268 | INSEMINATION OF OOCYTES      | INSEMINATION OOCYTES                              | No Auth Required       |  |  |                      |  |
| 89272 | EXTENDED CULTURE OF OOCYTES  | EXTND CUL OOCYTE/EMBRYO 4-7 DAYS                  | No Auth Required       |  |  |                      |  |
| 89280 | ASSIST OOCYTE FERTILIZATION  | ASSTD FERTILIZATION MICROTQ </= 10 OOCYTES        | No Auth Required       |  |  |                      |  |
| 89281 | ASSIST OOCYTE FERTILIZATION  | ASSTD FERTILIZATION MICROTQ > 10 OOCYTES          | No Auth Required       |  |  |                      |  |
| 89290 | BIOPSY OOCYTE POLAR BODY     | BX OOCYTE MICROTQ </= 5 EMBRY                     | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89291 | BIOPSY OOCYTE POLAR BODY     | BX OOCYTE MICROTQ >5 EMBRY                        | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89325 | SPERM ANTIBODY TEST          | SPERM ANTIBODIES                                  | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89329 | SPERM EVALUATION TEST        | SPERM EVALUATION HAMSTER PENETRATION TEST         | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89330 | EVALUATION CERVICAL MUCUS    | SPERM EVALUATION CERVICAL MUCOUS PENETRATION      | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89331 | RETROGRADE EJACULATION ANAL  | SPERM EVALUATION RETROGRADE EJACULATION URINE     | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 89335 | CRYOPRESERVE TESTICULAR TISS | CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR          | No Auth Required       |  |  |                      |  |
| 89337 | CRYOPRESERVATION OOCYTE(S)   | CRYOPRESERVATION MATURE OOCYTE(S)                 | No Auth Required       |  |  |                      |  |
| 89342 | STORAGE/YEAR EMBRYO(S)       | STORAGE PER YEAR EMBRYO                           | No Auth Required       |  |  |                      |  |
| 89343 | STORAGE/YEAR SPERM/SEMEN     | STORAGE PER YEAR SPERM/SEMEN                      | No Auth Required       |  |  |                      |  |
| 89344 | STORAGE/YEAR REPROD TISSUE   | STORAGE PER YR REPRDVE TISS TSTICULAR/OVARIAN     | No Auth Required       |  |  |                      |  |
| 89346 | STORAGE/YEAR OOCYTE(S)       | STORAGE PER YEAR OOCYTE                           | No Auth Required       |  |  |                      |  |
| 89352 | THAWING CRYOPRESERVED EMBRYO | THAWING CRYOPRESERVED EMBRYO                      | No Auth Required       |  |  |                      |  |
| 89353 | THAWING CRYOPRESERVED SPERM  | THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT    | No Auth Required       |  |  |                      |  |
| 89354 | THAW CRYOPRSVRD REPROD TISS  | THAWING CRYOPRESERVED TESTICULAR/OVARIAN          | No Auth Required       |  |  |                      |  |
| 89356 | THAWING CRYOPRESERVED OOCYTE | THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT        | No Auth Required       |  |  |                      |  |
| 89398 | UNLISTED REPROD MED LAB PROC | UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE      | Authorization Required | Pathology and Lab - reproductive medicine procedures |  | Full Clinical Review |  |
| 90281 | HUMAN IG IM                  | IMMUNE GLOBULIN IG HUMAN IM USE                   | Authorization Required | Drug Administration                                  |  | Full Clinical Review |  |
| 90283 | HUMAN IG IV                  | IMMUNE GLOBULIN IGIV HUMAN IV USE                 | Authorization Required | Drug Administration                                  |  | Full Clinical Review |  |
| 90284 | HUMAN IG SC                  | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA     | Authorization Required | Drug Administration                                  |  | Full Clinical Review |  |
| 90287 | BOTULINUM ANTITOXIN          | BOTULINUM ANTITOXIN EQUINE ANY ROUTE              | No Auth Required       |  |  |                      |  |
| 90288 | BOTULISM IG IV               | BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE    | No Auth Required       |  |  |                      |  |

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| 90291 | CMV IG IV                    | CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV         | No Auth Required       |                     |  |                      |
| 90296 | DIPHTHERIA ANTITOXIN         | DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE            | No Auth Required       |                     |  |                      |
| 90371 | HEP B IG IM                  | HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM        | No Auth Required       |                     |  |                      |
| 90375 | RABIES IG IM/SC              | RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ         | No Auth Required       |                     |  |                      |
| 90376 | RABIES IG HEAT TREATED       | RABIES IG HEAT-TREATED HUMAN IM/SUBQ             | No Auth Required       |                     |  |                      |
| 90378 | RSV MAB IM 50MG              | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E        | Authorization Required | Drug Administration |  | Full Clinical Review |
| 90384 | RH IG FULL-DOSE IM           | RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM        | No Auth Required       |                     |  |                      |
| 90385 | RH IG MINIDOSE IM            | RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM        | No Auth Required       |                     |  |                      |
| 90386 | RH IG IV                     | RHO(D) IMMUNE GLOBULIN HUMAN IV                  | No Auth Required       |                     |  |                      |
| 90389 | TETANUS IG IM                | TETANUS IMMUNE GLOBULIN TIG HUMAN IM             | No Auth Required       |                     |  |                      |
| 90393 | VACCINA IG IM                | VACCINIA IMMUNE GLOBULIN HUMAN IM                | No Auth Required       |                     |  |                      |
| 90396 | VARICELLA-ZOSTER IG IM       | VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM        | No Auth Required       |                     |  |                      |
| 90399 | IMMUNE GLOBULIN              | UNLISTED IMMUNE GLOBULIN                         | Authorization Required | Drug Administration |  | Full Clinical Review |
| 90460 | IM ADMIN 1ST/ONLY COMPONENT  | IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX  | No Auth Required       |                     |  |                      |
| 90461 | IM ADMIN EACH ADDL COMPONENT | IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT      | No Auth Required       |                     |  |                      |
| 90471 | IMMUNIZATION ADMIN           | IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE             | No Auth Required       |                     |  |                      |
| 90472 | IMMUNIZATION ADMIN EACH ADD  | IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE            | No Auth Required       |                     |  |                      |
| 90473 | IMMUNE ADMIN ORAL/NASAL      | IM ADM INTRANSL/ORAL 1 VACCINE                   | No Auth Required       |                     |  |                      |
| 90474 | IMMUNE ADMIN ORAL/NASAL ADDL | IM ADM INTRANSL/ORAL EA VACCINE                  | No Auth Required       |                     |  |                      |
| 90476 | ADENOVIRUS VACCINE TYPE 4    | ADENOVIRUS VACCINE TYPE 4 LIVE ORAL              | No Auth Required       |                     |  |                      |
| 90477 | ADENOVIRUS VACCINE TYPE 7    | ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL          | No Auth Required       |                     |  |                      |
| 90581 | ANTHRAX VACCINE SC OR IM     | ANTHRAX VACCINE SUBCUTANEOUS/IM USE              | No Auth Required       |                     |  |                      |
| 90585 | BCG VACCINE PERCUT           | BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ   | No Auth Required       |                     |  |                      |
| 90586 | BCG VACCINE INTRAVESICAL     | BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL    | No Auth Required       |                     |  |                      |
| 90587 | DENGUE VACC QUAD 3 DOSE SUBQ | DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE   | No Auth Required       |                     |  |                      |
| 90619 | MENACWY-TT VACCINE IM        | MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE  | No Auth Required       |                     |  |                      |
| 90620 | MENB-4C VACC 2 DOSE IM       | MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM | No Auth Required       |                     |  |                      |
| 90621 | MENB-FHBP VACC 2/3 DOSE IM   | MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM  | No Auth Required       |                     |  |                      |
| 90625 | CHOLERA VACCINE LIVE ORAL    | CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE   | No Auth Required       |                     |  |                      |
| 90630 | FLU VACC IIV4 NO PRESERV ID  | INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID    | No Auth Required       |                     |  |                      |
| 90632 | HEP A VACCINE ADULT IM       | HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE    | No Auth Required       |                     |  |                      |
| 90633 | HEPA VACC PED/ADOL 2 DOSE    | HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE  | No Auth Required       |                     |  |                      |
| 90634 | HEPA VACC PED/ADOL 3 DOSE    | HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE  | No Auth Required       |                     |  |                      |
| 90636 | HEP A/HEP B VACC ADULT IM    | HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM       | No Auth Required       |                     |  |                      |
| 90644 | HIB-MENCY VACCINE 4 DOSE IM  | HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM   | No Auth Required       |                     |  |                      |
| 90647 | HIB PRP-OMP VACC 3 DOSE IM   | HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE       | No Auth Required       |                     |  |                      |
| 90648 | HIB PRP-T VACCINE 4 DOSE IM  | HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE         | No Auth Required       |                     |  |                      |
| 90649 | 4VHPV VACCINE 3 DOSE IM      | 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE         | No Auth Required       |                     |  |                      |
| 90650 | 2VHPV VACCINE 3 DOSE IM      | 2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE         | No Auth Required       |                     |  |                      |
| 90651 | 9VHPV VACCINE 2/3 DOSE IM    | 9VHPV VACC 2/3 DOSE SCHED IM USE                 | No Auth Required       |                     |  |                      |
| 90653 | IIV ADJUVANT VACCINE IM      | IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE     | No Auth Required       |                     |  |                      |
| 90654 | FLU VACC IIV3 NO PRESERV ID  | INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID    | No Auth Required       |                     |  |                      |
| 90655 | IIV3 VACC NO PRSV 0.25 ML IM | IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE      | No Auth Required       |                     |  |                      |
| 90656 | IIV3 VACC NO PRSV 0.5 ML IM  | IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE | No Auth Required       |                     |  |                      |
| 90657 | IIV3 VACCINE SPLT 0.25 ML IM | IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE   | No Auth Required       |                     |  |                      |
| 90658 | IIV3 VACCINE SPLT 0.5 ML IM  | IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE    | No Auth Required       |                     |  |                      |
| 90660 | LAIV3 VACCINE INTRANASAL     | LAIV3 VACCINE LIVE FOR INTRANASAL USE            | No Auth Required       |                     |  |                      |
| 90661 | CCIV3 VAC NO PRSV 0.5 ML IM  | CCIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE    | No Auth Required       |                     |  |                      |
| 90662 | IIV NO PRSV INCREASED AG IM  | IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | No Auth Required       |                     |  |                      |
| 90664 | LAIV VACC PANDEMIC INTRANASL | LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE | No Auth Required       |                     |  |                      |
| 90666 | FLU VAC PANDEM PRSRV FREE IM | INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM    | No Auth Required       |                     |  |                      |
| 90667 | IIV VACC PANDEMIC ADJUVT IM  | IIV VACCINE PANDEMIC ADJUVANT FOR IM USE         | No Auth Required       |                     |  |                      |

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| 90668 | IIV VACCINE PANDEMIC IM       | IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE       | No Auth Required       |                     |  |                      |
| 90670 | PCV13 VACCINE IM              | PCV13 VACCINE FOR INTRAMUSCULAR USE              | No Auth Required       |                     |  |                      |
| 90672 | LAIV4 VACCINE INTRANASAL      | LAIV4 VACCINE FOR INTRANASAL USE                 | No Auth Required       |                     |  |                      |
| 90673 | RIV3 VACCINE NO PRESERV IM    | RIV3 VACCINE PRESERVATIVE FREE FOR IM USE        | No Auth Required       |                     |  |                      |
| 90674 | CCIV4 VAC NO PRSV 0.5 ML IM   | CCIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE    | No Auth Required       |                     |  |                      |
| 90675 | RABIES VACCINE IM             | RABIES VACCINE INTRAMUSCULAR                     | No Auth Required       |                     |  |                      |
| 90676 | RABIES VACCINE ID             | RABIES VACCINE INTRADERMAL                       | No Auth Required       |                     |  |                      |
| 90680 | RV5 VACC 3 DOSE LIVE ORAL     | RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE    | No Auth Required       |                     |  |                      |
| 90681 | RV1 VACC 2 DOSE LIVE ORAL     | RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE    | No Auth Required       |                     |  |                      |
| 90682 | RIV4 VACC RECOMBINANT DNA IM  | RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM  | No Auth Required       |                     |  |                      |
| 90685 | IIV4 VACC NO PRSV 0.25 ML IM  | IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE      | No Auth Required       |                     |  |                      |
| 90686 | IIV4 VACC NO PRSV 0.5 ML IM   | IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE      | No Auth Required       |                     |  |                      |
| 90687 | IIV4 VACCINE SPLT 0.25 ML IM  | IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE     | No Auth Required       |                     |  |                      |
| 90688 | IIV4 VACCINE SPLT 0.5 ML IM   | IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE      | No Auth Required       |                     |  |                      |
| 90689 | VACC IIV4 NO PRSRV 0.25 ML IM | IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE | No Auth Required       |                     |  |                      |
| 90690 | TYPHOID VACCINE ORAL          | TYPHOID VACCINE LIVE ORAL                        | No Auth Required       |                     |  |                      |
| 90691 | TYPHOID VACCINE IM            | TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM    | No Auth Required       |                     |  |                      |
| 90694 | VACC AIIV4 NO PRSRV 0.5ML IM  | AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE | No Auth Required       |                     |  |                      |
| 90696 | DTAP-IPV VACCINE 4-6 YRS IM   | DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE        | No Auth Required       |                     |  |                      |
| 90697 | DTAP-IPV-HIB-HEPB VACCINE IM  | DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR          | No Auth Required       |                     |  |                      |
| 90698 | DTAP-IPV/HIB VACCINE IM       | DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE       | No Auth Required       |                     |  |                      |
| 90700 | DTAP VACCINE < 7 YRS IM       | DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM  | No Auth Required       |                     |  |                      |
| 90702 | DT VACCINE UNDER 7 YRS IM     | DT VACCINE YOUNGER THAN 7 YRS FOR IM USE         | No Auth Required       |                     |  |                      |
| 90707 | MMR VACCINE SC                | MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ    | No Auth Required       |                     |  |                      |
| 90710 | MMRV VACCINE SC               | MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ   | No Auth Required       |                     |  |                      |
| 90713 | POLIOVIRUS IPV SC/IM          | POLIOVIRUS VACCINE INACTIVATED SUBQ/IM           | No Auth Required       |                     |  |                      |
| 90714 | TD VACC NO PRESV 7 YRS+ IM    | TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE  | No Auth Required       |                     |  |                      |
| 90715 | TDAP VACCINE 7 YRS/> IM       | TDAP VACCINE 7 YRS/> IM                          | No Auth Required       |                     |  |                      |
| 90716 | VAR VACCINE LIVE SUBQ         | VAR VACCINE LIVE FOR SUBCUTANEOUS USE            | No Auth Required       |                     |  |                      |
| 90717 | YELLOW FEVER VACCINE SUBQ     | YELLOW FEVER VACCINE LIVE SUBQ                   | No Auth Required       |                     |  |                      |
| 90723 | DTAP-HEP B-IPV VACCINE IM     | DTAP-HEPB-IPV VACCINE INTRAMUSCULAR              | No Auth Required       |                     |  |                      |
| 90732 | PPSV23 VACC 2 YRS+ SUBQ/IM    | PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE    | No Auth Required       |                     |  |                      |
| 90733 | MPSV4 VACCINE SUBQ            | MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE           | No Auth Required       |                     |  |                      |
| 90734 | MENACWYD/MENACWYCRM VACC IM   | MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE  | No Auth Required       |                     |  |                      |
| 90736 | HZV VACCINE LIVE SUBQ         | ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE     | No Auth Required       |                     |  |                      |
| 90738 | INACTIVATED JE VACC IM        | JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM     | No Auth Required       |                     |  |                      |
| 90739 | HEPB VACC 2 DOSE ADULT IM     | HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE    | No Auth Required       |                     |  |                      |
| 90740 | HEPB VACC 3 DOSE IMMUNSUP IM  | HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM     | No Auth Required       |                     |  |                      |
| 90743 | HEPB VACC 2 DOSE ADOLESC IM   | HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM       | No Auth Required       |                     |  |                      |
| 90744 | HEPB VACC 3 DOSE PED/ADOL IM  | HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM      | No Auth Required       |                     |  |                      |
| 90746 | HEPB VACCINE 3 DOSE ADULT IM  | HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE    | No Auth Required       |                     |  |                      |
| 90747 | HEPB VACC 4 DOSE IMMUNSUP IM  | HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM     | No Auth Required       |                     |  |                      |
| 90748 | HIB-HEPB VACCINE IM           | HIB-HEPB VACCINE FOR INTRAMUSCULAR USE           | No Auth Required       |                     |  |                      |
| 90749 | VACCINE TOXOID                | UNLISTED VACCINE/TOXOID                          | Authorization Required | Drug Administration |  | Full Clinical Review |
| 90750 | HZV VACC RECOMBINANT IM       | HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE    | No Auth Required       |                     |  |                      |
| 90756 | CCIV4 VACC ABX FREE IM        | CCIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE  | No Auth Required       |                     |  |                      |
| 90785 | PSYTX COMPLEX INTERACTIVE     | PSYCHOTHERAPY COMPLEX INTERACTIVE                | No Auth Required       |                     |  |                      |
| 90791 | PSYCH DIAGNOSTIC EVALUATION   | PSYCHIATRIC DIAGNOSTIC EVALUATION                | No Auth Required       |                     |  |                      |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS   | PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES   | No Auth Required       |                     |  |                      |
| 90832 | PSYTX W PT 30 MINUTES         | PSYCHOTHERAPY W/PATIENT 30 MINUTES               | No Auth Required       |                     |  |                      |
| 90833 | PSYTX W PT W E/M 30 MIN       | PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN       | No Auth Required       |                     |  |                      |
| 90834 | PSYTX W PT 45 MINUTES         | PSYCHOTHERAPY W/PATIENT 45 MINUTES               | No Auth Required       |                     |  |                      |
| 90836 | PSYTX W PT W E/M 45 MIN       | PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN       | No Auth Required       |                     |  |                      |
| 90837 | PSYTX W PT 60 MINUTES         | PSYCHOTHERAPY W/PATIENT 60 MINUTES               | No Auth Required       |                     |  |                      |

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| 90838 | PSYTX W PT W E/M 60 MIN      | PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN        | No Auth Required       |  |  |                      |
| 90839 | PSYTX CRISIS INITIAL 60 MIN  | PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES       | No Auth Required       |  |  |                      |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN  | PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES     | No Auth Required       |  |  |                      |
| 90845 | PSYCHOANALYSIS               | PSYCHOANALYSIS                                    | No Auth Required       |  |  |                      |
| 90846 | FAMILY PSYTX W/O PT 50 MIN   | FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS  | No Auth Required       |  |  |                      |
| 90847 | FAMILY PSYTX W/PT 50 MIN     | FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS    | No Auth Required       |  |  |                      |
| 90849 | MULTIPLE FAMILY GROUP PSYTX  | MULTIPLE FAMILY GROUP PSYCHOTHERAPY               | No Auth Required       |  |  |                      |
| 90853 | GROUP PSYCHOTHERAPY          | GROUP PSYCHOTHERAPY                               | No Auth Required       |  |  |                      |
| 90863 | PHARMACOLOGIC MGMT W/PSYTX   | PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY          | No Auth Required       |  |  |                      |
| 90865 | NARCOSYNTHESIS               | NARCOSYNTHESIS PSYC DX&THER PURPOSES              | No Auth Required       |  |  |                      |
| 90867 | TCRANIAL MAGN STIM TX PLAN   | REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M    | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 90868 | TCRANIAL MAGN STIM TX DELI   | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG    | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 90869 | TCRAN MAGN STIM REDETERMINE  | REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN    | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 90870 | ELECTROCONVULSIVE THERAPY    | ELECTROCONVULSIVE THERAPY                         | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 90875 | PSYCHOPHYSIOLOGICAL THERAPY  | INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN     | No Auth Required       |  |  |                      |
| 90876 | PSYCHOPHYSIOLOGICAL THERAPY  | INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN     | No Auth Required       |  |  |                      |
| 90880 | HYPNOTHERAPY                 | HYPNOTHERAPY                                      | No Auth Required       |  |  |                      |
| 90882 | ENVIRONMENTAL MANIPULATION   | ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT         | No Auth Required       |  |  |                      |
| 90885 | PSY EVALUATION OF RECORDS    | PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES     | No Auth Required       |  |  |                      |
| 90889 | PREPARATION OF REPORT        | PREP REPORT PT PSYCH STATUS AGENCY/PAYER          | No Auth Required       |  |  |                      |
| 90899 | PSYCHIATRIC SERVICE/THERAPY  | UNLISTED PSYCHIATRIC SERVICE/PROCEDURE            | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 90912 | BFB TRAINING 1ST 15 MIN      | BFB TRAIING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT    | No Auth Required       | General Medicine - health and behavior assessment/intervention |  |                      |
| 90913 | BFB TRAINING EA ADDL 15 MIN  | BFB TRAIING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT | No Auth Required       | General Medicine - health and behavior assessment/intervention |  |                      |
| 90940 | HEMODIALYSIS ACCESS STUDY    | HEMODIALYSIS ACCESS FLOW STUDY                    | No Auth Required       |  |  |                      |
| 90951 | ESRD SERV 4 VISITS P MO <2YR | ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS   | No Auth Required       |  |  |                      |
| 90952 | ESRD SERV 2-3 VSTS P MO <2YR | ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS     | No Auth Required       |  |  |                      |
| 90953 | ESRD SERV 1 VISIT P MO <2YRS | ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT        | No Auth Required       |  |  |                      |
| 90954 | ESRD SERV 4 VSTS P MO 2-11   | ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS   | No Auth Required       |  |  |                      |
| 90955 | ESRD SRV 2-3 VSTS P MO 2-11  | ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS   | No Auth Required       |  |  |                      |
| 90956 | ESRD SRV 1 VISIT P MO 2-11   | ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT      | No Auth Required       |  |  |                      |
| 90957 | ESRD SRV 4 VSTS P MO 12-19   | ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS  | No Auth Required       |  |  |                      |
| 90958 | ESRD SRV 2-3 VSTS P MO 12-19 | ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS  | No Auth Required       |  |  |                      |
| 90959 | ESRD SERV 1 VST P MO 12-19   | ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT     | No Auth Required       |  |  |                      |
| 90960 | ESRD SRV 4 VISITS P MO 20+   | ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS  | No Auth Required       |  |  |                      |
| 90961 | ESRD SRV 2-3 VSTS P MO 20+   | ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS    | No Auth Required       |  |  |                      |
| 90962 | ESRD SERV 1 VISIT P MO 20+   | ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT      | No Auth Required       |  |  |                      |
| 90997 | HEMOPERFUSION                | HEMOPERFUSION                                     | No Auth Required       |  |  |                      |
| 90999 | DIALYSIS PROCEDURE           | UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT  | Authorization Required | Dialysis, Hemodialysis and Peritoneal Dialysis                 |  | Full Clinical Review |
| 91010 | ESOPHAGUS MOTILITY STUDY     | ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT            | No Auth Required       |  |  |                      |
| 91013 | ESOPHGL MOTIL W/STIM/PERFUS  | ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION      | No Auth Required       |  |  |                      |
| 91020 | GASTRIC MOTILITY STUDIES     | GASTRIC MOTILITY MANOMETRIC STUDIES               | No Auth Required       |  |  |                      |
| 91022 | DUODENAL MOTILITY STUDY      | DUODENAL MOTILITY MANOMETRIC STUDY                | No Auth Required       |  |  |                      |
| 91030 | ACID PERFUSION OF ESOPHAGUS  | ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS         | No Auth Required       |  |  |                      |
| 91034 | GASTROESOPHAGEAL REFLUX TEST | GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT    | No Auth Required       |  |  |                      |
| 91035 | G-ESOPH REFLX TST W/ELECTROD | GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD     | No Auth Required       |  |  |                      |
| 91037 | ESOPH IMPED FUNCTION TEST    | GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD   | Authorization Required | General Medicine - other services and procedures               |  | Full Clinical Review |

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| 91038 | ESOPH IMPED FUNCT TEST > 1HR   | ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 91040 | ESOPH BALLOON DISTENSION TST   | ESOPHGL BALO DISTENSION DX STD W/PROVOCATION  | No Auth Required       |  |  |                      |  |
| 91065 | BREATH HYDROGEN/METHANE TEST   | BREATH HYDROGEN/METHANE TEST  | No Auth Required       |  |  |                      |  |
| 91110 | GI TRACT CAPSULE ENDOSCOPY     | GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 91111 | ESOPHAGEAL CAPSULE ENDOSCOPY   | GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 91112 | GI WIRELESS CAPSULE MEASURE    | GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 91117 | COLON MOTILITY 6 HR STUDY      | COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R  | No Auth Required       |  |  |                      |  |
| 91120 | RECTAL SENSATION TEST          | RECTAL SESATION TONE & COMPLIANCE TEST  | No Auth Required       |  |  |                      |  |
| 91122 | ANAL PRESSURE RECORD           | ANORECTAL MANOMETRY   | No Auth Required       |  |  |                      |  |
| 91132 | ELECTROGASTROGRAPHY            | ELECTROGASTROGRAPHY DX TRANSCUTANEOUS   | No Auth Required       |  |  |                      |  |
| 91133 | ELECTROGASTROGRAPHY W/TEST     | ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCATIVE TSTG  | No Auth Required       |  |  |                      |  |
| 91200 | LIVER ELASTOGRAPHY             | LIVER ELASTOGRAPHY W/O IMAG W/I&R   | No Auth Required       |  |  |                      |  |
| 91299 | GASTROENTEROLOGY PROCEDURE     | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 91300 | SARSCOV2 VAC 30MCG/0.3ML IM    | SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE<br>SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE | No Auth Required       |  |  |                      |  |
| 91301 | SARSCOV2 VAC 100MCG/0.5ML IM   |   | No Auth Required       |  |  |                      |  |
| 92002 | EYE EXAM NEW PATIENT           | OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT   | No Auth Required       |  |  |                      |  |
| 92004 | EYE EXAM NEW PATIENT           | OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST   | No Auth Required       |  |  |                      |  |
| 92012 | EYE EXAM ESTABLISH PATIENT     | OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT   | No Auth Required       |  |  |                      |  |
| 92014 | EYE EXAM&TX ESTAB PT 1/>VST    | OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>  | No Auth Required       |  |  |                      |  |
| 92015 | DETERMINE REFRACTIVE STATE     | DETERMINATION REFRACTIVE STATE  | No Auth Required       |  |  |                      |  |
| 92018 | NEW EYE EXAM & TREATMENT       | OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL  | No Auth Required       |  |  |                      |  |
| 92019 | EYE EXAM & TREATMENT           | OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD   | No Auth Required       |  |  |                      |  |
| 92020 | SPECIAL EYE EVALUATION         | GONIOSCOPY SEPARATE PROCEDURE   | No Auth Required       |  |  |                      |  |
| 92025 | CORNEAL TOPOGRAPHY             | COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI  | No Auth Required       |  |  |                      |  |
| 92060 | SPECIAL EYE EVALUATION         | SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX  | No Auth Required       |  |  |                      |  |
| 92065 | ORTHOPTIC/PLEOPTIC TRAINING    | ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ   | No Auth Required       |  |  |                      |  |
| 92071 | CONTACT LENS FITTING FOR TX    | FIT CONTACT LENS TX OCULAR SURFACE DISEASE  | No Auth Required       |  |  |                      |  |
| 92072 | FIT CONTAC LENS FOR MANAGMNT   | FITTING CONTACT LENS FOR MNGT OF KERATOCONUS  | No Auth Required       |  |  |                      |  |
| 92081 | VISUAL FIELD EXAMINATION(S)    | VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM  | No Auth Required       |  |  |                      |  |
| 92082 | VISUAL FIELD EXAMINATION(S)    | VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM   | No Auth Required       |  |  |                      |  |
| 92083 | VISUAL FIELD EXAMINATION(S)    | VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM   | No Auth Required       |  |  |                      |  |
| 92100 | SERIAL TONOMETRY EXAM(S)       | SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES  | No Auth Required       |  |  |                      |  |
| 92132 | CMPTR OPHTH DX IMG ANT SEGMENT | CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92133 | CMPTR OPHTH IMG OPTIC NERVE    | COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE   | No Auth Required       |  |  |                      |  |
| 92134 | CPTR OPHTH DX IMG POST SEGMENT | COMPUTERIZED OPHTHALMIC IMAGING RETINA  | No Auth Required       |  |  |                      |  |
| 92136 | OPHTHALMIC BIOMETRY            | OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL   | No Auth Required       |  |  |                      |  |
| 92145 | CORNEAL HYSTERESIS DETER       | CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 92201 | OPSCPY EXTND RTA DRAW UNI/BI   | OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92202 | OPSCPY EXTND ON/MAC DRAW       | OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92227 | REMOTE DX RETINAL IMAGING      | REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B  | No Auth Required       |  |  |                      |  |
| 92228 | REMOTE RETINAL IMAGING MGMT    | REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B  | No Auth Required       |  |  |                      |  |
| 92230 | EYE EXAM WITH PHOTOS           | FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT  | No Auth Required       |  |  |                      |  |
| 92235 | FLUORESCEIN ANGRPH UNI/BI      | FLUORESCEIN ANGRPH W/MULTIFRAME I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92240 | ICG ANGIOGRAPHY UNI/BI         | INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92242 | FLUORESCEIN ICG ANGIOGRAPHY    | FLUORESCEIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI  | No Auth Required       |  |  |                      |  |
| 92250 | EYE EXAM WITH PHOTOS           | FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT  | No Auth Required       |  |  |                      |  |
| 92260 | OPHTHALMOSCOPY/DYNAMOMETRY     | OPHTHALMODYNAMOMETRY  | No Auth Required       |  |  |                      |  |
| 92265 | EYE MUSCLE EVALUATION          | NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R   | No Auth Required       |  |  |                      |  |
| 92270 | ELECTRO-OCULOGRAPHY            | ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT  | No Auth Required       |  |  |                      |  |
| 92273 | FULL FIELD ERG W/I&R           | FULL FIELD ELECTRORETINOGRAPHY W/I&R  | No Auth Required       |  |  |                      |  |



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| 92274 | MULTIFOCAL ERG W/I&R         | MULTIFOCAL ELECTRORETINOGRAPHY W/I&R             | No Auth Required       |  |  |                      |
| 92283 | COLOR VISION EXAMINATION     | COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV      | No Auth Required       |  |  |                      |
| 92284 | DARK ADAPTATION EYE EXAM     | DARK ADAPTATION XM W/INTERPRETATION & REPORT     | No Auth Required       |  |  |                      |
| 92285 | EYE PHOTOGRAPHY              | XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE   | No Auth Required       |  |  |                      |
| 92286 | INTERNAL EYE PHOTOGRAPHY     | ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY   | No Auth Required       |  |  |                      |
| 92287 | INTERNAL EYE PHOTOGRAPHY     | ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R        | No Auth Required       |  |  |                      |
| 92310 | CONTACT LENS FITTING         | RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK      | No Auth Required       |  |  |                      |
| 92311 | CONTACT LENS FITTING         | RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE       | No Auth Required       |  |  |                      |
| 92312 | CONTACT LENS FITTING         | RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES   | No Auth Required       |  |  |                      |
| 92313 | CONTACT LENS FITTING         | RX&FITG CORNEOSCLERAL LENS                       | No Auth Required       |  |  |                      |
| 92314 | PRESCRIPTION OF CONTACT LENS | RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA    | No Auth Required       |  |  |                      |
| 92315 | RX CNTACT LENS APHAKIA 1 EYE | RX CONTACT CORNEAL LENS APHAKIA 1 EYE            | No Auth Required       |  |  |                      |
| 92316 | RX CNTACT LENS APHAKIA 2 EYE | RX CONTACT CORNEAL LENS APHAKIA BOTH EYES        | No Auth Required       |  |  |                      |
| 92317 | RX CORNEOSCLERAL CNTACT LENS | RX CONTACT CORNEOSCLERAL LENS                    | No Auth Required       |  |  |                      |
| 92325 | MODIFICATION OF CONTACT LENS | MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION      | No Auth Required       |  |  |                      |
| 92326 | REPLACEMENT OF CONTACT LENS  | REPLACEMENT CONTACT LENS                         | No Auth Required       |  |  |                      |
| 92340 | FIT SPECTACLES MONOFOCAL     | FITTING SPECTACLES XCPT APHAKIA MONOFOCAL        | No Auth Required       |  |  |                      |
| 92341 | FIT SPECTACLES BIFOCAL       | FITTING SPECTACLES XCPT APHAKIA BIFOCAL          | No Auth Required       |  |  |                      |
| 92342 | FIT SPECTACLES MULTIFOCAL    | FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL       | No Auth Required       |  |  |                      |
| 92352 | FIT APHAKIA SPECTCL MONOFOCL | FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL       | No Auth Required       |  |  |                      |
| 92353 | FIT APHAKIA SPECTCL MULTIFOC | FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL      | No Auth Required       |  |  |                      |
| 92354 | FIT SPECTACLES SINGLE SYSTEM | FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT     | No Auth Required       |  |  |                      |
| 92355 | FIT SPECTACLES COMPOUND LENS | FITTING SPECTACLE MOUNTED LW VIS AID TLSCP       | No Auth Required       |  |  |                      |
| 92358 | APHAKIA PROSTH SERVICE TEMP  | PROSTHESIS SERVICE APHAKIA TEMPORARY             | No Auth Required       |  |  |                      |
| 92370 | REPAIR & ADJUST SPECTACLES   | RPR&REFITG SPECTACLES EXCEPT APHAKIA             | No Auth Required       |  |  |                      |
| 92371 | REPAIR & ADJUST SPECTACLES   | RPR&REFITG SPECTACLE PROSTHESIS APHAKIA          | No Auth Required       |  |  |                      |
| 92499 | EYE SERVICE OR PROCEDURE     | UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE      | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 92502 | EAR AND THROAT EXAMINATION   | OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA    | No Auth Required       |  |  |                      |
| 92504 | EAR MICROSCOPY EXAMINATION   | BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE       | No Auth Required       |  |  |                      |
| 92507 | SPEECH/HEARING THERAPY       | TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND   | No Auth Required       |  |  |                      |
| 92508 | SPEECH/HEARING THERAPY       | TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV  | No Auth Required       |  |  |                      |
| 92511 | NASOPHARYNGOSCOPY            | NASOPHARYNGOSCOPY W/ENDOSCOPE SPX                | No Auth Required       |  |  |                      |
| 92512 | NASAL FUNCTION STUDIES       | NASAL FUNCTION STUDIES                           | No Auth Required       |  |  |                      |
| 92516 | FACIAL NERVE FUNCTION TEST   | FACIAL NERVE FUNCTION STUDIES                    | No Auth Required       |  |  |                      |
| 92520 | LARYNGEAL FUNCTION STUDIES   | LARYNGEAL FUNCTION STUDIES                       | No Auth Required       |  |  |                      |
| 92521 | EVALUATION OF SPEECH FLUENCY | EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)   | No Auth Required       |  |  |                      |
| 92522 | EVALUATE SPEECH PRODUCTION   | EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | No Auth Required       |  |  |                      |
| 92523 | SPEECH SOUND LANG COMPREHEN  | EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION | No Auth Required       |  |  |                      |
| 92524 | BEHAVRAL QUALIT ANALYS VOICE | BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | No Auth Required       |  |  |                      |
| 92526 | ORAL FUNCTION THERAPY        | TX SWALLOWING DYSFUNCTION&/ORAL FUNCNJ FEEDING   | No Auth Required       |  |  |                      |
| 92531 | SPONTANEOUS NYSTAGMUS STUDY  | SPONTANEOUS NYSTAGMUS W/GAZE                     | No Auth Required       |  |  |                      |
| 92532 | POSITIONAL NYSTAGMUS TEST    | POSITIONAL NYSTAGMUS TEST                        | No Auth Required       |  |  |                      |
| 92533 | CALORIC VESTIBULAR TEST      | CALORIC VESTIBULAR TEST EACH IRRIGATION          | No Auth Required       |  |  |                      |
| 92534 | OPTOKINETIC NYSTAGMUS TEST   | OPTOKINETIC NYSTAGMUS TEST                       | No Auth Required       |  |  |                      |
| 92537 | CALORIC VSTBLR TEST W/REC    | CALORIC VESTIBULAR TEST W/REC BI BITHERMAL       | No Auth Required       |  |  |                      |
| 92538 | CALORIC VSTBLR TEST W/REC    | CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL     | No Auth Required       |  |  |                      |
| 92540 | BASIC VESTIBULAR EVALUATION  | VSTBLR FUNCNJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK  | No Auth Required       |  |  |                      |
| 92541 | SPONTANEOUS NYSTAGMUS TEST   | SPONTANEOUS NYSTAGMUS TEST                       | No Auth Required       |  |  |                      |
| 92542 | POSITIONAL NYSTAGMUS TEST    | POSITIONAL NYSTAGMUS TEST                        | No Auth Required       |  |  |                      |
| 92544 | OPTOKINETIC NYSTAGMUS TEST   | OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC | No Auth Required       |  |  |                      |
| 92545 | OSCILLATING TRACKING TEST    | OSCILLATING TRACKING TEST W/RECORDING            | No Auth Required       |  |  |                      |
| 92546 | SINUSOIDAL ROTATIONAL TEST   | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING      | No Auth Required       |  |  |                      |
| 92547 | SUPPLEMENTAL ELECTRICAL TEST | USE VERTICAL ELECTRODES                          | No Auth Required       |  |  |                      |
| 92548 | CDP-SOT 6 COND W/I&R         | CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 92549 | CDP-SOT 6 COND W/I&R MCT&ADT | CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT           | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |

|       |                              |  |                        |  |  |                      |
|-------|------------------------------|--|------------------------|--|--|----------------------|
| 92550 | TYMPANOMETRY & REFLEX THRESH | TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS   | No Auth Required       |  |  |                      |
| 92551 | PURE TONE HEARING TEST AIR   | SCREENING TEST PURE TONE AIR ONLY                | No Auth Required       |  |  |                      |
| 92552 | PURE TONE AUDIOMETRY AIR     | PURE TONE AUDIOMETRY AIR ONLY                    | No Auth Required       |  |  |                      |
| 92553 | AUDIOMETRY AIR & BONE        | PURE TONE AUDIOMETRY AIR & BONE                  | No Auth Required       |  |  |                      |
| 92555 | SPEECH THRESHOLD AUDIOMETRY  | SPEECH AUDIOMETRY THRESHOLD                      | No Auth Required       |  |  |                      |
| 92556 | SPEECH AUDIOMETRY COMPLETE   | SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ      | No Auth Required       |  |  |                      |
| 92557 | COMPREHENSIVE HEARING TEST   | COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ     | No Auth Required       |  |  |                      |
| 92558 | EVOKED AUDITORY TEST QUAL    | EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS  | No Auth Required       |  |  |                      |
| 92559 | GROUP AUDIOMETRIC TESTING    | AUDIOMETRIC TESTING GROUPS                       | No Auth Required       |  |  |                      |
| 92560 | BEKESY AUDIOMETRY SCREEN     | BEKESY AUDIOMETRY SCREENING                      | No Auth Required       |  |  |                      |
| 92561 | BEKESY AUDIOMETRY DIAGNOSIS  | BEKESY AUDIOMETRY DIAGNOSTIC                     | No Auth Required       |  |  |                      |
| 92562 | LOUDNESS BALANCE TEST        | LOUDNESS BALANCE BINAURAL/MONAURAL               | No Auth Required       |  |  |                      |
| 92563 | tone decay hearing test      | tone decay test                                  | No Auth Required       |  |  |                      |
| 92564 | SISI HEARING TEST            | SHORT INCREMENT SENSITIVITY INDEX                | No Auth Required       |  |  |                      |
| 92565 | STENGER TEST PURE TONE       | STENGER TEST PURE TONE                           | No Auth Required       |  |  |                      |
| 92567 | TYMPANOMETRY                 | TYMPANOMETRY                                     | No Auth Required       |  |  |                      |
| 92568 | ACOUSTIC REFL THRESHOLD TST  | ACOUSTIC REFLEX THRESHOLD                        | No Auth Required       |  |  |                      |
| 92570 | ACOUSTIC IMMITTANCE TESTING  | ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY  | No Auth Required       |  |  |                      |
| 92571 | FILTERED SPEECH HEARING TEST | FILTERED SPEECH TEST                             | No Auth Required       |  |  |                      |
| 92572 | STAGGERED SPONDAIC WORD TEST | STAGGERED SPONDAIC WORD                          | No Auth Required       |  |  |                      |
| 92575 | SENSORINEURAL ACUITY TEST    | SENSORINEURAL ACUITY LEVEL                       | No Auth Required       |  |  |                      |
| 92576 | SYNTHETIC SENTENCE TEST      | SYNTHETIC SENTENCE IDENTIFICATION TEST           | No Auth Required       |  |  |                      |
| 92577 | STENGER TEST SPEECH          | STENGER TEST SPEECH                              | No Auth Required       |  |  |                      |
| 92579 | VISUAL AUDIOMETRY (VRA)      | VISUAL REINFORCEMENT AUDIOMETRY                  | No Auth Required       |  |  |                      |
| 92582 | CONDITIONING PLAY AUDIOMETRY | CONDITIONING PLAY AUDIOMETRY                     | No Auth Required       |  |  |                      |
| 92583 | SELECT PICTURE AUDIOMETRY    | SELECT PICTURE AUDIOMETRY                        | No Auth Required       |  |  |                      |
| 92584 | ELECTROCOCHLEOGRAPHY         | ELECTROCOCHLEOGRAPHY                             | No Auth Required       |  |  |                      |
| 92585 | AUDITOR EVOKE POTENT COMPRE  | AUDITORY EVOKED POTENTIALS COMPREHENSIVE         | No Auth Required       |  |  |                      |
| 92586 | AUDITOR EVOKE POTENT LIMIT   | AUDITORY EVOKED POTENTIALS LIMITED               | No Auth Required       |  |  |                      |
| 92587 | EVOKED AUDITORY TEST LIMITED | DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | No Auth Required       |  |  |                      |
| 92588 | EVOKED AUDITORY TST COMPLETE | DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL  | No Auth Required       |  |  |                      |
| 92590 | HEARING AID EXAM ONE EAR     | HEARING AID EXAMINATION & SELECTION MONAURAL     | No Auth Required       |  |  |                      |
| 92591 | HEARING AID EXAM BOTH EARS   | HEARING AID EXAMINATION & SELECTION BINAURAL     | No Auth Required       |  |  |                      |
| 92592 | HEARING AID CHECK ONE EAR    | HEARING AID CHECK MONAURAL                       | No Auth Required       |  |  |                      |
| 92593 | HEARING AID CHECK BOTH EARS  | HEARING AID CHECK BINAURAL                       | No Auth Required       |  |  |                      |
| 92594 | ELECTRO HEARNG AID TEST ONE  | ELECTROACOUS EVAL HEARING AID MONAURAL           | No Auth Required       |  |  |                      |
| 92595 | ELECTRO HEARNG AID TST BOTH  | ELECTROACOUS EVAL HEARING AID BINAURAL           | No Auth Required       |  |  |                      |
| 92596 | EAR PROTECTOR EVALUATION     | EAR PROTECTOR ATTENUATION MEASUREMENTS           | No Auth Required       |  |  |                      |
| 92597 | ORAL SPEECH DEVICE EVAL      | EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC   | No Auth Required       |  |  |                      |
| 92601 | COCHLEAR IMPLT F/UP EXAM <7  | ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG          | Authorization Required | Hearing Aids                                     |  | Full Clinical Review |
| 92602 | REPROGRAM COCHLEAR IMPLT <7  | ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG   | Authorization Required | Hearing Aids                                     |  | Full Clinical Review |
| 92603 | COCHLEAR IMPLT F/UP EXAM 7/> | ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG            | Authorization Required | Hearing Aids                                     |  | Full Clinical Review |
| 92604 | REPROGRAM COCHLEAR IMPLT 7/> | ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG     | Authorization Required | Hearing Aids                                     |  | Full Clinical Review |
| 92605 | EX FOR NONSPEECH DEVICE RX   | EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR | No Auth Required       |  |  |                      |
| 92606 | NON-SPEECH DEVICE SERVICE    | THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ       | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 92607 | EX FOR SPEECH DEVICE RX 1HR  | RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR        | No Auth Required       |  |  |                      |
| 92608 | EX FOR SPEECH DEVICE RX ADDL | RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN     | No Auth Required       |  |  |                      |
| 92609 | USE OF SPEECH DEVICE SERVICE | THER SP-GENRATJ DEV PRGRMG&MODIFICAJ             | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 92610 | EVALUATE SWALLOWING FUNCTION | EVAL ORAL&PHARYNGEAL SWLNG FUNCJ                 | No Auth Required       |  |  |                      |
| 92611 | MOTION FLUOROSCOPY/SWALLOW   | MOTION FLUOR EVAL SWLNG FUNCJ C/V REC            | No Auth Required       |  |  |                      |
| 92612 | ENDOSCOPY SWALLOW (FEES) VID | FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC         | No Auth Required       |  |  |                      |
| 92613 | ENDOSCOPY SWALLOW (FEES) I&R | FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R     | No Auth Required       |  |  |                      |
| 92614 | LARYNGOSCOPIC SENSORY VID    | FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC   | No Auth Required       |  |  |                      |
| 92615 | LARYNGOSCOPIC SENSORY I&R    | FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R  | No Auth Required       |  |  |                      |
| 92616 | FEES W/LARYNGEAL SENSE TEST  | FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC      | No Auth Required       |  |  |                      |
| 92617 | FEES W/LARYNGEAL SENSE I&R   | FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R      | No Auth Required       |  |  |                      |
| 92618 | EX FOR NONSPEECH DEV RX ADD  | EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN | No Auth Required       |  |  |                      |
| 92620 | AUDITORY FUNCTION 60 MIN     | EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN   | No Auth Required       |  |  |                      |
| 92621 | AUDITORY FUNCTION + 15 MIN   | EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN    | No Auth Required       |  |  |                      |
| 92625 | TINNITUS ASSESSMENT          | ASSESSMENT TINNITUS                              | No Auth Required       |  |  |                      |

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| 92626 | EVAL AUD FUNCJ 1ST HOUR      | EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR     | No Auth Required       |  |  |                      |
| 92627 | EVAL AUD FUNCJ EA ADDL 15    | EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15 | No Auth Required       |  |  |                      |
| 92630 | AUD REHAB PRE-LING HEAR LOSS | AUDITORY REHABILITATION PRELINGUAL HEARING LOSS  | No Auth Required       |  |  |                      |
| 92633 | AUD REHAB POSTLING HEAR LOSS | AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS | No Auth Required       |  |  |                      |
| 92640 | AUD BRAINSTEM IMPLT PROGRAMG | ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR    | No Auth Required       |  |  |                      |
| 92700 | ENT PROCEDURE/SERVICE        | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE          | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 92920 | PRQ CARDIAC ANGIOPLAST 1 ART | PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH   | No Auth Required       |  |  |                      |
| 92921 | PRQ CARDIAC ANGIO ADDL ART   | PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH      | No Auth Required       |  |  |                      |
| 92924 | PRQ CARD ANGIO/ATHRECT 1 ART | PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH | No Auth Required       |  |  |                      |
| 92925 | PRQ CARD ANGIO/ATHRECT ADDL  | PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH | No Auth Required       |  |  |                      |
| 92928 | PRQ CARD STENT W/ANGIO 1 VSL | PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH  | No Auth Required       |  |  |                      |
| 92929 | PRQ CARD STENT W/ANGIO ADDL  | PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH | No Auth Required       |  |  |                      |
| 92933 | PRQ CARD STENT/ATH/ANGIO     | PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH | No Auth Required       |  |  |                      |
| 92934 | PRQ CARD STENT/ATH/ANGIO     | PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH  | No Auth Required       |  |  |                      |
| 92937 | PRQ REVASC BYP GRAFT 1 VSL   | PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL   | No Auth Required       |  |  |                      |
| 92938 | PRQ REVASC BYP GRAFT ADDL    | PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL  | No Auth Required       |  |  |                      |
| 92941 | PRQ CARD REVASC MI 1 VSL     | PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL  | No Auth Required       |  |  |                      |
| 92943 | PRQ CARD REVASC CHRONIC 1VSL | PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL | No Auth Required       |  |  |                      |
| 92944 | PRQ CARD REVASC CHRONIC ADDL | PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL | No Auth Required       |  |  |                      |
| 92950 | HEART/LUNG RESUSCITATION CPR | CARDIOPULMONARY RESUSCITATION                    | No Auth Required       |  |  |                      |
| 92953 | TEMPORARY EXTERNAL PACING    | TEMPORARY TRANSCUTANEOUS PACING                  | No Auth Required       |  |  |                      |
| 92960 | CARDIOVERSION ELECTRIC EXT   | CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL       | No Auth Required       |  |  |                      |
| 92961 | CARDIOVERSION ELECTRIC INT   | CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX   | No Auth Required       |  |  |                      |
| 92970 | CARDIOASSIST INTERNAL        | CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL    | No Auth Required       |  |  |                      |
| 92971 | CARDIOASSIST EXTERNAL        | CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL    | Authorization Required | Surgery of cardiovascular system                 |  | Full Clinical Review |
| 92973 | PRQ CORONARY MECH THROMBECT  | PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY | No Auth Required       |  |  |                      |
| 92974 | CATH PLACE CARDIO BRACHYTX   | TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX  | No Auth Required       |  |  |                      |
| 92975 | DISSOLVE CLOT HEART VESSEL   | THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH      | No Auth Required       |  |  |                      |
| 92977 | DISSOLVE CLOT HEART VESSEL   | THROMBOLYSIS CORONARY INTRAVENOUS INFUSION       | No Auth Required       |  |  |                      |
| 92978 | ENDOLUMINL IVUS OCT C 1ST    | ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL | No Auth Required       |  |  |                      |
| 92979 | ENDOLUMINL IVUS OCT C EA     | ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL    | No Auth Required       |  |  |                      |
| 92986 | REVISION OF AORTIC VALVE     | PRQ BALLOON VALVULOPLASTY AORTIC VALVE           | No Auth Required       |  |  |                      |
| 92987 | REVISION OF MITRAL VALVE     | PRQ BALLOON VALVULOPLASTY MITRAL VALVE           | No Auth Required       |  |  |                      |
| 92990 | REVISION OF PULMONARY VALVE  | PRQ BALLOON VALVULOPLASTY PULMONARY VALVE        | No Auth Required       |  |  |                      |
| 92992 | REVISION OF HEART CHAMBER    | ATRIAL SEPECT/SEPTOST TRANSVENOUS BALLOON        | No Auth Required       |  |  |                      |
| 92993 | REVISION OF HEART CHAMBER    | ATRIAL SEPECT/SEPTOSTOMY BLADE METHOD            | No Auth Required       |  |  |                      |
| 92997 | PUL ART BALLOON REPR PERCUT  | PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL    | No Auth Required       |  |  |                      |
| 92998 | PUL ART BALLOON REPR PERCUT  | PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL   | No Auth Required       |  |  |                      |
| 93000 | ELECTROCARDIOGRAM COMPLETE   | ECG ROUTINE ECG W/LEAST 12 LDS W/I&R             | No Auth Required       |  |  |                      |
| 93005 | ELECTROCARDIOGRAM TRACING    | ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R | No Auth Required       |  |  |                      |
| 93010 | ELECTROCARDIOGRAM REPORT     | ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY          | No Auth Required       |  |  |                      |
| 93015 | CARDIOVASCULAR STRESS TEST   | CV STRS TST XERS&/OR RX CONT ECG W/SI&R          | No Auth Required       |  |  |                      |
| 93016 | CARDIOVASCULAR STRESS TEST   | CV STRS TST XERS&/OR RX CONT ECG W/O I&R         | No Auth Required       |  |  |                      |
| 93017 | CARDIOVASCULAR STRESS TEST   | CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY       | No Auth Required       |  |  |                      |
| 93018 | CARDIOVASCULAR STRESS TEST   | CV STRS TST XERS&/OR RX CONT ECG I&R ONLY        | No Auth Required       |  |  |                      |
| 93024 | CARDIAC DRUG STRESS TEST     | ERGONOVINE PROVOCATION TST                       | No Auth Required       |  |  |                      |
| 93025 | MICROVOLT T-WAVE ASSESS      | MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS  | No Auth Required       |  |  |                      |
| 93040 | RHYTHM ECG WITH REPORT       | RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT   | No Auth Required       |  |  |                      |
| 93041 | RHYTHM ECG TRACING           | RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R        | No Auth Required       |  |  |                      |
| 93042 | RHYTHM ECG REPORT            | RHYTHM ECG 1-3 LEADS INTERPRETATION & REPR ON    | No Auth Required       |  |  |                      |
| 93050 | ART PRESSURE WAVEFORM ANALYS | ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE   | No Auth Required       |  |  |                      |
| 93224 | ECG MONIT/REPRT UP TO 48 HRS | XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I         | No Auth Required       |  |  |                      |

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| 93225 | ECG MONIT/REPRT UP TO 48 HRS | XTRNL ECG & 48 HR RECORDING                      | No Auth Required       |  |  |                      |
| 93226 | ECG MONIT/REPRT UP TO 48 HRS | EXTERNAL ECG SCANNING ANALYSIS REPORT            | No Auth Required       |  |  |                      |
| 93227 | ECG MONIT/REPRT UP TO 48 HRS | XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS   | No Auth Required       |  |  |                      |
| 93228 | REMOTE 30 DAY ECG REV/REPORT | XTRNL MOBILE CV TELEMETRY W/I&R REPORT 30 DAYS   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93229 | REMOTE 30 DAY ECG TECH SUPP  | XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT    | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93260 | PRGRMG DEV EVAL IMPLTBL SYS  | PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM | No Auth Required       |  |  |                      |
| 93261 | INTERROGATE SUBQ DEFIB       | INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB   | No Auth Required       |  |  |                      |
| 93264 | REM MNTR WRLS P-ART PRS SNR  | REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D    | No Auth Required       |  |  |                      |
| 93268 | ECG RECORD/REVIEW            | XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS      | No Auth Required       |  |  |                      |
| 93270 | REMOTE 30 DAY ECG REV/REPORT | XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS    | No Auth Required       |  |  |                      |
| 93271 | ECG/MONITORING AND ANALYSIS  | XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS         | No Auth Required       |  |  |                      |
| 93272 | ECG/REVIEW INTERPRET ONLY    | XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS       | No Auth Required       |  |  |                      |
| 93278 | ECG/SIGNAL-AVERAGED          | SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG     | No Auth Required       |  |  |                      |
| 93279 | PRGRMG DEV EVAL PM/LDLS PM   | PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP | No Auth Required       |  |  |                      |
| 93280 | PM DEVICE PROGR EVAL DUAL    | PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER  | No Auth Required       |  |  |                      |
| 93281 | PM DEVICE PROGR EVAL MULTI   | PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER  | No Auth Required       |  |  |                      |
| 93282 | PRGRMG EVAL IMPLANTABLE DFB  | PRGRMG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB    | No Auth Required       |  |  |                      |
| 93283 | PRGRMG EVAL IMPLANTABLE DFB  | PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB    | No Auth Required       |  |  |                      |
| 93284 | PRGRMG EVAL IMPLANTABLE DFB  | PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB | No Auth Required       |  |  |                      |
| 93285 | PRGRMG DEV EVAL SCRMS IP     | PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON         | No Auth Required       |  |  |                      |
| 93286 | PERI-PX EVAL PM/LDLS PM IP   | PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON   | No Auth Required       |  |  |                      |
| 93287 | PERI-PX DEVICE EVAL & PRGR   | PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB | No Auth Required       |  |  |                      |
| 93288 | INTERROG EVL PM/LDLS PM IP   | INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON  | No Auth Required       |  |  |                      |
| 93289 | INTERROG DEVICE EVAL HEART   | INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB   | No Auth Required       |  |  |                      |
| 93290 | INTERROG DEV EVAL ICPMS IP   | INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON       | No Auth Required       |  |  |                      |
| 93291 | INTERROG DEV EVAL SCRMS IP   | INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON       | No Auth Required       |  |  |                      |
| 93292 | WCD DEVICE INTERROGATE       | INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR    | No Auth Required       |  |  |                      |
| 93293 | PM PHONE R-STRIP DEVICE EVAL | TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL      | No Auth Required       |  |  |                      |
| 93294 | REM INTERROG EVL PM/LDLS PM  | REM INTERROG PM/LDLS PM <90 D PHYS/QHP           | No Auth Required       |  |  |                      |
| 93295 | DEV INTERROG REMOTE 1/2/MLT  | INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB  | No Auth Required       |  |  |                      |
| 93296 | REM INTERROG EVL PM/IDS      | REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW    | No Auth Required       |  |  |                      |
| 93297 | REM INTERROG DEV EVAL ICPMS  | REM INTERROG ICPMS <30 D PHYS/QHP                | No Auth Required       |  |  |                      |
| 93298 | REM INTERROG DEV EVAL SCRMS  | REM INTERROG SCRMS <30 D PHYS/QHP                | No Auth Required       |  |  |                      |
| 93303 | ECHO TRANSTHORACIC           | COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY   | No Auth Required       |  |  |                      |
| 93304 | ECHO TRANSTHORACIC           | F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY   | No Auth Required       |  |  |                      |
| 93306 | TTE W/DOPPLER COMPLETE       | ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D   | No Auth Required       |  |  |                      |
| 93307 | TTE W/O DOPPLER COMPLETE     | ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP     | No Auth Required       |  |  |                      |
| 93308 | TTE F-UP OR LMTD             | ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD | No Auth Required       |  |  |                      |
| 93312 | ECHO TRANSESOPHAGEAL         | ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R   | No Auth Required       |  |  |                      |
| 93313 | ECHO TRANSESOPHAGEAL         | ECHO R-T 2D W/PROBE PLACEMENT ONLY               | No Auth Required       |  |  |                      |
| 93314 | ECHO TRANSESOPHAGEAL         | ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY    | No Auth Required       |  |  |                      |
| 93315 | ECHO TRANSESOPHAGEAL         | ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R   | No Auth Required       |  |  |                      |
| 93316 | ECHO TRANSESOPHAGEAL         | ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY        | No Auth Required       |  |  |                      |
| 93317 | ECHO TRANSESOPHAGEAL         | ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT    | No Auth Required       |  |  |                      |
| 93318 | ECHO TRANSESOPHAGEAL INTRAOP | ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ      | No Auth Required       |  |  |                      |
| 93320 | DOPPLER ECHO EXAM HEART      | DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY   | No Auth Required       |  |  |                      |
| 93321 | DOPPLER ECHO EXAM HEART      | DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | No Auth Required       |  |  |                      |
| 93325 | DOPPLER COLOR FLOW ADD-ON    | DOP ECHOCARD COLOR FLOW VELOCITY MAPPING         | No Auth Required       |  |  |                      |
| 93350 | STRESS TTE ONLY              | ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST   | No Auth Required       |  |  |                      |
| 93351 | STRESS TTE COMPLETE          | ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | No Auth Required       |  |  |                      |
| 93352 | ADMIN ECG CONTRAST AGENT     | USE OF ECHO CONTRAST AGENT DURING STRESS ECHO    | No Auth Required       |  |  |                      |

|       |                              |  |                  |  |  |  |  |
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| 93355 | ECHO TRANSESOPHAGEAL (TEE)   | ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN  | No Auth Required |  |  |  |  |
| 93356 | MYOCDR STRAIN IMG SPCKL TRCK | MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH | No Auth Required |  |  |  |  |
| 93451 | RIGHT HEART CATH             | RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT  | No Auth Required |  |  |  |  |
| 93452 | LEFT HRT CATH W/VENTRCLGRPHY | L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I      | No Auth Required |  |  |  |  |
| 93453 | R&L HRT CATH W/VENTRCLGRPHY  | R & L HRT CATH W/NJX L VENTRICULOG IMG S&I       | No Auth Required |  |  |  |  |
| 93454 | CORONARY ARTERY ANGIO S&I    | CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I  | No Auth Required |  |  |  |  |
| 93455 | CORONARY ART/GRFT ANGIO S&I  | CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I  | No Auth Required |  |  |  |  |
| 93456 | R HRT CORONARY ARTERY ANGIO  | CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I     | No Auth Required |  |  |  |  |
| 93457 | R HRT ART/GRFT ANGIO         | CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I  | No Auth Required |  |  |  |  |
| 93458 | L HRT ARTERY/VENTRICLE ANGIO | CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I     | No Auth Required |  |  |  |  |
| 93459 | L HRT ART/GRFT ANGIO         | CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I | No Auth Required |  |  |  |  |
| 93460 | R&L HRT ART/VENTRICLE ANGIO  | R & L HRT CATH WINJX HRT ART& L VENTR IMG        | No Auth Required |  |  |  |  |
| 93461 | R&L HRT ART/VENTRICLE ANGIO  | R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I     | No Auth Required |  |  |  |  |
| 93462 | L HRT CATH TRNSPTL PUNCTURE  | LEFT HEART CATH BY TRANSEPTAL PUNCTURE           | No Auth Required |  |  |  |  |
| 93463 | DRUG ADMIN & HEMODYNMIC MEAS | MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT       | No Auth Required |  |  |  |  |
| 93464 | EXERCISE W/HEMODYNAMIC MEAS  | PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU   | No Auth Required |  |  |  |  |
| 93503 | INSERT/PLACE HEART CATHETER  | INSERTION FLOW DIRECTED CATHETER FOR MONITORING  | No Auth Required |  |  |  |  |
| 93505 | BIOPSY OF HEART LINING       | ENDOMYOCARDIAL BIOPSY                            | No Auth Required |  |  |  |  |
| 93530 | RT HEART CATH CONGENITAL     | R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY | No Auth Required |  |  |  |  |
| 93531 | R & L HEART CATH CONGENITAL  | CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA   | No Auth Required |  |  |  |  |
| 93532 | R & L HEART CATH CONGENITAL  | CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN  | No Auth Required |  |  |  |  |
| 93533 | R & L HEART CATH CONGENITAL  | CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN | No Auth Required |  |  |  |  |
| 93561 | CARDIAC OUTPUT MEASUREMENT   | INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS     | No Auth Required |  |  |  |  |
| 93562 | CARD OUTPUT MEASURE SUBSQ    | INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA   | No Auth Required |  |  |  |  |
| 93563 | INJECT CONGENITAL CARD CATH  | NJX SEL HRT ART CONGENITAL HRT CATH W/S&I        | No Auth Required |  |  |  |  |
| 93564 | INJECT HRT CONGNL ART/GRFT   | NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I   | No Auth Required |  |  |  |  |
| 93565 | INJECT L VENTR/ATRIAL ANGIO  | NJX SEL L VENTR/ATRIAL ANGIO HRT CATH W/S&I      | No Auth Required |  |  |  |  |
| 93566 | INJECT R VENTR/ATRIAL ANGIO  | NJX SEL R VENTR/ATRIAL ANGIO HRT CATH W/S&I      | No Auth Required |  |  |  |  |
| 93567 | INJECT SUPRVLV AORTOGRAPHY   | NJX SUPRAVALV AORTOG HRT CATH W/S&I              | No Auth Required |  |  |  |  |
| 93568 | INJECT PULM ART HRT CATH     | NJX PULMONARY ANGIO HRT CATH W/S&I               | No Auth Required |  |  |  |  |
| 93571 | HEART FLOW RESERVE MEASURE   | IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL     | No Auth Required |  |  |  |  |
| 93572 | HEART FLOW RESERVE MEASURE   | IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL    | No Auth Required |  |  |  |  |
| 93580 | TRANSCATH CLOSURE OF ASD     | PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT    | No Auth Required |  |  |  |  |
| 93581 | TRANSCATH CLOSURE OF VSD     | PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT     | No Auth Required |  |  |  |  |
| 93582 | PERQ TRANSCATH CLOSURE PDA   | PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS   | No Auth Required |  |  |  |  |
| 93583 | PERQ TRANSCATH SEPTAL REDUXN | PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER | No Auth Required |  |  |  |  |
| 93590 | PERQ TRANSCATH CLS MITRAL    | PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE | No Auth Required |  |  |  |  |
| 93591 | PERQ TRANSCATH CLS AORTIC    | PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE | No Auth Required |  |  |  |  |
| 93592 | PERQ TRANSCATH CLOSURE EACH  | PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV | No Auth Required |  |  |  |  |
| 93600 | BUNDLE OF HIS RECORDING      | BUNDLE OF HIS RECORDING                          | No Auth Required |  |  |  |  |
| 93602 | INTRA-ATRIAL RECORDING       | INTRA-ATRIAL RECORDING                           | No Auth Required |  |  |  |  |
| 93603 | RIGHT VENTRICULAR RECORDING  | RIGHT VENTRICULAR RECORDING                      | No Auth Required |  |  |  |  |
| 93609 | MAP TACHYCARDIA ADD-ON       | INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA   | No Auth Required |  |  |  |  |
| 93610 | INTRA-ATRIAL PACING          | INTRA-ATRIAL PACING                              | No Auth Required |  |  |  |  |
| 93612 | INTRAVENTRICULAR PACING      | INTRAVENTRICULAR PACING                          | No Auth Required |  |  |  |  |
| 93613 | ELECTROPHYS MAP 3D ADD-ON    | INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING       | No Auth Required |  |  |  |  |
| 93615 | ESOPHAGEAL RECORDING         | ESOPHGL REC ATRIAL W/VO VENTRICULAR ELECTROGRAMS | No Auth Required |  |  |  |  |
| 93616 | ESOPHAGEAL RECORDING         | ESOPHGL REC ATRIAL W/VO VENTR ELECTRGRAMS W/PACG | No Auth Required |  |  |  |  |
| 93618 | HEART RHYTHM PACING          | INDUCTION ARRHYTHMIA ELECTRICAL PACING           | No Auth Required |  |  |  |  |
| 93619 | ELECTROPHYSIOLOGY EVALUATION | COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION   | No Auth Required |  |  |  |  |
| 93620 | ELECTROPHYSIOLOGY EVALUATION | COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION   | No Auth Required |  |  |  |  |
| 93621 | ELECTROPHYSIOLOGY EVALUATION | COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC | No Auth Required |  |  |  |  |
| 93622 | ELECTROPHYSIOLOGY EVALUATION | COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC  | No Auth Required |  |  |  |  |
| 93623 | STIMULATION PACING HEART     | PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS        | No Auth Required |  |  |  |  |
| 93624 | ELECTROPHYSIOLOGIC STUDY     | ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT  | No Auth Required |  |  |  |  |

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| 93631 | HEART PACING MAPPING          | INTRAOP EPICAR& ENDOCAR PACG& MAPG                | No Auth Required       |  |  |                      |
| 93640 | EVALUATION HEART DEVICE       | EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE  | No Auth Required       |  |  |                      |
| 93641 | ELECTROPHYSIOLOGY EVALUATION  | EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN     | No Auth Required       |  |  |                      |
| 93642 | ELECTROPHYSIOLOGY EVALUATION  | EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS  | No Auth Required       |  |  |                      |
| 93644 | ELECTROPHYSIOLOGY EVALUATION  | EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR         | No Auth Required       |  |  |                      |
| 93650 | ABLATE HEART DYSRHYTHM FOCUS  | ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION   | No Auth Required       |  |  |                      |
| 93653 | EP & ABLATE SUPRAVENT ARRHYT  | EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA        | No Auth Required       |  |  |                      |
| 93654 | EP & ABLATE VENTRIC TACHY     | EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA     | No Auth Required       |  |  |                      |
| 93655 | ABLATE ARRHYTHMIA ADD ON      | ICAR CATHETER ABLATION ARRHYTHMIA ADD ON          | No Auth Required       |  |  |                      |
| 93656 | TX ATRIAL FIB PULM VEIN ISOL  | EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN  | No Auth Required       |  |  |                      |
| 93657 | TX L/R ATRIAL FIB ADDL        | ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN     | No Auth Required       |  |  |                      |
| 93660 | TILT TABLE EVALUATION         | CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR  | No Auth Required       |  |  |                      |
| 93662 | INTRACARDIAC ECG (ICE)        | INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I   | No Auth Required       |  |  |                      |
| 93668 | PERIPHERAL VASCULAR REHAB     | PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION     | No Auth Required       |  |  |                      |
| 93701 | BIOIMPEDANCE CV ANALYSIS      | BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS       | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93702 | BIS XTRACELL FLUID ANALYSIS   | BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT    | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93724 | ANALYZE PACEMAKER SYSTEM      | ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM    | No Auth Required       |  |  |                      |
| 93740 | TEMPERATURE GRADIENT STUDIES  | TEMPRATURE GRADIENT STUDY                         | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93745 | SET-UP CARDIOVERT-DEFIBRILL   | 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB    | No Auth Required       |  |  |                      |
| 93750 | INTERROGATION VAD IN PERSON   | INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS    | No Auth Required       |  |  |                      |
| 93770 | MEASURE VENOUS PRESSURE       | DERMINATION OF VENOUS PRESSUE                     | No Auth Required       |  |  |                      |
| 93784 | AMBL BP MNTR W/SOFTWARE       | AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R  | No Auth Required       |  |  |                      |
| 93786 | AMBL BP MNTR W/SW REC ONLY    | AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY     | No Auth Required       |  |  |                      |
| 93788 | AMBL BP MNTR W/SW A/R         | AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R       | No Auth Required       |  |  |                      |
| 93790 | AMBL BP MNTR W/SW I&R         | AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R       | No Auth Required       |  |  |                      |
| 93792 | PT/CAREGIVER TRAIING HOME INR | PT/CAREGIVER TRAIING FOR INITIATION HOME INR MNTR | No Auth Required       |  |  |                      |
| 93793 | ANTICOAG MGMT PT WARFARIN     | ANTICOAGULANT MGMT FOR PT TAKING WARFARIN         | No Auth Required       |  |  |                      |
| 93797 | CARDIAC REHAB                 | OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR     | No Auth Required       |  |  |                      |
| 93798 | CARDIAC REHAB/MONITOR         | OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING    | No Auth Required       |  |  |                      |
| 93799 | CARDIOVASCULAR PROCEDURE      | UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE         | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93880 | EXTRACRANIAL BILAT STUDY      | DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY       | No Auth Required       |  |  |                      |
| 93882 | EXTRACRANIAL UNI/LTD STUDY    | DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY       | No Auth Required       |  |  |                      |
| 93886 | INTRACRANIAL COMPLETE STUDY   | TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL  | No Auth Required       |  |  |                      |
| 93888 | INTRACRANIAL LIMITED STUDY    | TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD   | No Auth Required       |  |  |                      |
| 93890 | TCD VASOREACTIVITY STUDY      | TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY  | No Auth Required       |  |  |                      |
| 93892 | TCD EMBOLI DETECT W/O INJ     | TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT  | No Auth Required       |  |  |                      |
| 93893 | TCD EMBOLI DETECT W/INJ       | TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ   | No Auth Required       |  |  |                      |
| 93895 | CAROTID INTIMA ATHEROMA EVAL  | CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 93922 | UPR/L XTREMITY ART 2 LEVELS   | NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL   | No Auth Required       |  |  |                      |
| 93923 | UPR/LXTR ART STDY 3+ LVLS     | NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS | No Auth Required       |  |  |                      |
| 93924 | LWR XTR VASC STDY BILAT       | N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI         | No Auth Required       |  |  |                      |
| 93925 | LOWER EXTREMITY STUDY         | DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY        | No Auth Required       |  |  |                      |
| 93926 | LOWER EXTREMITY STUDY         | DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY        | No Auth Required       |  |  |                      |
| 93930 | UPPER EXTREMITY STUDY         | DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY        | No Auth Required       |  |  |                      |
| 93931 | UPPER EXTREMITY STUDY         | DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY        | No Auth Required       |  |  |                      |
| 93970 | EXTREMITY STUDY               | DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY       | No Auth Required       |  |  |                      |
| 93971 | EXTREMITY STUDY               | DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY       | No Auth Required       |  |  |                      |
| 93975 | VASCULAR STUDY                | DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM    | No Auth Required       |  |  |                      |
| 93976 | VASCULAR STUDY                | DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT    | No Auth Required       |  |  |                      |

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| 93978 | VASCULAR STUDY               | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE     | No Auth Required       |  |  |                      |
| 93979 | VASCULAR STUDY               | DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD     | No Auth Required       |  |  |                      |
| 93980 | PENILE VASCULAR STUDY        | DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL         | No Auth Required       |  |  |                      |
| 93981 | PENILE VASCULAR STUDY        | DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD | No Auth Required       |  |  |                      |
| 93985 | DUP-SCAN HEMO COMPL BI STD   | DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD  | No Auth Required       |  |  |                      |
| 93986 | DUP-SCAN HEMO COMPL UNI STD  | DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD | No Auth Required       |  |  |                      |
| 93990 | DOPPLER FLOW TESTING         | DUPLEX SCAN HEMODIALYSIS ACCESS                  | No Auth Required       |  |  |                      |
| 93998 | NONINVAS VASC DX STUDY PROC  | UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 94002 | VENT MGMT INPAT INIT DAY     | VENTILATION ASSIST & MGMT INPATIENT 1ST DAY      | No Auth Required       |  |  |                      |
| 94003 | VENT MGMT INPAT SUBQ DAY     | VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA   | No Auth Required       |  |  |                      |
| 94004 | VENT MGMT NF PER DAY         | VENTILATION ASSIST & MGMT NURSING FAC PR DAY     | No Auth Required       |  |  |                      |
| 94005 | HOME VENT MGMT SUPERVISION   | HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>     | No Auth Required       |  |  |                      |
| 94010 | BREATHING CAPACITY TEST      | SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ    | No Auth Required       |  |  |                      |
| 94011 | SPIROMETRY UP TO 2 YRS OLD   | MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y  | No Auth Required       |  |  |                      |
| 94012 | SPIRMTRY W/BRNCHDIL INF-2 YR | MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS | No Auth Required       |  |  |                      |
| 94013 | MEAS LUNG VOL THRU 2 YRS     | MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS      | No Auth Required       |  |  |                      |
| 94014 | PATIENT RECORDED SPIROMETRY  | PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I   | No Auth Required       |  |  |                      |
| 94015 | PATIENT RECORDED SPIROMETRY  | PATIENT-INITIATED SPIROMETRIC RECORDING          | No Auth Required       |  |  |                      |
| 94016 | REVIEW PATIENT SPIROMETRY    | PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY  | No Auth Required       |  |  |                      |
| 94060 | EVALUATION OF WHEEZING       | BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN   | No Auth Required       |  |  |                      |
| 94070 | EVALUATION OF WHEEZING       | BRNCSPM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT   | No Auth Required       |  |  |                      |
| 94150 | VITAL CAPACITY TEST          | VITAL CAPACITY TOTAL SEPARATE PROCEDURE          | No Auth Required       |  |  |                      |
| 94200 | LUNG FUNCTION TEST (MBC/MVV) | MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ   | No Auth Required       |  |  |                      |
| 94250 | EXPIRED GAS COLLECTION       | EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX     | No Auth Required       |  |  |                      |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | RESPIRATORY FLOW VOLUME LOOP                     | No Auth Required       |  |  |                      |
| 94400 | CO2 BREATHING RESPONSE CURVE | BREATHING RESPONSE TO CO2                        | No Auth Required       |  |  |                      |
| 94450 | HYPOXIA RESPONSE CURVE       | BREATHING RESPONSE TO HYPOXIA                    | No Auth Required       |  |  |                      |
| 94452 | HAST W/REPORT                | HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT | No Auth Required       |  |  |                      |
| 94453 | HAST W/OXYGEN TITRATE        | HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION | No Auth Required       |  |  |                      |
| 94610 | SURFACTANT ADMIN THRU TUBE   | INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP     | No Auth Required       |  |  |                      |
| 94617 | EXERCISE TST BRNCSPM         | EXERCISE TEST FOR BRONCHOSPASM                   | No Auth Required       |  |  |                      |
| 94621 | CARDIOPULM EXERCISE TESTING  | CARDIOPULMONARY EXERCISE TESTING                 | No Auth Required       |  |  |                      |
| 94640 | AIRWAY INHALATION TREATMENT  | PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT  | No Auth Required       |  |  |                      |
| 94642 | AEROSOL INHALATION TREATMENT | PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH  | No Auth Required       |  |  |                      |
| 94644 | CBT 1ST HOUR                 | CONTINUOUS INHALATION TREATMENT 1ST HR           | No Auth Required       |  |  |                      |
| 94645 | CBT EACH ADDL HOUR           | CONTINUOUS INHALATION TREATMENT EA ADDL HR       | No Auth Required       |  |  |                      |
| 94660 | POS AIRWAY PRESSURE CPAP     | CPAP VENTILATION CPAP INITIATION&MGMT            | No Auth Required       |  |  |                      |
| 94662 | NEG PRESS VENTILATION CNP    | CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM   | No Auth Required       |  |  |                      |
| 94664 | EVALUATE PT USE OF INHALER   | DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP   | No Auth Required       |  |  |                      |
| 94667 | CHEST WALL MANIPULATION      | MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL   | No Auth Required       |  |  |                      |
| 94668 | CHEST WALL MANIPULATION      | MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ   | No Auth Required       |  |  |                      |
| 94669 | MECHANICAL CHEST WALL OSCILL | MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION  | Authorization Required | DME  |  | Full Clinical Review |
| 94680 | EXHALED AIR ANALYSIS O2      | O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP   | No Auth Required       |  |  |                      |
| 94681 | EXHALED AIR ANALYSIS O2/CO2  | O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC      | No Auth Required       |  |  |                      |
| 94690 | EXHALED AIR ANALYSIS         | O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX     | No Auth Required       |  |  |                      |
| 94726 | PULM FUNCT TST PLETHYSMOGRAP | PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST  | No Auth Required       |  |  |                      |
| 94727 | PULM FUNCTION TEST BY GAS    | GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V   | No Auth Required       |  |  |                      |
| 94728 | AIRWY RESIST BY OSCILLOMETRY | AIRWAY RESISTANCE BY OSCILLOMETRY                | No Auth Required       |  |  |                      |
| 94729 | CO/MEMBRANE DIFFUSE CAPACITY | CO DIFFUSING CAPACITY                            | No Auth Required       |  |  |                      |
| 94750 | PULMONARY COMPLIANCE STUDY   | PULMONARY COMPLIANCE STUDY                       | No Auth Required       |  |  |                      |
| 94760 | MEASURE BLOOD OXYGEN LEVEL   | NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER      | No Auth Required       |  |  |                      |
| 94761 | MEASURE BLOOD OXYGEN LEVEL   | NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER    | No Auth Required       |  |  |                      |
| 94762 | MEASURE BLOOD OXYGEN LEVEL   | NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR | No Auth Required       |  |  |                      |
| 94770 | EXHALED CARBON DIOXIDE TEST  | CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER   | No Auth Required       |  |  |                      |

|       |                              |   |                        |  |  |                      |
|-------|------------------------------|---|------------------------|--|--|----------------------|
| 94772 | BREATH RECORDING INFANT      | CIRCADIAN RESPIRATORY PATTERN REC 12-24 HR INFANT | No Auth Required       |  |  |                      |
| 94774 | PED HOME APNEA REC COMPL     | PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R       | No Auth Required       |  |  |                      |
| 94775 | PED HOME APNEA REC HK-UP     | PEDIATRIC APNEA MONITOR ATTACHMENT                | No Auth Required       |  |  |                      |
| 94776 | PED HOME APNEA REC DOWNLD    | PEDIATRIC APNEA MONITOR ANALYSES COMPUTER         | No Auth Required       |  |  |                      |
| 94777 | PED HOME APNEA REC REPORT    | PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW           | No Auth Required       |  |  |                      |
| 94780 | CARS/BD TST INFT-12MO 60 MIN | CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN          | No Auth Required       |  |  |                      |
| 94781 | CARS/BD TST INFT-12MO +30MIN | CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN  | No Auth Required       |  |  |                      |
| 94799 | PULMONARY SERVICE/PROCEDURE  | UNLISTED PULMONARY SERVICE/PROCEDURE              | Authorization Required | General Medicine - other services and procedures               |  | Full Clinical Review |
| 95004 | PERCUT ALLERGY SKIN TESTS    | PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS          | No Auth Required       |  |  |                      |
| 95012 | EXHALED NITRIC OXIDE MEAS    | NITRIC OXIDE EXPIRED GAS DETERMINATION            | No Auth Required       |  |  |                      |
| 95017 | PERQ & ICUT ALLG TEST VENOMS | ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R      | No Auth Required       |  |  |                      |
| 95018 | PERQ&IC ALLG TEST DRUGS/BIOL | ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R   | No Auth Required       |  |  |                      |
| 95024 | ICUT ALLERGY TEST DRUG/BUG   | INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS        | No Auth Required       |  |  |                      |
| 95027 | ICUT ALLERGY TITRATE-AIRBORN | INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE  | No Auth Required       |  |  |                      |
| 95028 | ICUT ALLERGY TEST-DELAYED    | IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING     | No Auth Required       |  |  |                      |
| 95044 | ALLERGY PATCH TESTS          | PATCH/APPLICATION TEST SPECIFY NUMBER TESTS       | No Auth Required       |  |  |                      |
| 95052 | PHOTO PATCH TEST             | PHOTO PATCH TEST SPECIFY NUMBER TSTS              | No Auth Required       |  |  |                      |
| 95056 | PHOTOSENSITIVITY TESTS       | PHOTO TESTS                                       | No Auth Required       |  |  |                      |
| 95060 | EYE ALLERGY TESTS            | OPHTHALMIC MUCOUS MEMBRANE TESTS                  | No Auth Required       |  |  |                      |
| 95065 | NOSE ALLERGY TEST            | DIRECT NASAL MUCOUS MEMBRANE TEST                 | No Auth Required       |  |  |                      |
| 95070 | BRONCHIAL ALLERGY TESTS      | INHJL BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL     | No Auth Required       |  |  |                      |
| 95071 | BRONCHIAL ALLERGY TESTS      | INHJL BRNCL CHALLENGE TSTG W/AGS/GASES            | No Auth Required       |  |  |                      |
| 95076 | INGEST CHALLENGE INI 120 MIN | INGESTION CHALLENGE TEST INITIAL 120 MINUTES      | No Auth Required       |  |  |                      |
| 95079 | INGEST CHALLENGE ADDL 60 MIN | INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES     | No Auth Required       |  |  |                      |
| 95115 | IMMUNOTHERAPY ONE INJECTION  | PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX  | No Auth Required       |  |  |                      |
| 95117 | IMMUNOTHERAPY INJECTIONS     | PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS   | No Auth Required       |  |  |                      |
| 95120 | IMMUNOTHERAPY ONE INJECTION  | PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX     | No Auth Required       |  |  |                      |
| 95125 | IMMUNOTHERAPY 2/> INJECTIONS | PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX   | No Auth Required       |  |  |                      |
| 95130 | IMMNTX 1 STING INSECT        | PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT   | No Auth Required       |  |  |                      |
| 95131 | IMMNTX 2 STING INSECTS       | PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT   | No Auth Required       |  |  |                      |
| 95132 | IMMNTX 3 STING INSECTS       | PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT   | No Auth Required       |  |  |                      |
| 95133 | IMMNTX 4 STING INSECTS       | PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT   | No Auth Required       |  |  |                      |
| 95134 | IMMNTX 5 STING INSECTS       | PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT   | No Auth Required       |  |  |                      |
| 95144 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO    | No Auth Required       |  |  |                      |
| 95145 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT    | No Auth Required       |  |  |                      |
| 95146 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT    | No Auth Required       |  |  |                      |
| 95147 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT    | No Auth Required       |  |  |                      |
| 95148 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT    | No Auth Required       |  |  |                      |
| 95149 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT    | No Auth Required       |  |  |                      |
| 95165 | ANTIGEN THERAPY SERVICES     | PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN       | No Auth Required       |  |  |                      |
| 95170 | ANTIGEN THERAPY SERVICES     | PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE    | No Auth Required       |  |  |                      |
| 95180 | RAPID DESENSITIZATION        | RAPID DESENSITIZATION PROCEDURE EACH HOUR         | No Auth Required       |  |  |                      |
| 95199 | ALLERGY IMMUNOLOGY SERVICES  | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX     | No Auth Required       |  |  |                      |
| 95249 | CONT GLUC MNTR PT PROV EQP   | CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT   | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 95250 | CONT GLUC MNTR PHYS/QHP EQP  | CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT   | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 95251 | CONT GLUC MNTR ANALYSIS I&R  | CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R        | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 95700 | EEG CONT REC W/VID EEG TECH  | EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS       | No Auth Required       |  |  |                      |
| 95705 | EEG W/O VID 2-12 HR UNMNTD   | EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED         | No Auth Required       |  |  |                      |
| 95706 | EEG WO VID 2-12HR INTMT MNTR | EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR   | No Auth Required       |  |  |                      |



|       |                              |  |                        |   |  |  |
|-------|------------------------------|--|------------------------|---|--|--|
| 95707 | EEG W/O VID 2-12HR CONT MNTR | EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | No Auth Required       |   |  |  |
| 95708 | EEG WO VID EA 12-26HR UNMNTR | EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED  | No Auth Required       |   |  |  |
| 95709 | EEG W/O VID EA 12-26HR INTMT | EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR  | No Auth Required       |   |  |  |
| 95710 | EEG W/O VID EA 12-26HR CONT  | EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR  | No Auth Required       |   |  |  |
| 95711 | VEEG 2-12 HR UNMONITORED     | VEEG BY TECH 2-12 HOURS UNMONITORED              | No Auth Required       |   |  |  |
| 95712 | VEEG 2-12 HR INTMT MNTR      | VEEG BY TECH 2-12 HR INTERMITTENT MONITORING     | No Auth Required       |   |  |  |
| 95713 | VEEG 2-12 HR CONT MNTR       | VEEG BY TECH 2-12 HR CONTINUOUS R T MONITORING   | No Auth Required       |   |  |  |
| 95714 | VEEG EA 12-26 HR UNMNTR      | VEEG BY TECH EA INCR 12-26 HR UNMONITORED        | No Auth Required       |   |  |  |
| 95715 | VEEG EA 12-26HR INTMT MNTR   | VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR  | No Auth Required       |   |  |  |
| 95716 | VEEG EA 12-26HR CONT MNTR    | VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR      | No Auth Required       |   |  |  |
| 95717 | EEG PHYS/QHP 2-12 HR W/O VID | EEG PHYS/QHP 2-12 HR WITHOUT VIDEO               | No Auth Required       |   |  |  |
| 95718 | EEG PHYS/QHP 2-12 HR W/VEEG  | EEG PHYS/QHP 2-12 HR WITH VEEG                   | No Auth Required       |   |  |  |
| 95719 | EEG PHYS/QHP EA INCR W/O VID | EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID | No Auth Required       |   |  |  |
| 95720 | EEG PHY/QHP EA INCR W/VEEG   | EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG | No Auth Required       |   |  |  |
| 95721 | EEG PHY/QHP>36<60 HR W/O VID | EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO  | No Auth Required       |   |  |  |
| 95722 | EEG PHY/QHP>36<60 HR W/VEEG  | EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG     | No Auth Required       |   |  |  |
| 95723 | EEG PHY/QHP>60<84 HR W/O VID | EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO  | No Auth Required       |   |  |  |
| 95724 | EEG PHY/QHP>60<84 HR W/VEEG  | EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG     | No Auth Required       |   |  |  |
| 95725 | EEG PHY/QHP>84 HR W/O VID    | EEG COMPLETE STD PHYS/QHP>84 HR W/O VID          | No Auth Required       |   |  |  |
| 95726 | EEG PHY/QHP>84 HR W/VEEG     | EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG           | No Auth Required       |   |  |  |
| 95782 | POLYSOM <6 YRS 4/> PARAMTRS  | POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND  | No Auth Required       | Sleep Studies   |  |  |
| 95783 | POLYSOM <6 YRS CPAP/BILVL    | POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM | No Auth Required       | Sleep Studies   |  |  |
| 95800 | SLP STDY UNATTENDED          | SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME  | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95801 | SLP STDY UNATND W/ANAL       | SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL  | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95803 | ACTIGRAPHY TESTING           | ACTIGRAPHY TESTING RECORDING ANALYSIS I&R        | Authorization Required | General Medicine - other services and procedures          |  | Full Clinical Review   |
| 95805 | MULTIPLE SLEEP LATENCY TEST  | MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG      | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95806 | SLEEP STUDY UNATT&RESP EFFT  | SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT   | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95807 | SLEEP STUDY ATTENDED         | SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN   | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95808 | POLYSOM ANY AGE 1-3> PARAM   | POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95810 | POLYSOM 6/> YRS 4/> PARAM    | POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND        | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95811 | POLYSOM 6/>YRS CPAP 4/> PARM | POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND | Authorization Required | Sleep Studies   |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| 95812 | EEG 41-60 MINUTES            | ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN | Authorization Required | General Medicine - neurology and neuromuscular procedures |  | Full Clinical Review   |
| 95813 | EEG EXTND MNTR 61-119 MIN    | EEG EXTENDED MONITORING 61-119 MINUTES           | No Auth Required       |   |  |  |
| 95816 | EEG AWAKE AND DROWSY         | ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY          | No Auth Required       |   |  |  |
| 95819 | EEG AWAKE AND ASLEEP         | ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP          | No Auth Required       |   |  |  |
| 95822 | EEG COMA OR SLEEP ONLY       | ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY         | No Auth Required       |   |  |  |
| 95824 | EEG CEREBRAL DEATH ONLY      | ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY        | No Auth Required       |   |  |  |
| 95829 | SURGERY ELECTROCORTICOGRAM   | ELECTROCORTICOGRAM SURGERY SPX                   | No Auth Required       |   |  |  |
| 95830 | INSERT ELECTRODES FOR EEG    | INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP     | No Auth Required       |   |  |  |
| 95836 | ECOG IMPLTD BRN NPGT <30 D   | ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS     | No Auth Required       |   |  |  |
| 95851 | RANGE OF MOTION MEASUREMENTS | ROM MEAS&REPT EA XTR EX HAND/EA TRNK SCTJ SPI    | No Auth Required       |   |  |  |
| 95852 | RANGE OF MOTION MEASUREMENTS | ROM MEAS&REPT HAND W/WO COMPARISON NORMAL SID    | No Auth Required       |   |  |  |

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|-------|------------------------------|--|------------------------|---|--|----------------------|
| 95857 | CHOLINESTERASE CHALLENGE     | CHOLINESTERASE INHIBITOR CHALLENGE TEST          | No Auth Required       |   |  |                      |
| 95860 | MUSCLE TEST ONE LIMB         | NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS      | No Auth Required       |   |  |                      |
| 95861 | MUSCLE TEST 2 LIMBS          | NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS      | No Auth Required       |   |  |                      |
| 95863 | MUSCLE TEST 3 LIMBS          | NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS      | No Auth Required       |   |  |                      |
| 95864 | MUSCLE TEST 4 LIMBS          | NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS      | No Auth Required       |   |  |                      |
| 95865 | MUSCLE TEST LARYNX           | NEEDLE ELECTROMYOGRAPHY LARYNX                   | No Auth Required       |   |  |                      |
| 95866 | MUSCLE TEST HEMIDIAPHRAGM    | NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM            | No Auth Required       |   |  |                      |
| 95867 | MUSCLE TEST CRAN NERV UNILAT | NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI   | No Auth Required       |   |  |                      |
| 95868 | MUSCLE TEST CRAN NERVE BILAT | NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI    | No Auth Required       |   |  |                      |
| 95869 | MUSCLE TEST THOR PARASPINAL  | NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12    | No Auth Required       |   |  |                      |
| 95870 | MUSCLE TEST NONPARASPINAL    | NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI   | No Auth Required       |   |  |                      |
| 95872 | MUSCLE TEST ONE FIBER        | NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER  | No Auth Required       |   |  |                      |
| 95873 | GUIDE NERV DESTR ELEC STIM   | ELECTRICAL STIMULATION GUID W/CHEMODENERVATION   | No Auth Required       |   |  |                      |
| 95874 | GUIDE NERV DESTR NEEDLE EMG  | NEEDLE EMG GUID W/CHEMODENERVATION               | No Auth Required       |   |  |                      |
| 95875 | LIMB EXERCISE TEST           | ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB        | No Auth Required       |   |  |                      |
| 95885 | MUSC TST DONE W/NERV TST LIM | NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED | No Auth Required       |   |  |                      |
| 95886 | MUSC TEST DONE W/N TEST COMP | NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE | No Auth Required       |   |  |                      |
| 95887 | MUSC TST DONE W/N TST NONEXT | NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION | No Auth Required       |   |  |                      |
| 95905 | MOTOR &/ SENS NRVE CNDJ TEST | MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB   | Authorization Required | General Medicine - neurology and neuromuscular procedures |  | Full Clinical Review |
| 95907 | NVR CNDJ TST 1-2 STUDIES     | NERVE CONDUCTION STUDIES 1-2 STUDIES             | No Auth Required       |   |  |                      |
| 95908 | NRV CNDJ TST 3-4 STUDIES     | NERVE CONDUCTION STUDIES 3-4 STUDIES             | No Auth Required       |   |  |                      |
| 95909 | NRV CNDJ TST 5-6 STUDIES     | NERVE CONDUCTION STUDIES 5-6 STUDIES             | No Auth Required       |   |  |                      |
| 95910 | NRV CNDJ TEST 7-8 STUDIES    | NERVE CONDUCTION STUDIES 7-8 STUDIES             | No Auth Required       |   |  |                      |
| 95911 | NRV CNDJ TEST 9-10 STUDIES   | NERVE CONDUCTION STUDIES 9-10 STUDIES            | No Auth Required       |   |  |                      |
| 95912 | NRV CNDJ TEST 11-12 STUDIES  | NERVE CONDUCTION STUDIES 11-12 STUDIES           | No Auth Required       |   |  |                      |
| 95913 | NRV CNDJ TEST 13/> STUDIES   | NERVE CONDUCTION STUDIES 13/> STUDIES            | No Auth Required       |   |  |                      |
| 95921 | AUTONOMIC NRV PARASYM INERVJ | TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP     | No Auth Required       |   |  |                      |
| 95922 | AUTONOMIC NRV ADRENRG INERVJ | TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ     | No Auth Required       |   |  |                      |
| 95923 | AUTONOMIC NRV SYST FUNJ TEST | TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION        | No Auth Required       |   |  |                      |
| 95924 | ANS PARASYMP & SYMP W/TILT   | TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT | No Auth Required       |   |  |                      |
| 95925 | SOMATOSENSORY TESTING        | SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS        | No Auth Required       |   |  |                      |
| 95926 | SOMATOSENSORY TESTING        | SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS        | No Auth Required       |   |  |                      |
| 95927 | SOMATOSENSORY TESTING        | SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD        | Authorization Required | General Medicine - neurology and neuromuscular procedures |  | Full Clinical Review |
| 95928 | C MOTOR EVOKED UPR LIMBS     | CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS | No Auth Required       |   |  |                      |
| 95929 | C MOTOR EVOKED LWR LIMBS     | CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS | No Auth Required       |   |  |                      |
| 95930 | VISUAL EP TEST CNS W/I&R     | VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R      | No Auth Required       |   |  |                      |
| 95933 | BLINK REFLEX TEST            | ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST   | No Auth Required       |   |  |                      |
| 95937 | NEUROMUSCULAR JUNCTION TEST  | NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH       | Authorization Required |   |  | Full Clinical Review |
| 95938 | SOMATOSENSORY TESTING        | SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB   | Authorization Required |   |  | Full Clinical Review |
| 95939 | C MOTOR EVOKED UPR&LWR LIMBS | CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI   | Authorization Required |   |  | Full Clinical Review |
| 95940 | IONM IN OPERATNG ROOM 15 MIN | IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES   | Authorization Required | General Medicine - neurology and neuromuscular procedures |  | Full Clinical Review |
| 95941 | IONM REMOTE/>1 PT OR PER HR  | IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR     | Authorization Required | General Medicine - neurology and neuromuscular procedures |  | Full Clinical Review |
| 95943 | PARASYMP&SYMP HRT RATE TEST  | PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY   | No Auth Required       |   |  |                      |
| 95954 | EEG MONITORING/GIVING DRUGS  | RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE      | No Auth Required       |   |  |                      |
| 95955 | EEG DURING SURGERY           | EEG NONINTRACRANIAL SURGERY                      | No Auth Required       |   |  |                      |
| 95957 | EEG DIGITAL ANALYSIS         | DIGITAL ANALYSIS ELECTROENCEPHALOGRAM            | No Auth Required       |   |  |                      |
| 95958 | EEG MONITORING/FUNCTION TEST | WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG  | No Auth Required       |   |  |                      |
| 95961 | ELECTRODE STIMULATION BRAIN  | FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR | No Auth Required       |   |  |                      |
| 95962 | ELECTRODE STIM BRAIN ADD-ON  | FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR | No Auth Required       |   |  |                      |

|       |                              |  |                        |  |  |                      |
|-------|------------------------------|--|------------------------|--|--|----------------------|
| 95965 | MEG SPONTANEOUS              | MAGNETOENCEPHALOGRAPHY SPON<br>BRAIN ACTIVITY        | No Auth Required       |  |  |                      |
| 95966 | MEG EVOKED SINGLE            | MAGNETOENCEPHALOGRAPHY EVOKED<br>FIELDS 1 MODALITY   | No Auth Required       |  |  |                      |
| 95967 | MEG EVOKED EACH ADDL         | MAGNETOENCEPHALOGRAPHY EVOKED<br>FIELDS EACH ADDL    | No Auth Required       |  |  |                      |
| 95970 | ALYS NPGT W/O PRGRMG         | ELEC ALYS IMPLT NPGT PHYS/QHP<br>W/O PROGRAMMING     | No Auth Required       |  |  |                      |
| 95971 | ALYS SMPL SP/PN NPGT W/PRGRM | ELEC ALYS IMPLT NPGT SMPL SP/PN<br>NPGT PRGRMG       | No Auth Required       |  |  |                      |
| 95972 | ALYS CPLX SP/PN NPGT W/PRGRM | ELEC ALYS IMPLT NPGT CPLX SP/PN<br>PRGRMG            | No Auth Required       |  |  |                      |
| 95976 | ALYS SMPL CN NPGT PRGRMG     | ELEC ALYS IMPLT SMPL CN NPGT<br>PRGRMG               | No Auth Required       |  |  |                      |
| 95977 | ALYS CPLX CN NPGT PRGRMG     | ELEC ALYS IMPLT CPLX CN NPGT<br>PRGRMG               | No Auth Required       |  |  |                      |
| 95980 | IO ANAL GAST N-STIM INIT     | ELEC ALYS NSTIM PLS GEN GASTRIC<br>INTRAOP W/PRGRMG  | No Auth Required       |  |  |                      |
| 95981 | IO ANAL GAST N-STIM SUBSQ    | ELEC ALYS NSTIM GEN GASTRIC SBSQ<br>W/O REPRGRMG     | No Auth Required       |  |  |                      |
| 95982 | IO GA N-STIM SUBSQ W/REPROG  | ELEC ALYS NSTIM PLS GEN GASTRIC<br>SBSQ W/REPRGRMG   | No Auth Required       |  |  |                      |
| 95983 | ALYS BRN NPGT PRGRMG 15 MIN  | ELEC ALYS IMPLT BRN NPGT PRGRMG<br>1ST 15 MIN        | No Auth Required       |  |  |                      |
| 95984 | ALYS BRN NPGT PRGRMG ADDL 15 | ELEC ALYS IMPLT BRN NPGT PRGRMG<br>EA ADDL 15 MIN    | No Auth Required       |  |  |                      |
| 95992 | CANALITH REPOSITIONING PROC  | CANALITH REPOSITIONING<br>PROCEDURE                  | No Auth Required       |  |  |                      |
| 95999 | NEUROLOGICAL PROCEDURE       | UNLIS<br>NEUROLOGICAL/NEUROMUSCULAR<br>DX PX         | Authorization Required | General Medicine -<br>neurology and<br>neuromuscular<br>procedures       |  | Full Clinical Review |
| 96000 | MOTION ANALYSIS VIDEO/3D     | COMPRE CPTR MTN ALYS VIDEO<br>TAPING 3D KINEMATICS   | Authorization Required | General Medicine -<br>neurology and<br>neuromuscular<br>procedures       |  | Full Clinical Review |
| 96001 | MOTION TEST W/FT PRESS MEAS  | COMPRE CPTR MTN ALYS W/DYN<br>PLNTR PRES MEAS WALKG  | Authorization Required | General Medicine -<br>neurology and<br>neuromuscular<br>procedures       |  | Full Clinical Review |
| 96002 | DYNAMIC SURFACE EMG          | DYN SURF EMG WALKG/FUNCJAL ACTV<br>1-12 MUSC         | No Auth Required       |  |  |                      |
| 96003 | DYNAMIC FINE WIRE EMG        | DYN FINE WIRE EMG WALKG/FUNCJAL<br>ACTV 1 MUSC       | No Auth Required       |  |  |                      |
| 96004 | PHYS REVIEW OF MOTION TESTS  | PHYS/QHP R&I CPTR MTN ALYS<br>WALK/FUNCJAL ACTV REPR | Authorization Required | General Medicine -<br>neurology and<br>neuromuscular<br>procedures       |  | Full Clinical Review |
| 96020 | FUNCTIONAL BRAIN MAPPING     | TEST SELECT & ADMIN FUNCTL BRAIN<br>MAP PHYS/QHP     | No Auth Required       |  |  |                      |
| 96040 | GENETIC COUNSELING 30 MIN    | MEDICAL GENETICS COUNSELING<br>EACH 30 MINUTES       | Authorization Required | Genetic Testing and<br>Counseling  |  | Full Clinical Review |
| 96105 | ASSESSMENT OF APHASIA        | ASSESSMENT APHASIA W/INTERP &<br>REPORT PER HOUR     | No Auth Required       |  |  |                      |
| 96110 | DEVELOPMENTAL SCREEN W/SCORE | DEVELOPMENTAL SCREEN W/SCORING<br>& DOC STD INSTRM   | No Auth Required       |  |  |                      |
| 96125 | COGNITIVE TEST BY HC PRO     | STANDARDIZED COGNITIVE<br>PERFORMANCE TESTING        | No Auth Required       |  |  |                      |
| 96127 | BRIEF EMOTIONAL/BEHAV ASSMT  | BEHAV ASSMT W/SCORE &<br>DOCD/STAND INSTRUMENT       | No Auth Required       |  |  |                      |
| 96156 | HLTH BHV ASSMT/REASSESSMENT  | HEALTH BEHAVIOR ASSESSMENT/RE-<br>ASSESSMENT         | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96158 | HLTH BHV IVNTJ INDIV 1ST 30  | HEALTH BEHAVIOR IVNTJ INDIV F2F<br>1ST 30 MIN        | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96159 | HLTH BHV IVNTJ INDIV EA ADDL | HEALTH BEHAVIOR IVNTJ INDIV F2F EA<br>ADDL 15 MIN    | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96160 | PT-FOCUSED HLTH RISK ASSMT   | PT-FOCUSED HLTH RISK ASSMT SCORE<br>DOC STND INSTRM  | No Auth Required       |  |  |                      |
| 96161 | CAREGIVER HEALTH RISK ASSMT  | CAREGIVER HLTH RISK ASSMT SCORE<br>DOC STND INSTRM   | No Auth Required       |  |  |                      |
| 96164 | HLTH BHV IVNTJ GRP 1ST 30    | HEALTH BEHAVIOR IVNTJ GROUP F2F<br>1ST 30 MIN        | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96165 | HLTH BHV IVNTJ GRP EA ADDL   | HEALTH BEHAVIOR IVNTJ GROUP F2F<br>EA ADDL 15 MIN    | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96167 | HLTH BHV IVNTJ FAM 1ST 30    | HEALTH BEHAVIOR IVNTJ FAM W/PT<br>F2F 1ST 30 MIN     | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96168 | HLTH BHV IVNTJ FAM EA ADDL   | HEALTH BEHAVIOR IVNTJ FAM W/PT<br>F2F EA ADD 15 MIN  | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96170 | HLTH BHV IVNTJ FAM WO PT 1ST | HEALTH BEHAVIOR IVNTJ FAM W/O PT<br>F2F 1ST 30 MIN   | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96171 | HLTH BHV IVNTJ FAM W/O PT EA | HEALTH BEHAVIOR IVNTJ FAM W/O PT<br>F2F EA ADDL 15   | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |
| 96360 | HYDRATION IV INFUSION INIT   | IV INFUSION HYDRATION INITIAL 31<br>MIN-1 HOUR       | No Auth Required       |  |  |                      |
| 96361 | HYDRATE IV INFUSION ADD-ON   | IV INFUSION HYDRATION EACH<br>ADDITIONAL HOUR        | No Auth Required       |  |  |                      |

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| 96365 | THER/PROPH/DIAG IV INF INIT  | IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR  | No Auth Required       |   |  |                      |
| 96366 | THER/PROPH/DIAG IV INF ADDON | IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR       | No Auth Required       |   |  |                      |
| 96367 | TX/PROPH/DG ADDL SEQ IV INF  | IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR   | No Auth Required       |   |  |                      |
| 96368 | THER/DIAG CONCURRENT INF     | IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS     | No Auth Required       |   |  |                      |
| 96372 | THER/PROPH/DIAG INJ SC/IM    | THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM    | No Auth Required       |   |  |                      |
| 96374 | THER/PROPH/DIAG INJ IV PUSH  | THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG   | No Auth Required       |   |  |                      |
| 96375 | TX/PRO/DX INJ NEW DRUG ADDON | THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG      | No Auth Required       |   |  |                      |
| 96379 | THER/PROP/DIAG INJ/INF PROC  | UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS      | No Auth Required       |   |  |                      |
| 96401 | CHEMO ANTI-NEOPL SQ/IM       | CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO       | No Auth Required       |   |  |                      |
| 96402 | CHEMO HORMON ANTINEOPL SQ/IM | CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO           | No Auth Required       |   |  |                      |
| 96405 | CHEMO INTRALESIONAL UP TO 7  | CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7     | No Auth Required       |   |  |                      |
| 96406 | CHEMO INTRALESIONAL OVER 7   | CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7     | No Auth Required       |   |  |                      |
| 96409 | CHEMO IV PUSH SNGL DRUG      | CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG          | No Auth Required       |   |  |                      |
| 96411 | CHEMO IV PUSH ADDL DRUG      | CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG             | No Auth Required       |   |  |                      |
| 96413 | CHEMO IV INFUSION 1 HR       | CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG   | No Auth Required       |   |  |                      |
| 96415 | CHEMO IV INFUSION ADDL HR    | CHEMOTHERAPY ADMN IV INFUSION TQ EA HR           | No Auth Required       |   |  |                      |
| 96416 | CHEMO PROLONG INFUSE W/PUMP  | CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP     | No Auth Required       |   |  |                      |
| 96417 | CHEMO IV INFUS EACH ADDL SEQ | CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR       | No Auth Required       |   |  |                      |
| 96420 | CHEMO IA PUSH TECHNIQUE      | CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ        | No Auth Required       |   |  |                      |
| 96422 | CHEMO IA INFUSION UP TO 1 HR | CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR    | No Auth Required       |   |  |                      |
| 96423 | CHEMO IA INFUSE EACH ADDL HR | CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR   | No Auth Required       |   |  |                      |
| 96425 | CHEMOTHERAPY INFUSION METHOD | CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP     | No Auth Required       |   |  |                      |
| 96440 | CHEMOTHERAPY INTRACAVITARY   | CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS      | No Auth Required       |   |  |                      |
| 96446 | CHEMOTX ADMN PRTL CAVITY     | CHEMOTX ADMN PRTL CAVITY PORT/CATH               | No Auth Required       |   |  |                      |
| 96450 | CHEMOTHERAPY INTO CNS        | CHEMOTX ADMN CNS REQ SPINAL PUNCTURE             | No Auth Required       |   |  |                      |
| 96521 | REFILL/MAINT PORTABLE PUMP   | REFILLING & MAINTENANCE PORTABLE PUMP            | No Auth Required       |   |  |                      |
| 96523 | IRRIG DRUG DELIVERY DEVICE   | IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST | No Auth Required       |   |  |                      |
| 96549 | CHEMOTHERAPY UNSPECIFIED     | UNLISTED CHEMOTHERAPY PROCEDURE                  | Authorization Required | General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe |  | Full Clinical Review |
| 96567 | PDT DSTR PRMLG LES SKN       | PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY      | Authorization Required | General Medicine - health and behavior assessment/intervention  |  | Full Clinical Review |
| 96570 | PHOTODYNAMC TX 30 MIN ADD-ON | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN     | No Auth Required       |   |  |                      |
| 96571 | PHOTODYNAMIC TX ADDL 15 MIN  | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN   | No Auth Required       |   |  |                      |
| 96573 | PDT DSTR PRMLG LES PHYS/QHP  | PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP  | Authorization Required | General Medicine - health and behavior assessment/intervention  |  | Full Clinical Review |
| 96574 | DBRDMT PRMLG LES W/PDT       | DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT       | No Auth Required       |   |  |                      |
| 96900 | ULTRAVIOLET LIGHT THERAPY    | ACTINOTHERAPY ULTRAVIOLET LIGHT                  | No Auth Required       |   |  |                      |
| 96902 | TRICHOGRAM                   | MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM | No Auth Required       |   |  |                      |
| 96904 | WHOLE BODY PHOTOGRAPHY       | WHOLE BODY INTEGUMENTARY PHOTOGRAPHY             | No Auth Required       |   |  |                      |
| 96910 | PHOTOCHEMOTHERAPY WITH UV-B  | PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB              | No Auth Required       |   |  |                      |
| 96912 | PHOTOCHEMOTHERAPY WITH UV-A  | PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA          | No Auth Required       |   |  |                      |
| 96913 | PHOTOCHEMOTHERAPY UV-A OR B  | PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION | No Auth Required       |   |  |                      |
| 96931 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST | Authorization Required | General Medicine - other services and procedures  |  | Full Clinical Review |
| 96932 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION | Authorization Required | General Medicine - other services and procedures  |  | Full Clinical Review |
| 96933 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES     | Authorization Required | General Medicine - other services and procedures  |  | Full Clinical Review |
| 96934 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD | Authorization Required | General Medicine - other services and procedures  |  | Full Clinical Review |
| 96935 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL | Authorization Required | General Medicine - other services and procedures  |  | Full Clinical Review |

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| 96936 | RCM CELULR SUBCELULR IMG SKN | RCM CELULR & SUBCELULR SKN<br>IMGNG I&R EA ADDL      | Authorization Required | General Medicine -<br>other services and<br>procedures                   |  | Full Clinical Review |  |
| 96999 | DERMATOLOGICAL PROCEDURE     | UNLISTED SPECIAL DERMATOLOGICAL<br>SERVICE/PROCEED   | Authorization Required | General Medicine -<br>other services and<br>procedures                   |  | Full Clinical Review |  |
| 97010 | HOT OR COLD PACKS THERAPY    | APPLICATION MODALITY 1/> AREAS<br>HOT/COLD PACKS     | No Auth Required       |  |  |                      |  |
| 97012 | MECHANICAL TRACTION THERAPY  | APPL MODALITY 1/> AREAS TRACTION<br>MECHANICAL       | No Auth Required       |  |  |                      |  |
| 97014 | ELECTRIC STIMULATION THERAPY | APPL MODALITY 1/> AREAS ELEC STIMJ<br>UNATTENDED     | No Auth Required       |  |  |                      |  |
| 97016 | VASOPNEUMATIC DEVICE THERAPY | APPL MODALITY 1/> AREAS<br>VASOPNEUMATIC DEVICES     | No Auth Required       |  |  |                      |  |
| 97018 | PARAFFIN BATH THERAPY        | APPL MODALITY 1/> AREAS PARAFFIN<br>BATH             | No Auth Required       |  |  |                      |  |
| 97022 | WHIRLPOOL THERAPY            | APPLICATION MODALITY 1/> AREAS<br>WHIRLPOOL          | No Auth Required       |  |  |                      |  |
| 97024 | DIATHERMY EG MICROWAVE       | APPLICATION MODALITY 1/> AREAS<br>DIATHERMY          | No Auth Required       |  |  |                      |  |
| 97026 | INFRARED THERAPY             | APPLICATION MODALITY 1/> AREAS<br>INFRARED           | No Auth Required       |  |  |                      |  |
| 97028 | ULTRAVIOLET THERAPY          | APPL MODALITY 1/> AREAS<br>ULTRAVIOLET               | No Auth Required       |  |  |                      |  |
| 97032 | ELECTRICAL STIMULATION       | APPL MODALITY 1/> AREAS ELEC STIMJ<br>EA 15 MIN      | No Auth Required       |  |  |                      |  |
| 97033 | ELECTRIC CURRENT THERAPY     | APPL MODALITY 1/> AREAS<br>IONTOPHORESIS EA 15 MIN   | No Auth Required       |  |  |                      |  |
| 97034 | CONTRAST BATH THERAPY        | APPL MODALITY 1/> AREAS CONTRAST<br>BATHS EA 15 MIN  | No Auth Required       |  |  |                      |  |
| 97035 | ULTRASOUND THERAPY           | APPL MODALITY 1/> AREAS<br>ULTRASOUND EA 15 MIN      | No Auth Required       |  |  |                      |  |
| 97036 | HYDROTHERAPY                 | APPL MODALITY 1/> AREAS HUBBARD<br>TANK EA 15 MIN    | No Auth Required       |  |  |                      |  |
| 97039 | PHYSICAL THERAPY TREATMENT   | UNLIST MODALITY SPEC TYPE&TIME<br>CONSTANT ATTEND    | Authorization Required | General Medicine -<br>other services and<br>procedures                   |  | Full Clinical Review |  |
| 97110 | THERAPEUTIC EXERCISES        | THERAPEUTIC PX 1/> AREAS EACH 15<br>MIN EXERCISES    | No Auth Required       |  |  |                      |  |
| 97112 | NEUROMUSCULAR REEDUCATION    | THER PX 1/> AREAS EACH 15 MIN<br>NEUROMUSC REEDUCA   | No Auth Required       |  |  |                      |  |
| 97113 | AQUATIC THERAPY/EXERCISES    | THER PX 1/> AREAS EACH 15 MIN<br>AQUA THER W/XERSS   | No Auth Required       |  |  |                      |  |
| 97116 | GAIT TRAINING THERAPY        | THER PX 1/> AREAS EA 15 MIN GAIT<br>TRAINING W/STAIR | No Auth Required       |  |  |                      |  |
| 97124 | MASSAGE THERAPY              | THER PX 1/> AREAS EACH 15 MINUTES<br>MASSAGE         | No Auth Required       |  |  |                      |  |
| 97129 | THER IVNTJ 1ST 15 MIN        | THER IVNTJ COG FUNCJ CNTCT 1ST 15<br>MINUTES         | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |  |
| 97130 | THER IVNTJ EA ADDL 15 MIN    | THER IVNTJ COG FUNCJ CNTCT EA<br>ADDL 15 MINUTES     | No Auth Required       | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  |                      |  |
| 97139 | PHYSICAL MEDICINE PROCEDURE  | UNLISTED THERAPEUTIC PROCEDURE<br>SPECIFY            | Authorization Required | General Medicine -<br>other services and<br>procedures                   |  | Full Clinical Review |  |
| 97140 | MANUAL THERAPY 1/> REGIONS   | MANUAL THERAPY TQS 1/> REGIONS<br>EACH 15 MINUTES    | No Auth Required       |  |  |                      |  |
| 97150 | GROUP THERAPEUTIC PROCEDURES | THERAPEUTIC PROCEDURES GROUP<br>2/> INDIVIDUALS      | No Auth Required       |  |  |                      |  |
| 97161 | PT EVAL LOW COMPLEX 20 MIN   | PHYSICAL THERAPY EVALUATION LOW<br>COMPLEX 20 MINS   | No Auth Required       |  |  |                      |  |
| 97162 | PT EVAL MOD COMPLEX 30 MIN   | PHYSICAL THERAPY EVALUATION MOD<br>COMPLEX 30 MINS   | No Auth Required       |  |  |                      |  |
| 97163 | PT EVAL HIGH COMPLEX 45 MIN  | PHYSICAL THERAPY EVALUATION HIGH<br>COMPLEX 45 MINS  | No Auth Required       |  |  |                      |  |
| 97164 | PT RE-EVAL EST PLAN CARE     | PHYSICAL THERAPY RE-EVAL EST PLAN<br>CARE 20 MINS    | No Auth Required       |  |  |                      |  |
| 97165 | OT EVAL LOW COMPLEX 30 MIN   | OCCUPATIONAL THERAPY EVAL LOW<br>COMPLEX 30 MINS     | No Auth Required       |  |  |                      |  |
| 97166 | OT EVAL MOD COMPLEX 45 MIN   | OCCUPATIONAL THERAPY EVAL MOD<br>COMPLEX 45 MINS     | No Auth Required       |  |  |                      |  |
| 97167 | OT EVAL HIGH COMPLEX 60 MIN  | OCCUPATIONAL THERAPY EVAL HIGH<br>COMPLEX 60 MINS    | No Auth Required       |  |  |                      |  |
| 97168 | OT RE-EVAL EST PLAN CARE     | OCCUPATIONAL THER RE-EVAL EST<br>PLAN CARE 30 MINS   | No Auth Required       |  |  |                      |  |
| 97169 | ATHLETIC TRN EVAL LOW CMLPX  | ATHLETIC TRAINING EVAL LOW<br>COMPLEX 15 MINS        | No Auth Required       |  |  |                      |  |
| 97170 | ATHLETIC TRN EVAL MOD CMLPX  | ATHLETIC TRAINING EVAL MOD<br>COMPLEX 30 MINS        | No Auth Required       |  |  |                      |  |
| 97171 | ATHLETIC TRN EVAL HIGH CMLPX | ATHLETIC TRAINING EVAL HIGH<br>COMPLEX 45 MINS       | No Auth Required       |  |  |                      |  |
| 97172 | ATHLETIC TRN RE-EVAL PLAN CR | ATHLETIC TRAINING RE-EVAL EST PLAN<br>CARE 20 MINS   | No Auth Required       |  |  |                      |  |
| 97530 | THERAPEUTIC ACTIVITIES       | THERAPEUT ACTIVITY DIRECT PT<br>CONTACT EACH 15 MIN  | No Auth Required       |  |  |                      |  |
| 97533 | SENSORY INTEGRATION          | SENSORY INTEGRATIVE TECHNIQUES<br>EACH 15 MINUTES    | Authorization Required | General Medicine -<br>health and behavior<br>assessment/interventio<br>n |  | Full Clinical Review |  |
| 97535 | SELF CARE MNGMENT TRAINING   | SELF-CARE/HOME MGMT TRAINING<br>EACH 15 MINUTES      | No Auth Required       |  |  |                      |  |
| 97537 | COMMUNITY/WORK REINTEGRATION | COMMUNITY/WORK REINTEGRATION<br>TRAINING EA 15 MIN   | No Auth Required       |  |  |                      |  |
| 97542 | WHEELCHAIR MNGMENT TRAINING  | WHEELCHAIR MGMT EA 15 MIN                            | No Auth Required       |  |  |                      |  |
| 97545 | WORK HARDENING               | WORK HARDENING/CONDITIONING<br>1ST 2 HR              | No Auth Required       |  |  |                      |  |
| 97546 | WORK HARDENING ADD-ON        | WORK HARDENING/CONDITIONING<br>EACH HOUR             | No Auth Required       |  |  |                      |  |
| 97597 | RMVL DEVITAL TIS 20 CM/<     | DEBRIDEMENT OPEN WOUND 20 SQ<br>CM/<                 | No Auth Required       |  |  |                      |  |

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|-------|-------------------------------|---|------------------------|--|--|----------------------|
| 97598 | RMVL DEVITAL TIS ADDL 20CM/<  | DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM   | No Auth Required       |  |  |                      |
| 97602 | WOUND(S) CARE NON-SELECTIVE   | RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS  | No Auth Required       |  |  |                      |
| 97605 | NEG PRESS WOUND TX </=50 CM   | NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM  | No Auth Required       |  |  |                      |
| 97606 | NEG PRESS WOUND TX >50 CM     | NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM     | No Auth Required       |  |  |                      |
| 97607 | NEG PRESS WND TX </=50 SQ CM  | NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM   | No Auth Required       |  |  |                      |
| 97608 | NEG PRESS WOUND TX >50 CM     | NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM      | No Auth Required       |  |  |                      |
| 97610 | LOW FREQUENCY NON-THERMAL US  | LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY      | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| 97750 | PHYSICAL PERFORMANCE TEST     | PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN  | No Auth Required       |  |  |                      |
| 97755 | ASSISTIVE TECHNOLOGY ASSESS   | ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN   | No Auth Required       |  |  |                      |
| 97760 | ORTHOTIC MGMT&TRAIING 1ST ENC | ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS | No Auth Required       |  |  |                      |
| 97761 | PROSTHETIC TRAIING 1ST ENC    | PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS     | No Auth Required       |  |  |                      |
| 97799 | PHYSICAL MEDICINE PROCEDURE   | UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC     | Authorization Required | General Medicine - other services and procedures               |  | Full Clinical Review |
| 97802 | MEDICAL NUTRITION INDIV IN    | MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI    | No Auth Required       |  |  |                      |
| 97803 | MED NUTRITION INDIV SUBSEQ    | MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M    | No Auth Required       |  |  |                      |
| 97804 | MEDICAL NUTRITION GROUP       | MEDICAL NUTRITION THERAPY GRP2/INDIV EA 30 MI     | No Auth Required       |  |  |                      |
| 97810 | ACUPUNCT W/O STIMUL 15 MIN    | ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN  | No Auth Required       |  |  |                      |
| 97811 | ACUPUNCT W/O STIMUL ADDL 15M  | ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN     | No Auth Required       |  |  |                      |
| 97813 | ACUPUNCT W/STIMUL 15 MIN      | ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN      | No Auth Required       |  |  |                      |
| 97814 | ACUPUNCT W/STIMUL ADDL 15M    | ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ    | No Auth Required       |  |  |                      |
| 98925 | OSTEOPATH MANJ 1-2 REGIONS    | OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS      | No Auth Required       |  |  |                      |
| 98926 | OSTEOPATH MANJ 3-4 REGIONS    | OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS      | No Auth Required       |  |  |                      |
| 98927 | OSTEOPATH MANJ 5-6 REGIONS    | OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS      | No Auth Required       |  |  |                      |
| 98928 | OSTEOPATH MANJ 7-8 REGIONS    | OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS      | No Auth Required       |  |  |                      |
| 98929 | OSTEOPATH MANJ 9-10 REGIONS   | OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS     | No Auth Required       |  |  |                      |
| 98940 | CHIROPRACT MANJ 1-2 REGIONS   | CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS   | No Auth Required       |  |  |                      |
| 98941 | CHIROPRACT MANJ 3-4 REGIONS   | CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS   | No Auth Required       |  |  |                      |
| 98942 | CHIROPRACTIC MANJ 5 REGIONS   | CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS     | No Auth Required       |  |  |                      |
| 98943 | CHIROPRACT MANJ XTRSPINL 1/>  | CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION   | No Auth Required       |  |  |                      |
| 98960 | SELF-MGMT EDUC & TRAIN 1 PT   | EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT         | No Auth Required       |  |  |                      |
| 98961 | SELF-MGMT EDUC/TRAIN 2-4 PT   | EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS      | No Auth Required       |  |  |                      |
| 98962 | SELF-MGMT EDUC/TRAIN 5-8 PT   | EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS      | No Auth Required       |  |  |                      |
| 98966 | HC PRO PHONE CALL 5-10 MIN    | NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN        | No Auth Required       |  |  |                      |
| 98967 | HC PRO PHONE CALL 11-20 MIN   | NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN       | No Auth Required       |  |  |                      |
| 98968 | HC PRO PHONE CALL 21-30 MIN   | NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN       | No Auth Required       |  |  |                      |
| 98970 | QNHP OL DIG E/M SVC 5-10MIN   | QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN  | No Auth Required       |  |  |                      |
| 98971 | QNHP OL DIG EM SVC 11-20MIN   | QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN  | No Auth Required       |  |  |                      |
| 98972 | QNHP OL DIG E/M SVC 21+ MIN   | QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN   | No Auth Required       |  |  |                      |
| 99000 | SPECIMEN HANDLING OFFICE-LAB  | HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB    | No Auth Required       |  |  |                      |
| 99001 | SPECIMEN HANDLING PT-LAB      | HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB   | No Auth Required       |  |  |                      |
| 99002 | DEVICE HANDLING PHYS/QHP      | HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP     | No Auth Required       |  |  |                      |
| 99024 | POSTOP FOLLOW-UP VISIT        | POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX     | No Auth Required       |  |  |                      |
| 99026 | IN-HOSPITAL ON CALL SERVICE   | HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR  | No Auth Required       |  |  |                      |
| 99027 | OUT-OF-HOSP ON CALL SERVICE   | HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR  | No Auth Required       |  |  |                      |
| 99050 | MEDICAL SERVICES AFTER HRS    | SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS  | No Auth Required       |  |  |                      |
| 99051 | MED SERV EVE/WKEND/HOLIDAY    | SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS   | No Auth Required       |  |  |                      |
| 99053 | MED SERV 10PM-8AM 24 HR FAC   | SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI    | No Auth Required       |  |  |                      |
| 99056 | MED SERVICE OUT OF OFFICE     | SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT  | No Auth Required       |  |  |                      |
| 99058 | OFFICE EMERGENCY CARE         | SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS      | No Auth Required       |  |  |                      |
| 99060 | OUT OF OFFICE EMERG MED SERV  | SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC       | No Auth Required       |  |  |                      |
| 99070 | SPECIAL SUPPLIES PHYS/QHP     | SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP  | No Auth Required       |  |  |                      |

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|-------|------------------------------|--|------------------------|--|--|----------------------|
| 99071 | PATIENT EDUCATION MATERIALS  | EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST     | No Auth Required       |  |  |                      |
| 99075 | MEDICAL TESTIMONY            | MEDICAL TESTIMONY                                | No Auth Required       |  |  |                      |
| 99078 | GROUP HEALTH EDUCATION       | PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | No Auth Required       |  |  |                      |
| 99080 | SPECIAL REPORTS OR FORMS     | SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG   | No Auth Required       |  |  |                      |
| 99082 | UNUSUAL PHYSICIAN TRAVEL     | UNUSUAL TRAVEL                                   | No Auth Required       |  |  |                      |
| 99091 | COLLJ & INTERPJ DATA EA 30 D | COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D  | No Auth Required       |  |  |                      |
| 99100 | SPECIAL ANESTHESIA SERVICE   | ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<      | No Auth Required       |  |  |                      |
| 99116 | ANESTHESIA WITH HYPOTHERMIA  | ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA | No Auth Required       |  |  |                      |
| 99135 | SPECIAL ANESTHESIA PROCEDURE | ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION | No Auth Required       |  |  |                      |
| 99140 | EMERGENCY ANESTHESIA         | ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY       | No Auth Required       |  |  |                      |
| 99151 | MOD SED SAME PHYS/QHP <5 YRS | MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS     | No Auth Required       |  |  |                      |
| 99152 | MOD SED SAME PHYS/QHP 5/>YRS | MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS    | No Auth Required       |  |  |                      |
| 99153 | MOD SED SAME PHYS/QHP EA     | MOD SED SAME PHYS/QHP EACH ADDL 15 MINS          | No Auth Required       |  |  |                      |
| 99155 | MOD SED OTH PHYS/QHP <5 YRS  | MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS    | No Auth Required       |  |  |                      |
| 99156 | MOD SED OTH PHYS/QHP 5/>YRS  | MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS   | No Auth Required       |  |  |                      |
| 99157 | MOD SED OTHER PHYS/QHP EA    | MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS         | No Auth Required       |  |  |                      |
| 99170 | ANOGENITAL EXAM CHILD W IMAG | ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG | No Auth Required       |  |  |                      |
| 99172 | OCULAR FUNCTION SCREEN       | VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM | No Auth Required       |  |  |                      |
| 99173 | VISUAL ACUITY SCREEN         | SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT  | No Auth Required       |  |  |                      |
| 99174 | OCULAR INSTRUMNT SCREEN BIL  | INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT  | No Auth Required       |  |  |                      |
| 99175 | INDUCTION OF VOMITING        | IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED   | No Auth Required       |  |  |                      |
| 99177 | OCULAR INSTRUMNT SCREEN BIL  | INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS | No Auth Required       |  |  |                      |
| 99183 | HYPERBARIC OXYGEN THERAPY    | PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 99184 | HYPOTHERMIA ILL NEONATE      | INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE  | No Auth Required       |  |  |                      |
| 99188 | APP TOPICAL FLUORIDE VARNISH | APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP  | No Auth Required       |  |  |                      |
| 99190 | SPECIAL PUMP SERVICES        | ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR   | No Auth Required       |  |  |                      |
| 99191 | SPECIAL PUMP SERVICES        | ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI   | No Auth Required       |  |  |                      |
| 99192 | SPECIAL PUMP SERVICES        | ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI   | No Auth Required       |  |  |                      |
| 99195 | PHLEBOTOMY                   | PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE        | No Auth Required       |  |  |                      |
| 99199 | SPECIAL SERVICE/PROC/REPORT  | UNLISTED SPECIAL SERVICE PROCEDURE/REPORT        | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| 99201 | OFFICE/OUTPATIENT VISIT NEW  | OFFICE OUTPATIENT NEW 10 MINUTES                 | No Auth Required       |  |  |                      |
| 99202 | OFFICE/OUTPATIENT VISIT NEW  | OFFICE OUTPATIENT NEW 20 MINUTES                 | No Auth Required       |  |  |                      |
| 99203 | OFFICE/OUTPATIENT VISIT NEW  | OFFICE OUTPATIENT NEW 30 MINUTES                 | No Auth Required       |  |  |                      |
| 99204 | OFFICE/OUTPATIENT VISIT NEW  | OFFICE OUTPATIENT NEW 45 MINUTES                 | No Auth Required       |  |  |                      |
| 99205 | OFFICE/OUTPATIENT VISIT NEW  | OFFICE OUTPATIENT NEW 60 MINUTES                 | No Auth Required       |  |  |                      |
| 99211 | OFFICE/OUTPATIENT VISIT EST  | OFFICE OUTPATIENT VISIT 5 MINUTES                | No Auth Required       |  |  |                      |
| 99212 | OFFICE/OUTPATIENT VISIT EST  | OFFICE OUTPATIENT VISIT 10 MINUTES               | No Auth Required       |  |  |                      |
| 99213 | OFFICE/OUTPATIENT VISIT EST  | OFFICE OUTPATIENT VISIT 15 MINUTES               | No Auth Required       |  |  |                      |
| 99214 | OFFICE/OUTPATIENT VISIT EST  | OFFICE OUTPATIENT VISIT 25 MINUTES               | No Auth Required       |  |  |                      |
| 99215 | OFFICE/OUTPATIENT VISIT EST  | OFFICE OUTPATIENT VISIT 40 MINUTES               | No Auth Required       |  |  |                      |
| 99217 | OBSERVATION CARE DISCHARGE   | OBSERVATION CARE DISCHARGE MANAGEMENT            | No Auth Required       |  |  |                      |
| 99218 | INITIAL OBSERVATION CARE     | INITIAL OBSERVATION CARE/DAY 30 MINUTES          | No Auth Required       |  |  |                      |
| 99219 | INITIAL OBSERVATION CARE     | INITIAL OBSERVATION CARE/DAY 50 MINUTES          | No Auth Required       |  |  |                      |
| 99220 | INITIAL OBSERVATION CARE     | INITIAL OBSERVATION CARE/DAY 70 MINUTES          | No Auth Required       |  |  |                      |
| 99221 | INITIAL HOSPITAL CARE        | INITIAL HOSPITAL CARE/DAY 30 MINUTES             | No Auth Required       |  |  |                      |
| 99222 | INITIAL HOSPITAL CARE        | INITIAL HOSPITAL CARE/DAY 50 MINUTES             | No Auth Required       |  |  |                      |
| 99223 | INITIAL HOSPITAL CARE        | INITIAL HOSPITAL CARE/DAY 70 MINUTES             | No Auth Required       |  |  |                      |
| 99224 | SUBSEQUENT OBSERVATION CARE  | SBSQ OBSERVATION CARE/DAY 15 MINUTES             | No Auth Required       |  |  |                      |
| 99225 | SUBSEQUENT OBSERVATION CARE  | SBSQ OBSERVATION CARE/DAY 25 MINUTES             | No Auth Required       |  |  |                      |
| 99226 | SUBSEQUENT OBSERVATION CARE  | SBSQ OBSERVATION CARE/DAY 35 MINUTES             | No Auth Required       |  |  |                      |
| 99231 | SUBSEQUENT HOSPITAL CARE     | SBSQ HOSPITAL CARE/DAY 15 MINUTES                | No Auth Required       |  |  |                      |
| 99232 | SUBSEQUENT HOSPITAL CARE     | SBSQ HOSPITAL CARE/DAY 25 MINUTES                | No Auth Required       |  |  |                      |

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| 99233 | SUBSEQUENT HOSPITAL CARE     | SBSQ HOSPITAL CARE/DAY 35 MINUTES                | No Auth Required |    |  |  |
| 99234 | OBSERV/HOSP SAME DATE        | OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES   | No Auth Required |    |  |  |
| 99235 | OBSERV/HOSP SAME DATE        | OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES   | No Auth Required |    |  |  |
| 99236 | OBSERV/HOSP SAME DATE        | OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES   | No Auth Required |    |  |  |
| 99238 | HOSPITAL DISCHARGE DAY       | HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<       | No Auth Required |    |  |  |
| 99239 | HOSPITAL DISCHARGE DAY       | HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN       | No Auth Required |    |  |  |
| 99241 | OFFICE CONSULTATION          | OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN     | No Auth Required |    |  |  |
| 99242 | OFFICE CONSULTATION          | OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN     | No Auth Required |    |  |  |
| 99243 | OFFICE CONSULTATION          | OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN     | No Auth Required |    |  |  |
| 99244 | OFFICE CONSULTATION          | OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN     | No Auth Required |    |  |  |
| 99245 | OFFICE CONSULTATION          | OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN     | No Auth Required |    |  |  |
| 99251 | INPATIENT CONSULTATION       | INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN    | No Auth Required |    |  |  |
| 99252 | INPATIENT CONSULTATION       | INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN    | No Auth Required |    |  |  |
| 99253 | INPATIENT CONSULTATION       | INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN    | No Auth Required |    |  |  |
| 99254 | INPATIENT CONSULTATION       | INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN    | No Auth Required |    |  |  |
| 99255 | INPATIENT CONSULTATION       | INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN   | No Auth Required |    |  |  |
| 99281 | EMERGENCY DEPT VISIT         | EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB    | No Auth Required |    |  |  |
| 99282 | EMERGENCY DEPT VISIT         | EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY    | No Auth Required |    |  |  |
| 99283 | EMERGENCY DEPT VISIT         | EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY     | No Auth Required |    |  |  |
| 99284 | EMERGENCY DEPT VISIT         | EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY  | No Auth Required |    |  |  |
| 99285 | EMERGENCY DEPT VISIT         | EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ  | No Auth Required |    |  |  |
| 99288 | DIRECT ADVANCED LIFE SUPPORT | PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS     | No Auth Required |    |  |  |
| 99291 | CRITICAL CARE FIRST HOUR     | CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN | No Auth Required |    |  |  |
| 99292 | CRITICAL CARE ADDL 30 MIN    | CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN    | No Auth Required |    |  |  |
| 99304 | NURSING FACILITY CARE INIT   | INITIAL NURSING FACILITY CARE/DAY 25 MINUTES     | No Auth Required |    |  |  |
| 99305 | NURSING FACILITY CARE INIT   | INITIAL NURSING FACILITY CARE/DAY 35 MINUTES     | No Auth Required |    |  |  |
| 99306 | NURSING FACILITY CARE INIT   | INITIAL NURSING FACILITY CARE/DAY 45 MINUTES     | No Auth Required |    |  |  |
| 99307 | NURSING FAC CARE SUBSEQ      | SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN | No Auth Required |    |  |  |
| 99308 | NURSING FAC CARE SUBSEQ      | SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN  | No Auth Required |    |  |  |
| 99309 | NURSING FAC CARE SUBSEQ      | SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN   | No Auth Required |    |  |  |
| 99310 | NURSING FAC CARE SUBSEQ      | SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN | No Auth Required |    |  |  |
| 99315 | NURSING FAC DISCHARGE DAY    | NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES | No Auth Required |    |  |  |
| 99316 | NURSING FAC DISCHARGE DAY    | NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES | No Auth Required |    |  |  |
| 99318 | ANNUAL NURSING FAC ASSESSMNT | E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN | No Auth Required |    |  |  |
| 99324 | DOMICIL/R-HOME VISIT NEW PAT | DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  | No Auth Required |    |  |  |
| 99325 | DOMICIL/R-HOME VISIT NEW PAT | DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  | No Auth Required |    |  |  |
| 99326 | DOMICIL/R-HOME VISIT NEW PAT | DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES | No Auth Required |    |  |  |
| 99327 | DOMICIL/R-HOME VISIT NEW PAT | DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN   | No Auth Required |    |  |  |
| 99328 | DOMICIL/R-HOME VISIT NEW PAT | DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES | No Auth Required |    |  |  |
| 99334 | DOMICIL/R-HOME VISIT EST PAT | DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES | No Auth Required |    |  |  |
| 99335 | DOMICIL/R-HOME VISIT EST PAT | DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES | No Auth Required |    |  |  |
| 99336 | DOMICIL/R-HOME VISIT EST PAT | DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES | No Auth Required |    |  |  |
| 99337 | DOMICIL/R-HOME VISIT EST PAT | DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES | No Auth Required |    |  |  |
| 99339 | DOMICIL/R-HOME CARE SUPERVIS | INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN    | No Auth Required |    |  |  |
| 99340 | DOMICIL/R-HOME CARE SUPERVIS | INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>     | No Auth Required |    |  |  |
| 99341 | HOME VISIT NEW PATIENT       | HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES   | No Auth Required | NA |  |  |
| 99342 | HOME VISIT NEW PATIENT       | HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES   | No Auth Required | NA |  |  |
| 99343 | HOME VISIT NEW PATIENT       | HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES  | No Auth Required | NA |  |  |
| 99344 | HOME VISIT NEW PATIENT       | HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES    | No Auth Required | NA |  |  |
| 99345 | HOME VISIT NEW PATIENT       | HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN | No Auth Required | NA |  |  |
| 99347 | HOME VISIT EST PATIENT       | HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES  | No Auth Required | NA |  |  |
| 99348 | HOME VISIT EST PATIENT       | HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES    | No Auth Required | NA |  |  |



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|-------|------------------------------|--|------------------------|--|--|----------------------|--|
| 99349 | HOME VISIT EST PATIENT       | HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES     | No Auth Required       | NA   |  |                      |  |
| 99350 | HOME VISIT EST PATIENT       | HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS | No Auth Required       | NA   |  |                      |  |
| 99354 | PROLONG E&M/PSYCTX SERV O/P  | PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR  | No Auth Required       |  |  |                      |  |
| 99355 | PROLONG E&M/PSYCTX SERV O/P  | PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30 | No Auth Required       |  |  |                      |  |
| 99356 | PROLONGED SERVICE INPATIENT  | PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR | No Auth Required       |  |  |                      |  |
| 99357 | PROLONGED SERVICE INPATIENT  | PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN  | No Auth Required       |  |  |                      |  |
| 99358 | PROLONG SERVICE W/O CONTACT  | PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR  | No Auth Required       |  |  |                      |  |
| 99359 | PROLONG SERV W/O CONTACT ADD | PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES  | No Auth Required       |  |  |                      |  |
| 99360 | PHYSICIAN STANDBY SERVICES   | PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES  | No Auth Required       |  |  |                      |  |
| 99366 | TEAM CONF W/PAT BY HC PROF   | TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN        | No Auth Required       |  |  |                      |  |
| 99367 | TEAM CONF W/O PAT BY PHYS    | TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN       | No Auth Required       |  |  |                      |  |
| 99368 | TEAM CONF W/O PAT BY HC PRO  | TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN    | No Auth Required       |  |  |                      |  |
| 99374 | HOME HEALTH CARE SUPERVISION | SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES     | No Auth Required       |  |  |                      |  |
| 99375 | HOME HEALTH CARE SUPERVISION | SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/> | No Auth Required       |  |  |                      |  |
| 99377 | HOSPICE CARE SUPERVISION     | SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN      | No Auth Required       |  |  |                      |  |
| 99378 | HOSPICE CARE SUPERVISION     | SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>   | No Auth Required       |  |  |                      |  |
| 99379 | NURSING FAC CARE SUPERVISION | SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN   | No Auth Required       |  |  |                      |  |
| 99380 | NURSING FAC CARE SUPERVISION | SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/> | No Auth Required       |  |  |                      |  |
| 99381 | INIT PM E/M NEW PAT INFANT   | INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR   | No Auth Required       |  |  |                      |  |
| 99382 | INIT PM E/M NEW PAT 1-4 YRS  | INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS   | No Auth Required       |  |  |                      |  |
| 99383 | PREV VISIT NEW AGE 5-11      | INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS  | No Auth Required       |  |  |                      |  |
| 99384 | PREV VISIT NEW AGE 12-17     | INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR  | No Auth Required       |  |  |                      |  |
| 99385 | PREV VISIT NEW AGE 18-39     | INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS  | No Auth Required       |  |  |                      |  |
| 99386 | PREV VISIT NEW AGE 40-64     | INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | No Auth Required       |  |  |                      |  |
| 99387 | INIT PM E/M NEW PAT 65+ YRS  | INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>  | No Auth Required       |  |  |                      |  |
| 99391 | PER PM REEVAL EST PAT INFANT | PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y  | No Auth Required       |  |  |                      |  |
| 99392 | PREV VISIT EST AGE 1-4       | PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS       | No Auth Required       |  |  |                      |  |
| 99393 | PREV VISIT EST AGE 5-11      | PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS      | No Auth Required       |  |  |                      |  |
| 99394 | PREV VISIT EST AGE 12-17     | PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS     | No Auth Required       |  |  |                      |  |
| 99395 | PREV VISIT EST AGE 18-39     | PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS    | No Auth Required       |  |  |                      |  |
| 99396 | PREV VISIT EST AGE 40-64     | PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS     | No Auth Required       |  |  |                      |  |
| 99397 | PER PM REEVAL EST PAT 65+ YR | PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER | No Auth Required       |  |  |                      |  |
| 99401 | PREVENTIVE COUNSELING INDIV  | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN | No Auth Required       |  |  |                      |  |
| 99402 | PREVENTIVE COUNSELING INDIV  | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN | No Auth Required       |  |  |                      |  |
| 99403 | PREVENTIVE COUNSELING INDIV  | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN | No Auth Required       |  |  |                      |  |
| 99404 | PREVENTIVE COUNSELING INDIV  | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN | No Auth Required       |  |  |                      |  |
| 99406 | BEHAV CHNG SMOKING 3-10 MIN  | TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES  | No Auth Required       |  |  |                      |  |
| 99407 | BEHAV CHNG SMOKING > 10 MIN  | TOBACCO USE CESSATION INTENSIVE >10 MINUTES      | No Auth Required       |  |  |                      |  |
| 99411 | PREVENTIVE COUNSELING GROUP  | PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M | No Auth Required       |  |  |                      |  |
| 99412 | PREVENTIVE COUNSELING GROUP  | PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M | No Auth Required       |  |  |                      |  |
| 99415 | PROLONG CLINCL STAFF SVC     | PROLNG CLINCL STAFF SVC DURING O/P E/M 1ST HR    | No Auth Required       |  |  |                      |  |
| 99416 | PROLONG CLINCL STAFF SVC ADD | PROLNG CLINCL STAFF SVC DURING O/P E/M EA 30 MIN | No Auth Required       |  |  |                      |  |
| 99421 | OL DIG E/M SVC 5-10 MIN      | ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES  | No Auth Required       |  |  |                      |  |
| 99422 | OL DIG E/M SVC 11-20 MIN     | ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES | No Auth Required       |  |  |                      |  |
| 99423 | OL DIG E/M SVC 21+ MIN       | ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES   | No Auth Required       |  |  |                      |  |
| 99429 | UNLISTED PREVENTIVE SERVICE  | UNLISTED PREVENTIVE MEDICINE SERVICE             | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |  |
| 99441 | PHONE E/M PHYS/QHP 5-10 MIN  | PHYS/QHP TELEPHONE EVALUATION 5-10 MIN           | No Auth Required       |  |  |                      |  |
| 99442 | PHONE E/M PHYS/QHP 11-20 MIN | PHYS/QHP TELEPHONE EVALUATION 11-20 MIN          | No Auth Required       |  |  |                      |  |
| 99443 | PHONE E/M PHYS/QHP 21-30 MIN | PHYS/QHP TELEPHONE EVALUATION 21-30 MIN          | No Auth Required       |  |  |                      |  |
| 99446 | NTRPROF PH1/NTRNET/EHR 5-10  | NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN     | No Auth Required       |  |  |                      |  |
| 99447 | NTRPROF PH1/NTRNET/EHR 11-20 | NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN    | No Auth Required       |  |  |                      |  |

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| 99448 | NTRPROF PH1/NTRNET/EHR 21-30  | NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN     | No Auth Required       |  |  |                      |
| 99449 | NTRPROF PH1/NTRNET/EHR 31/>   | NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 31/> MIN      | No Auth Required       |  |  |                      |
| 99450 | BASIC LIFE DISABILITY EXAM    | BASIC LIFE AND/OR DISABILITY EXAMINATION          | No Auth Required       |  |  |                      |
| 99455 | WORK RELATED DISABILITY EXAM  | WORK RELATED/MED DBLT XM TREATING PHYS            | No Auth Required       |  |  |                      |
| 99456 | DISABILITY EXAMINATION        | WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS    | No Auth Required       |  |  |                      |
| 99458 | REM PHYSIOL MNTR EA ADDL 20   | REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO   | No Auth Required       | General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing) |  |                      |
| 99460 | INIT NB EM PER DAY HOSP       | 1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB      | No Auth Required       |  |  |                      |
| 99461 | INIT NB EM PER DAY NON-FAC    | 1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER  | No Auth Required       |  |  |                      |
| 99462 | SBSQ NB EM PER DAY HOSP       | SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN     | No Auth Required       |  |  |                      |
| 99463 | SAME DAY NB DISCHARGE         | 1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT  | No Auth Required       |  |  |                      |
| 99464 | ATTENDANCE AT DELIVERY        | ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN     | No Auth Required       |  |  |                      |
| 99465 | NB RESUSCITATION              | DELIVERY/BIRTHING ROOM RESUSCITATION              | No Auth Required       |  |  |                      |
| 99466 | PED CRIT CARE TRANSPORT       | CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN   | No Auth Required       |  |  |                      |
| 99467 | PED CRIT CARE TRANSPORT ADDL  | CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN   | No Auth Required       |  |  |                      |
| 99468 | NEONATE CRIT CARE INITIAL     | 1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<  | No Auth Required       |  |  |                      |
| 99469 | NEONATE CRIT CARE SUBSQ       | SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<       | No Auth Required       |  |  |                      |
| 99471 | PED CRITICAL CARE INITIAL     | INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS  | No Auth Required       |  |  |                      |
| 99472 | PED CRITICAL CARE SUBSQ       | SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO        | No Auth Required       |  |  |                      |
| 99473 | SELF-MEAS BP PT EDUCAJ/TRAIN  | SELF-MEAS BP PT EDUCAJ/TRAINING & DEV CALIBRATION | No Auth Required       |  |  |                      |
| 99474 | SELF-MEAS BP 2 READG BID 30D  | SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD    | No Auth Required       |  |  |                      |
| 99475 | PED CRIT CARE AGE 2-5 INIT    | INITIAL PED CRITICAL CARE 2 THRU 5 YEARS          | No Auth Required       |  |  |                      |
| 99476 | PED CRIT CARE AGE 2-5 SUBSQ   | SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS       | No Auth Required       |  |  |                      |
| 99477 | INIT DAY HOSP NEONATE CARE    | INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL    | No Auth Required       |  |  |                      |
| 99478 | IC LBW INF < 1500 GM SUBSQ    | SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS     | No Auth Required       |  |  |                      |
| 99479 | IC LBW INF 1500-2500 G SUBSQ  | SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS  | No Auth Required       |  |  |                      |
| 99480 | IC INF PBW 2501-5000 G SUBSQ  | SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS  | No Auth Required       |  |  |                      |
| 99485 | SUPRV INTERFACILITY TRANSPORT | SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN   | No Auth Required       |  |  |                      |
| 99486 | SUPRV INTERFAC TRNSPORT ADDL  | SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN   | No Auth Required       |  |  |                      |
| 99487 | CMPLX CHRON CARE W/O PT VSIT  | CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO    | No Auth Required       |  |  |                      |
| 99489 | CMPLX CHRON CARE ADDL 30 MIN  | CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH    | No Auth Required       |  |  |                      |
| 99490 | CHRON CARE MGMT SRVC 20 MIN   | CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH       | No Auth Required       |  |  |                      |
| 99495 | TRANS CARE MGMT 14 DAY DISCH  | TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE    | No Auth Required       |  |  |                      |
| 99496 | TRANS CARE MGMT 7 DAY DISCH   | TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE     | No Auth Required       |  |  |                      |
| 99497 | ADVNCN CARE PLAN 30 MIN       | ADVANCE CARE PLANNING FIRST 30 MINS               | No Auth Required       |  |  |                      |
| 99498 | ADVNCN CARE PLAN ADDL 30 MIN  | ADVANCE CARE PLANNING EA ADDL 30 MINS             | No Auth Required       |  |  |                      |
| 99499 | UNLISTED E&M SERVICE          | UNLISTED EVALUATION AND MANAGEMENT SERVICE        | No Auth Required       | General Medicine - health and behavior assessment/intervention   |  |                      |
| 99500 | HOME VISIT PRENATAL           | HOME VISIT PRENATAL MONITORING & ASSESSMENT       | No Auth Required       |  |  |                      |
| 99501 | HOME VISIT POSTNATAL          | HOME VISIT POSTNATAL ASSMT&F-UP CARE              | No Auth Required       |  |  |                      |
| 99502 | HOME VISIT NB CARE            | HOME VISIT NEWBORN CARE & ASSESSMENT              | No Auth Required       |  |  |                      |
| 99503 | HOME VISIT RESP THERAPY       | HOME VISIT RESPIRATORY THERAPY CARE               | No Auth Required       |  |  |                      |
| 99504 | HOME VISIT MECH VENTILATOR    | HOME VISIT MECHANICAL VENTILATION CARE            | No Auth Required       |  |  |                      |
| 99505 | HOME VISIT STOMA CARE         | HOME VISIT STOMA CARE&MAINT CLST&CSTOST           | No Auth Required       |  |  |                      |
| 99506 | HOME VISIT IM INJECTION       | HOME VISIT INTRAMUSCULAR INJECTIONS               | No Auth Required       |  |  |                      |
| 99507 | HOME VISIT CATH MAINTAIN      | HOME VISIT CARE&MAINT CATH                        | No Auth Required       |  |  |                      |
| 99509 | HOME VISIT DAY LIFE ACTIVITY  | HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE      | No Auth Required       |  |  |                      |
| 99510 | HOME VISIT SING/M/FAM COUNS   | HOME VISIT INDIV FAM/MARRIAGE COUNSELING          | No Auth Required       |  |  |                      |
| 99511 | HOME VISIT FECAL/ENEMA MGMT   | HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN        | No Auth Required       |  |  |                      |
| 99512 | HOME VISIT FOR HEMODIALYSIS   | HOME VISIT HEMODIALYSIS                           | No Auth Required       |  |  |                      |
| 99600 | HOME VISIT NOS                | UNLISTED HOME VISIT SERVICE/PROCEDURE             | Authorization Required | NA   |  | Full Clinical Review |
| 99601 | HOME INFUSION/VISIT 2 HRS     | HOME NFS/SPECTY DRUG ADMN PR VST </2 HR           | No Auth Required       |  |  |                      |

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| 99602 | HOME INFUSION EACH ADDTL HR  | HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR    | No Auth Required       |                                |  |                      |
| 99605 | MTMS BY PHARM NP 15 MIN      | MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT    | No Auth Required       |                                |  |                      |
| 99606 | MTMS BY PHARM EST 15 MIN     | MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT | No Auth Required       |                                |  |                      |
| 99607 | MTMS BY PHARM ADDL 15 MIN    | MEDICATION THERAPY EACH ADDITIONAL 15 MIN        | No Auth Required       |                                |  |                      |
| 0001A | ADM SARSCOV2 30MCG/0.3ML 1ST | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE | No Auth Required       |                                |  |                      |
| 0002A | ADM SARSCOV2 30MCG/0.3ML 2ND | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE | No Auth Required       |                                |  |                      |
| 0011A | ADM SARSCOV2 100MCG/0.5ML1ST | IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE        | No Auth Required       |                                |  |                      |
| 0012A | ADM SARSCOV2 100MCG/0.5ML2ND | IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE        | No Auth Required       |                                |  |                      |
| 0001F | HEART FAILURE COMPOSITE      | HRT FAILURE ASSESSED                             | No Auth Required       |                                |  |                      |
| 0002M | LIVER DIS 10 ASSAYS W/ASH    | LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH        | No Auth Required       |                                |  |                      |
| 0003M | LIVER DIS 10 ASSAYS W/NASH   | LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH       | No Auth Required       |                                |  |                      |
| 0004M | SCOLIOSIS 53 SNP SALIVA SCOR | SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE   | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 0005F | OSTEOARTHRITIS COMPOSITE     | OSTEOARTHRITIS COMPOSITE                         | No Auth Required       |                                |  |                      |
| 0006M | ONC HEP GENE RISK CLASSIFIER | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER      | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 0007M | ONC GASTRO 51 GENE NOMOGRAM  | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX  | Authorization Required | Genetic testing and counseling |  | Full Clinical Review |
| 0011M | ONC PRST8 CA MRNA 12 GEN ALG | ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG     | Authorization Required | Genetic Testing and Counseling |  | Full Clinical Review |
| 0012F | CAP BACTERIAL ASSESS         | COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT     | No Auth Required       |                                |  |                      |
| 0012M | ONC MRNA 5 GEN RSK URTHL CA  | ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER   | Authorization Required | Genetic Testing and Counseling |  | Full Clinical Review |
| 0013M | ONC MRNA 5 GEN RECR URTHL CA | ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA  | Authorization Required | Genetic Testing and Counseling |  | Full Clinical Review |
| 0014F | COMP PREOP ASSESS CAT SURG   | COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT   | No Auth Required       |                                |  |                      |
| 0015F | MELAN FOLLOW-UP COMPLETE     | MELANOMA FOLLOW UP COMPLETED                     | No Auth Required       |                                |  |                      |
| 0500F | INITIAL PRENATAL CARE VISIT  | INITIAL PRENATAL CARE VISIT                      | No Auth Required       |                                |  |                      |
| 0501F | PRENATAL FLOW SHEET          | PRENATAL FLOW SHEET                              | No Auth Required       |                                |  |                      |
| 0502F | SUBSEQUENT PRENATAL CARE     | SUBSEQUENT PRENATAL CARE VISIT                   | No Auth Required       |                                |  |                      |
| 0503F | POSTPARTUM CARE VISIT        | POSTPARTUM CARE VISIT                            | No Auth Required       |                                |  |                      |
| 0505F | HEMODIALYSIS PLAN DOCD       | HEMODIALYSIS PLAN OF CARE DOCUMENTED             | No Auth Required       |                                |  |                      |
| 0507F | PERITON DIALYSIS PLAN DOCD   | PERITONEAL DIALYSIS PLAN DOCUMENTED              | No Auth Required       |                                |  |                      |
| 0509F | URINE INCON PLAN DOCD        | URINARY INCONTINENCE PLAN OF CARE DOCUMENTED     | No Auth Required       |                                |  |                      |
| 0513F | ELEV BP PLAN OF CARE DOCD    | ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED  | No Auth Required       |                                |  |                      |
| 0514F | CARE PLAN HGB DOCD ESA PT    | PLAN/CARE INCRSD HGB LVL DOCD PT ON ESA THXPY    | No Auth Required       |                                |  |                      |
| 0516F | ANEMIA PLAN OF CARE DOCD     | ANEMIA PLAN OF CARE DOCUMENTED                   | No Auth Required       |                                |  |                      |
| 0517F | GLAUCOMA PLAN OF CARE DOCD   | GLAUCOMA PLAN OF CARE DOCUMENTED                 | No Auth Required       |                                |  |                      |
| 0518F | FALL PLAN OF CARE DOCD       | FALLS PLAN OF CARE DOCUMENTED                    | No Auth Required       |                                |  |                      |
| 0519F | PLAND CHEMO DOCD B/4 TXMNT   | PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX    | No Auth Required       |                                |  |                      |
| 0520F | RAD DOS LIMTS B/4 3D RAD     | RAD DOSE LIMTS EST PRIOR3D RAD FOR MIN 2 TIS/ORG | No Auth Required       |                                |  |                      |
| 0521F | PLAN OF CARE 4 PAIN DOCD     | PLAN OF CARE TO ADDRESS PAIN DOCUMENTED          | No Auth Required       |                                |  |                      |
| 0525F | INITIAL VISIT FOR EPISODE    | INITIAL VISIT FOR EPISODE                        | No Auth Required       |                                |  |                      |
| 0526F | SUBS VISIT FOR EPISODE       | SUBSEQUENT VISIT FOR EPISODE                     | No Auth Required       |                                |  |                      |
| 0528F | RCMND FLW-UP 10 YRS DOCD     | RCMND FLW-UP 2ND CLNSCPY 10/> YRS DOCD RPRT      | No Auth Required       |                                |  |                      |
| 0529F | INTRVL 3/>YR PTS CLNSCP DOCD | INTRVL 3/> YRS PTS LAST COLONOSCOPY DOCD         | No Auth Required       |                                |  |                      |
| 0535F | DYSPNEA MNGMNT PLAN DOCD     | DYSPNEA MANAGEMENT PLAN DOCUMENTED               | No Auth Required       |                                |  |                      |
| 0540F | GLUCO MNGMNT PLAN DOCD       | GLUCOCORTICOID MANAGEMENT PLAN DOCUMENTED        | No Auth Required       |                                |  |                      |
| 0545F | FOLLOW UP CARE PLAN MDD DOCD | PLAN FOR FOLLOW-UP CARE FOR MDD DOCD             | No Auth Required       |                                |  |                      |
| 0550F | CYTOPATH REPORT NONGYN SPCMN | CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS   | No Auth Required       |                                |  |                      |
| 0551F | CYTOPATH REPORT NON ROUTINE  | CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE    | No Auth Required       |                                |  |                      |
| 0555F | SYMPTOM MGMNT PLAN CARE DOCD | SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED       | No Auth Required       |                                |  |                      |
| 0556F | PLAN CARE LIPID CONTROL DOCD | PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED | No Auth Required       |                                |  |                      |
| 0557F | PLAN CAREMNG ANGNL SYMPTDOCD | PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCD     | No Auth Required       |                                |  |                      |
| 0575F | HIV RNA PLAN CARE DOCD       | HIV RNA CONTROL PLAN OF CARE DOCD                | No Auth Required       |                                |  |                      |
| 0580F | MULTIDISCIPLINARY CARE PLAN  | MULTIDISCIPLINARY CARE PLAN DEVELOPED/UPDATED    | No Auth Required       |                                |  |                      |
| 0581F | PT TRNSFRD FROM ANESTH TO CC | PT TRANSFERRED FROM ANESTHETIZING TO CC UNIT     | No Auth Required       |                                |  |                      |
| 0582F | NO TRNSFR FROM ANESTH TO CC  | PT NOT TRANSFERRED FROM ANESTHETIZING TO CC UNIT | No Auth Required       |                                |  |                      |
| 0583F | TRANSFER CARE CHECKLIST USED | TRANSFER OF CARE CHECKLIST USED                  | No Auth Required       |                                |  |                      |
| 0584F | NO TRANSFERCARE CHKLIST USED | TRANSFER OF CARE CHECKLIST NOT USED              | No Auth Required       |                                |  |                      |
| 1000F | TOBACCO USE ASSESSED         | TOBACCO USE ASSESSED                             | No Auth Required       |                                |  |                      |
| 1002F | ASSESS ANGINAL SYMPTOM/LEVEL | ANGINAL SYMPTOMS & LEVEL ACTIVITY ASSESSED       | No Auth Required       |                                |  |                      |

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| 1003F | LEVEL OF ACTIVITY ASSESS      | LEVEL ACTIVITY ASSESSED                          | No Auth Required |  |  |  |  |
| 1004F | CLIN SYMP VOL OVRLD ASSESS    | CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED          | No Auth Required |  |  |  |  |
| 1005F | ASTHMA SYMPTOMS EVALUATE      | ASTHMA SYMPTOMS EVALUATED                        | No Auth Required |  |  |  |  |
| 1006F | OSTEOARTHRITIS ASSESS         | OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES     | No Auth Required |  |  |  |  |
| 1007F | ANTI-INFLM/ANLGSIC OTC ASSESS | ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES | No Auth Required |  |  |  |  |
| 1008F | GI/RENAL RISK ASSESS          | GI&RENAL PRESCRIBED/OTC NSAID RISK FACTORS ASSES | No Auth Required |  |  |  |  |
| 1010F | SEVERITY ANGINA BY ACTVITY    | SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY | No Auth Required |  |  |  |  |
| 1011F | ANGINA PRESENT                | ANGINA PRESENT                                   | No Auth Required |  |  |  |  |
| 1012F | ANGINA ABSENT                 | ANGINA ABSENT                                    | No Auth Required |  |  |  |  |
| 1015F | COPD SYMPTOMS ASSESS          | COPD SYMPTOMS ASSESSED/TOOL COMPLETED            | No Auth Required |  |  |  |  |
| 1018F | ASSESS DYSPNEA NOT PRESENT    | DYSPNEA ASSESSED NOT PRESENT                     | No Auth Required |  |  |  |  |
| 1019F | ASSESS DYSPNEA PRESENT        | DYSPNEA ASSESSED PRESENT                         | No Auth Required |  |  |  |  |
| 1022F | PNEUMO IMM STATUS ASSESS      | PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED        | No Auth Required |  |  |  |  |
| 1026F | CO-MORBID CONDITION ASSESS    | CO-MORBID CONDITIONS ASSESSED                    | No Auth Required |  |  |  |  |
| 1030F | INFLUENZA IMM STATUS ASSESS   | INFLUENZA IMMUNIZATION STATUS ASSESSED           | No Auth Required |  |  |  |  |
| 1031F | SMOKING & 2ND HAND ASSESSED   | SMOKING & 2ND HAND SMOKE IN THE HOME ASSESSED    | No Auth Required |  |  |  |  |
| 1032F | SMOKER/EXPOSED 2ND HND SMOKE  | CURRENT SMOKER/EXPOSED TO SECONDHAND SMOKE       | No Auth Required |  |  |  |  |
| 1033F | TOBACCO NONSMOKER NOR 2NDHND  | TOBACCO NON-SMOKER & NO 2NDHAND SMOKE EXPOSURE   | No Auth Required |  |  |  |  |
| 1034F | CURRENT TOBACCO SMOKER        | CURRENT TOBACCO SMOKER                           | No Auth Required |  |  |  |  |
| 1035F | SMOKELESS TOBACCO USER        | CURRENT SMOKELESS TOBACCO USER                   | No Auth Required |  |  |  |  |
| 1036F | TOBACCO NON-USER              | CURRENT TOBACCO NON-USER CAD CAP COPD PV DM      | No Auth Required |  |  |  |  |
| 1038F | PERSISTENT ASTHMA             | PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA | No Auth Required |  |  |  |  |
| 1039F | INTERMITTENT ASTHMA           | INTERMITTENT ASTHMA                              | No Auth Required |  |  |  |  |
| 1040F | DSM-5 INFO MDD DOCD           | DSM-5 CRITERIA MDD DOCD AT THE INITIAL EVAL      | No Auth Required |  |  |  |  |
| 1050F | HISTORY OF MOLE CHANGES       | HISTORY NEW OR CHANGING MOLES                    | No Auth Required |  |  |  |  |
| 1052F | TYPE LOCATION ACTIVITYASSESS  | TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED | No Auth Required |  |  |  |  |
| 1055F | VISUAL FUNCT STATUS ASSESS    | VISUAL FUNCTIONAL STATUS ASSESSED                | No Auth Required |  |  |  |  |
| 1060F | DOC PERM/CONT/PAROX ATR FIB   | DOC PERM/PERSISTENT/PAROXYSMAL ATRIAL FIB        | No Auth Required |  |  |  |  |
| 1061F | DOC LACK PERM&CONT&PAROX FIB  | DOC ABSENCE PERM&PERSISTENT&PAROXYSM ATRIAL FIB  | No Auth Required |  |  |  |  |
| 1065F | ISCHM STROKE SYMP LT3 HRSB/4  | ISCHEMIC STROKE SYMP ONSET <3 HRS PRIOR ARRIVAL  | No Auth Required |  |  |  |  |
| 1066F | ISCHM STROKE SYMP GE3 HRSB/4  | ISCHEMIC STROKE SYMP ONSET >=3 HRS PRIOR ARRIVA  | No Auth Required |  |  |  |  |
| 1070F | ALARM SYMP ASSESSED-ABSENT    | ALARM SYMPTOMS ASSESSED NONE PRESENT             | No Auth Required |  |  |  |  |
| 1071F | ALARM SYMP ASSESSED-1+ PRSNT  | ALARM SYMPTOMS ASSESSED 1/> PRESENT              | No Auth Required |  |  |  |  |
| 1090F | PRES/ABSN URINE INCON ASSESS  | PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED   | No Auth Required |  |  |  |  |
| 1091F | URINE INCON CHARACTERIZED     | URINE INCONTINENCE CHARACTERIZED                 | No Auth Required |  |  |  |  |
| 1100F | PTFALLS ASSESS-DOCD GE2>/YR   | PT FALLS ASSESS DOCD 2/> FALLS/FALL W/INJURY/YR  | No Auth Required |  |  |  |  |
| 1101F | PT FALLS ASSESS-DOCD LE1/YR   | PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR   | No Auth Required |  |  |  |  |
| 1110F | PT LFT INPT FAC W/IN 60 DAYS  | PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS   | No Auth Required |  |  |  |  |
| 1111F | DSCHRG MED/CURRENT MED MERGE  | DISCHRG MEDS RECONCILED W/CURRENT MED LIST       | No Auth Required |  |  |  |  |
| 1116F | AURIC/PERI PAIN ASSESSED      | AURICULAR/PERIAURICULAR PAIN ASSESSED            | No Auth Required |  |  |  |  |
| 1118F | GERD SYMPS ASSESSED 12 MONTH  | GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY   | No Auth Required |  |  |  |  |
| 1119F | INIT EVAL FOR CONDITION       | INITIAL EVALUATION FOR CONDITION                 | No Auth Required |  |  |  |  |
| 1121F | SUBS EVAL FOR CONDITION       | SUBSEQUENT EVALUATION CONDITION                  | No Auth Required |  |  |  |  |
| 1123F | ACP DISCUSS/DSCN MKR DOCD     | ADV CARE PLN TLKD & ALT DCSN MAKER DOCD          | No Auth Required |  |  |  |  |
| 1124F | ACP DISCUSS-NO DSCNMKR DOCD   | ADV CARE PLN/ NO ALT DCSN MKR DOCD OR REFUSAL    | No Auth Required |  |  |  |  |
| 1125F | AMNT PAIN NOTED PAIN PRSNT    | PAIN SEVERITY QUANTIFIED PAIN PRESENT            | No Auth Required |  |  |  |  |
| 1126F | AMNT PAIN NOTED NONE PRSNT    | PAIN SEVERITY QUANTIFIED NO PAIN PRESENT         | No Auth Required |  |  |  |  |
| 1127F | NEW EPISODE FOR CONDITION     | NEW EPISODE FOR CONDITION                        | No Auth Required |  |  |  |  |
| 1128F | SUBS EPISODE FOR CONDITION    | SUBS EPISODE FOR CONDITION                       | No Auth Required |  |  |  |  |
| 1130F | BK PAIN & FXN ASSESSED        | BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE   | No Auth Required |  |  |  |  |
| 1134F | EPSD BK PAIN FOR 6 WKS/<      | EPISODE BACK PAIN LASTING SIX WEEKS/<            | No Auth Required |  |  |  |  |
| 1135F | EPSD BK PAIN FOR >6 WKS       | EPISODE BACK PAIN LASTING >SIX WEEKS             | No Auth Required |  |  |  |  |
| 1136F | EPSD BK PAIN FOR 12 WKS/<     | EPISODE BACK PAIN LASTING 12 WEEKS/<             | No Auth Required |  |  |  |  |
| 1137F | EPSD BK PAIN FOR >12 WKS      | EPISODE BACK PAIN LASTING >12 WKS                | No Auth Required |  |  |  |  |
| 1150F | DOC PT RSK DEATH W/IN 1YR     | DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR    | No Auth Required |  |  |  |  |
| 1151F | DOC NO PT RSK DEATH W/IN 1YR  | DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR  | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 1152F | DOC ADVNCD DIS COMFORT 1ST   | DOC ADVANCED DISEASE DX CARE GOALS COMFORT       | No Auth Required |  |  |  |  |
| 1153F | DOC ADVNCD DIS CMFRT NOT 1ST | DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT   | No Auth Required |  |  |  |  |
| 1157F | ADVNC CARE PLAN IN RCRD      | ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD       | No Auth Required |  |  |  |  |
| 1158F | ADVNC CARE PLAN TLK DOCD     | ADVNC CARE PLANNING TLK DOCD IN MED RCRD         | No Auth Required |  |  |  |  |
| 1159F | MED LIST DOCD IN RCRD        | MEDICATION LIST DOCUMENTED IN MEDICAL RECORD     | No Auth Required |  |  |  |  |
| 1160F | RVW MEDS BY RX/DR IN RCRD    | RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD   | No Auth Required |  |  |  |  |
| 1170F | FXNL STATUS ASSESSED         | FUNCTIONAL STATUS ASSESSED                       | No Auth Required |  |  |  |  |
| 1175F | FUNCTION STAT ASSESSED RVWD  | FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD   | No Auth Required |  |  |  |  |
| 1180F | THROMBOEMB RISK ASSESSED     | THROMBOEMBOLIC RISK ASSESSED                     | No Auth Required |  |  |  |  |
| 1181F | NEUROPSYCHIA SYMPTS ASSESSED | NEUROPSYCHIATRIC SYMPTS ASSESSED RESULTS REVIEWD | No Auth Required |  |  |  |  |
| 1182F | NEUROPSYCHI SYMPT 1+PRESENT  | NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT    | No Auth Required |  |  |  |  |
| 1183F | NEUROPSYCHIATRIC SYMP ABSENT | NEUROPSYCHIATRIC SYMPTOMS ABSENT                 | No Auth Required |  |  |  |  |
| 1200F | SEIZURE TYPE& FREQU DOCD     | SEIZURE TYPE FREQUENCY DOCUMENTED                | No Auth Required |  |  |  |  |
| 1205F | EPI ETIOL SYND RVWD AND DOCD | ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD        | No Auth Required |  |  |  |  |
| 1220F | PT SCREENED FOR DEPRESSION   | PATIENT SCREENED DEPRESSION                      | No Auth Required |  |  |  |  |
| 1400F | PRKNS DIAG RVIEWED           | PARKINSON DISEASE DIAGNOSIS REVIEWED             | No Auth Required |  |  |  |  |
| 1450F | SYMPTOMS IMPROVED/CONSIST    | SYMPTOMS IMPROVED/CONSIST W/TXMNT GOAL ASSESSMNT | No Auth Required |  |  |  |  |
| 1451F | SYMPT SHOW CLIN IMPORT DROP  | SYMPTOMS SHOW CLIN IMPRTNT DROP SINCE ASSESSMENT | No Auth Required |  |  |  |  |
| 1460F | QUAL CARD DIAG PRIOR 12 MONS | QUALIFYING CARD EVENT/DIAGNOSIS PRIOR 12 MONTHS  | No Auth Required |  |  |  |  |
| 1461F | NO QUAL CARD DIAG PRIOR12MON | NO QUAL CARD EVENT/DIAG IN PREVIOUS 12 MONTHS    | No Auth Required |  |  |  |  |
| 1490F | DEM SEVERITY CLASSIFIED MILD | DEMENTIA SEVERITY CLASSIFIED MILD                | No Auth Required |  |  |  |  |
| 1491F | DEM SEVERITY CLASSIFIED MOD  | DEMENTIA SEVERITY CLASSIFIED MODERATE            | No Auth Required |  |  |  |  |
| 1493F | DEM SEVERITY CLASS SEVERE    | DEMENTIA SEVERITY CLASSIFIED SEVERE              | No Auth Required |  |  |  |  |
| 1494F | COGNIT ASSESSED AND REVIEWED | COGNITION ASSESSED AND REVIEWED                  | No Auth Required |  |  |  |  |
| 1500F | SYMPTOM&SIGN SYMM POLYNEURO  | SYMP&SIGN DISTAL SYMM POLYNEUROPATHY REVWD&DOCD  | No Auth Required |  |  |  |  |
| 1501F | NOT INITIAL EVAL FOR COND    | NOT INITIAL EVALUATION FOR CONDITION             | No Auth Required |  |  |  |  |
| 1502F | PT QUERIED PAIN FXN W/ INSTR | PT QUERIED RE PAIN W/FUNC USING RELIABLE INSTRM  | No Auth Required |  |  |  |  |
| 1503F | PT QUERIED SYMP RESP INSUFF  | PT QUERIED RE SYMP RESPIRATORY INSUFFICIENCY     | No Auth Required |  |  |  |  |
| 1504F | PT HAS RESP INSUFFICIENCY    | PATIENT HAS RESPIRATORY INSUFFICIENCY            | No Auth Required |  |  |  |  |
| 1505F | PT HAS NO RESP INSUFFICIENCY | PATIENT DOES NOT HAVE RESPIRATORY INSUFFICIENCY  | No Auth Required |  |  |  |  |
| 2000F | BLOOD PRESSURE MEASURE       | BLOOD PRESSURE MEASURED                          | No Auth Required |  |  |  |  |
| 2001F | WEIGHT RECORD                | WEIGHT RECORDED                                  | No Auth Required |  |  |  |  |
| 2002F | CLIN SIGN VOL OVRLD ASSESS   | CLINICAL SIGNS VOLUME OVERLOAD ASSESSED          | No Auth Required |  |  |  |  |
| 2004F | INITIAL EXAM INVOLVED JOINTS | INITIAL EXAMINATION INVOLVED JOINTS              | No Auth Required |  |  |  |  |
| 2010F | VITAL SIGNS RECORDED         | VITAL SIGNS RECORDED                             | No Auth Required |  |  |  |  |
| 2014F | MENTAL STATUS ASSESS         | MENTAL STATUS ASSESSED                           | No Auth Required |  |  |  |  |
| 2015F | ASTHMA IMPAIRMENT ASSESSED   | ASTHMA IMPAIRMENT ASSESSED                       | No Auth Required |  |  |  |  |
| 2016F | ASTHMA RISK ASSESSED         | ASTHMA RISK ASSESSED                             | No Auth Required |  |  |  |  |
| 2018F | HYDRATION STATUS ASSESS      | HYDRATION STATUS ASSESSED                        | No Auth Required |  |  |  |  |
| 2019F | DILATED MACUL EXAM DONE      | DILATED MACULAR EXAM PERFORMED                   | No Auth Required |  |  |  |  |
| 2020F | DILATED FUNDUS EVAL DONE     | DILATED FUNDUS EVALUATION PERFORMED              | No Auth Required |  |  |  |  |
| 2021F | DILAT MACULAR EXAM DONE      | DILATED MACULAR OR FUNDUS EXAM PERFORMED         | No Auth Required |  |  |  |  |
| 2022F | DILAT RTA XM EVC RTNOPHTY    | DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY   | No Auth Required |  |  |  |  |
| 2023F | DILAT RTA XM W/O RTNOPHTY    | DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY | No Auth Required |  |  |  |  |
| 2024F | 7 FLD RTA PHOTO EVC RTNOPHTY | 7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHTY      | No Auth Required |  |  |  |  |
| 2025F | 7 FLD RTA PHOTO W/O RTNOPHTY | 7 STANDARD FLD RETINAL PHOTO W/O EVC RTNOPHTY    | No Auth Required |  |  |  |  |
| 2026F | EYE IMG VALID EVC RTNOPHTY   | EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPHTY | No Auth Required |  |  |  |  |
| 2027F | OPTIC NERVE HEAD EVAL DONE   | OPTIC NERVE HEAD EVALUATION PERFORMED            | No Auth Required |  |  |  |  |
| 2028F | FOOT EXAM PERFORMED          | FOOT EXAMINATION PERFORMED                       | No Auth Required |  |  |  |  |
| 2029F | COMPLETE PHYS SKIN EXAM DONE | COMPLETE PHYSICAL SKIN EXAM PERFORMED            | No Auth Required |  |  |  |  |
| 2030F | H2O STAT DOCD NORMAL         | HYDRATION STATUS DOCD NORMALLY HYDRATED          | No Auth Required |  |  |  |  |
| 2031F | H2O STAT DOCD DEHYDRATED     | HYDRATION STATUS DOCUMENTED DEHYDRATED           | No Auth Required |  |  |  |  |
| 2033F | EYE IMG VALID W/O RTNOPHTY   | EYE IMG VLD MTCH DX 7 STND FLD W/O EVC RTNOPHTY  | No Auth Required |  |  |  |  |
| 2035F | TYMP MEMB MOTION EXAMD       | TYMPANIC MEMBRANE MOBILITY ASSESS                | No Auth Required |  |  |  |  |
| 2040F | BK PN XM ON INIT VISIT DATE  | PHYS EXAM ON DATE OF INIT VST FOR LBP DONE       | No Auth Required |  |  |  |  |
| 2044F | DOC MNLT TST B/4 BK TRXMNT   | DOC MNLT HLTH ASSES PRIOR INTVN BACK PAIN 6WKS   | No Auth Required |  |  |  |  |
| 2050F | WOUND CHAR SIZE ETC DOCD     | WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT     | No Auth Required |  |  |  |  |

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|-------|-------------------------------|---|------------------|--|--|--|--|
| 2060F | PT TALK EVAL HLTHWKR RE MDD   | PT INTRVWD BY EVAL CLINICIAN<br>-/DATE DIAG MDD     | No Auth Required |  |  |  |  |
| 3006F | CXR DOC REV                   | CHEST X-RAY RESULTS DOCUMENTED<br>& REVIEWED        | No Auth Required |  |  |  |  |
| 3008F | BODY MASS INDEX DOCD          | BODY MASS INDEX DOCUMENTED                          | No Auth Required |  |  |  |  |
| 3011F | LIPID PANEL DOC REV           | LIPID PANEL RESULTS DOCUMENTED<br>& REVIEWED        | No Auth Required |  |  |  |  |
| 3014F | SCREEN MAMMO DOC REV          | SCREENING MAMMOGRAPHY RESULTS<br>DOC&REV            | No Auth Required |  |  |  |  |
| 3015F | CERV CANCER SCREEN DOCD       | CERVICAL CANCER SCREENING<br>RESULTS DOCD & RVWD    | No Auth Required |  |  |  |  |
| 3016F | PT SCRND UNHLTHY OH USE       | PT SCRND UNHLTHY OH USE BY<br>SYSTEMC SCRNG METHD   | No Auth Required |  |  |  |  |
| 3017F | COLORECTAL CA SCREEN DOC REV  | COLORECTAL CANCER SCREENING<br>RESULTS DOC&REV      | No Auth Required |  |  |  |  |
| 3018F | PRE-PRXD RSK ET AL DOCD       | PRE-PRX RISK ASSESS DEPTH&QUAL<br>BOWEL PREP        | No Auth Required |  |  |  |  |
| 3019F | LVEF ASSESS PLANPOST DSCHRG   | LVEF ASSESSMENT PLANNED POST<br>DISCHARGE           | No Auth Required |  |  |  |  |
| 3020F | LVF ASSESS                    | LEFT VENTRICULAR FUNCTION<br>ASSESSMENT DOCUMENTED  | No Auth Required |  |  |  |  |
| 3021F | LVEF MOD/SEVER DEPRS SYST     | LEFT VENTRICULAR EJECTION<br>FRACTION <40%          | No Auth Required |  |  |  |  |
| 3022F | LVEF >=40% SYSTOLIC           | LEFT VENTRICULAR EJECTION<br>FRACTION >=40%         | No Auth Required |  |  |  |  |
| 3023F | SPIROM DOC REV                | SPIROMETRY RESULTS DOCUMENTED<br>AND REVIEWED       | No Auth Required |  |  |  |  |
| 3025F | SPIROM FEV/FVC <70% W/COPD    | SPIROMETRY TEST RESULTS FEV/FVC<br><70% W/COPD      | No Auth Required |  |  |  |  |
| 3027F | SPIROM FEV/FVC >=70% W/O COPD | SPIROMETRY TEST RESULTS FEV/FVC<br>>=70% W/O COPD   | No Auth Required |  |  |  |  |
| 3028F | O2 SATURATION DOC REV         | OXYGEN SATURATION RESULTS<br>DOCUMENTED & REVIEWE   | No Auth Required |  |  |  |  |
| 3035F | O2 SATURATION <=88%/PAO<=55   | OXYGEN SATUR <=88%/PAO2<br><=55 MM                  | No Auth Required |  |  |  |  |
| 3037F | O2 SATURATION >88%/PAO>55 HG  | OXYGEN SATURATION >88%/PAO2 >55<br>MM HG            | No Auth Required |  |  |  |  |
| 3038F | PULM FX W/IN 12 MON B/4 SURG  | PULMONARY FUNC TEST WITHIN 12<br>MON PRIOR SURG     | No Auth Required |  |  |  |  |
| 3040F | FEV <40% PREDICTED VALUE      | FUNCTIONAL EXPIRATORY VOLUME <<br>40%               | No Auth Required |  |  |  |  |
| 3042F | FEV >=40% PREDICTED VALUE     | FUNCTJL EXPIR VOLUME >=40%<br>PREDICTED VALUE       | No Auth Required |  |  |  |  |
| 3044F | HG A1C LEVEL LT 7.0%          | MOST RECENT HEMOGLOBIN A1C<br>LEVEL < 7.0%          | No Auth Required |  |  |  |  |
| 3046F | HEMOGLOBIN A1C LEVEL >9.0%    | MOST RECENT HEMOGLOBIN A1C<br>LEVEL >9.0%           | No Auth Required |  |  |  |  |
| 3048F | LDL-C <100 MG/DL              | MOST RECENT LDL-C <100 MG/DL                        | No Auth Required |  |  |  |  |
| 3049F | LDL-C 100-129 MG/DL           | MOST RECENT LDL-C 100-129 MG/DL                     | No Auth Required |  |  |  |  |
| 3050F | LDL-C >= 130 MG/DL            | MOST RECENT LDL-C >=130<br>MG/DL                    | No Auth Required |  |  |  |  |
| 3051F | HG A1C>EQUAL 7.0%<8.0%        | MOST RECENT HG A1C>EQUAL TO<br>7.0%&<8.0%           | No Auth Required |  |  |  |  |
| 3052F | HG A1C>EQUAL 8.0%<EQUAL 9.0%  | MOST RECENT HG A1C>EQUAL TO<br>8.0%&<EQUAL TO 9.0%  | No Auth Required |  |  |  |  |
| 3055F | LVEF LESS THAN/EQUAL TO 35%   | LVEF LESS THAN OR EQUAL TO 35%                      | No Auth Required |  |  |  |  |
| 3056F | LVEF GREATER THAN 35%         | LVEF GREATER THAN 35%                               | No Auth Required |  |  |  |  |
| 3060F | POS MICROALBUMINURIA REV      | POSITIVE MICROALBUMINURIA TEST<br>RESULT DOC&REV    | No Auth Required |  |  |  |  |
| 3061F | NEG MICROALBUMINURIA REV      | NEGATIVE MICROALBUMINURIA TEST<br>RESULT DOC&REV    | No Auth Required |  |  |  |  |
| 3062F | POS MACROALBUMINURIA REV      | POSITIVE MACROALBUMINURIA TEST<br>RESULT DOC&REV    | No Auth Required |  |  |  |  |
| 3066F | NEPHROPATHY DOC TX            | DOCUMENTATION OF TREATMENT<br>FOR NEPHROPATHY       | No Auth Required |  |  |  |  |
| 3072F | LOW RISK FOR RETINOPATHY      | LOW RISK FOR RETINOPATHY                            | No Auth Required |  |  |  |  |
| 3073F | PRE-SURG EYE MEASURES DOCD    | DOCUMENTED LENGTH CORNEAL<br>POWER & LENS POWER     | No Auth Required |  |  |  |  |
| 3074F | SYST BP LT 130 MM HG          | MOST RECENT SYSTOLIC BLOOD<br>PRESSURE <130 MM HG   | No Auth Required |  |  |  |  |
| 3075F | SYST BP GE 130 - 139MM HG     | MOST RECENT SYSTOLIC BLOOD PRESS<br>130-139MM HG    | No Auth Required |  |  |  |  |
| 3077F | SYST BP >= 140 MM HG          | MOST RECENT SYSTOLIC BLOOD<br>PRES>=140 MM HG       | No Auth Required |  |  |  |  |
| 3078F | DIAST BP <80 MM HG            | MOST RECENT DIASTOLIC BLOOD<br>PRESSURE < 80 MM HG  | No Auth Required |  |  |  |  |
| 3079F | DIAST BP 80-89 MM HG          | MOST RECENT DIASTOLIC BLOOD<br>PRESSURE 80-89 MM HG | No Auth Required |  |  |  |  |
| 3080F | DIAST BP >= 90 MM HG          | MOST RECENT DIASTOL BLOOD PRES<br>>=90 MM HG        | No Auth Required |  |  |  |  |
| 3082F | KT/V <1.2                     | KT/V <1.2 (CLEARANCE OF UREA<br>(KT)/VOLUME (V))    | No Auth Required |  |  |  |  |
| 3083F | KT/V =/> 1.2 & <1.7           | KT/V EQUAL/>1.2 & <1.7                              | No Auth Required |  |  |  |  |
| 3084F | KT/V >= 1.7                   | KT/V >= 1.7   | No Auth Required |  |  |  |  |
| 3085F | SUICIDE RISK ASSESSED         | SUICIDE RISK ASSESSED                               | No Auth Required |  |  |  |  |
| 3088F | MDD MILD                      | MAJOR DEPRESSIVE DISORDER MILD                      | No Auth Required |  |  |  |  |
| 3089F | MDD MODERATE                  | MAJOR DEPRESSIVE DISORDER<br>MODERATE               | No Auth Required |  |  |  |  |
| 3090F | MDD SEVERE W/O PSYCH          | MDD SEVERE WITHOUT PSYCHOTIC<br>FEATURES            | No Auth Required |  |  |  |  |
| 3091F | MDD SEVERE W/PSYCH            | MAJOR DESPRESV DISORDER SEVERE<br>W/PSYCHOT FEATURE | No Auth Required |  |  |  |  |
| 3092F | MDD IN REMISSION              | MAJOR DEPRESSIVE DISORDER<br>REMISSION              | No Auth Required |  |  |  |  |
| 3093F | DOC NEW DIAG 1ST/ADDL MDD     | DOC NEW DIAG DX INIT/RECURRENT<br>EPISODE OF MDD    | No Auth Required |  |  |  |  |
| 3095F | CENTRAL DEXA RESULTS DOCD     | CENTRAL DUAL ENERGY<br>ABSORPTIOMETRY DOCD          | No Auth Required |  |  |  |  |
| 3096F | CENTRAL DEXA ORDERED          | CENTRAL DUAL ENERGY<br>ABSORPTIOMETRY ORDERED       | No Auth Required |  |  |  |  |
| 3100F | IMAGE TEST REF CAROT DIAM     | CAROTID IMAGNG REPORT DIR/INDIR<br>MEAS VESSEL DIAM | No Auth Required |  |  |  |  |

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|-------|-------------------------------|--|------------------------|-----------------------------|--|----------------------|
| 3110F | PRES/ABSN HMRHG/LESION DOCD   | CT/MRI HMRHG/MASS LESION/ACUTE INFRC DOC         | No Auth Required       |                             |  |                      |
| 3111F | CT/MRI BRAIN DONE W/IN 24HRS  | CT OR MRI BRAIN DONE W/IN 24 HRS HOSP ARRIVAL    | No Auth Required       |                             |  |                      |
| 3112F | CT/MRI BRAIN DONE 24 HRS      | CT/MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL      | No Auth Required       |                             |  |                      |
| 3115F | QUANT RESULTS ACTIVITY & SYMP | QUANT RESULTS EVAL CURR LEVEL ACTIVITY CLIN SYMP | No Auth Required       |                             |  |                      |
| 3117F | HF ASSESSMENT TOOL COMPLETED  | HF DISEASE SPECIFIC ASSESSMENT TOOL COMPLETED    | No Auth Required       |                             |  |                      |
| 3118F | NY HEART ASSOC CLASS DOCD     | NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCD     | No Auth Required       |                             |  |                      |
| 3119F | NO EVAL ACTIVITY CLIN SYMP    | NO EVAL LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS   | No Auth Required       |                             |  |                      |
| 3120F | 12-LEAD ECG PERFORMED         | 12-LEAD ECG PERFORMED                            | No Auth Required       |                             |  |                      |
| 3126F | ESOPH BX RPRT W/DYSPL INFO    | ESOPH BX RPRT W/DYSPLAS INFO AND APPROP GRADING  | No Auth Required       |                             |  |                      |
| 3130F | UPPER GI ENDOSCOPY PERFORMED  | UPPER GI ENDOSCOPY PERFORMED                     | No Auth Required       |                             |  |                      |
| 3132F | DOC REF UPPER GI ENDOSCOPY    | DOC REFERRAL FOR UPPER GI ENDOSCOPY              | No Auth Required       |                             |  |                      |
| 3140F | UPPER GI ENDO SHOWS BARRTTTS  | UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH  | Authorization Required | Surgery of digestive system |  | Full Clinical Review |
| 3141F | UPPER GI ENDO NOT BARRTTTS    | UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S   | Authorization Required | Surgery of digestive system |  | Full Clinical Review |
| 3142F | BARIUM SWALLOW TEST ORDERED   | BARIUM SWALLOW TEST ORDERED                      | No Auth Required       |                             |  |                      |
| 3150F | FORCEPS ESOPH BIOPSY DONE     | FORCEPS ESOPHAGEAL BIOPSY PERFORMED              | No Auth Required       |                             |  |                      |
| 3155F | CYTOGEN TEST MARROW B/4 TX    | CYTOGEN TEST DONE MARROW DIAG OR PRIOR TXMNT     | No Auth Required       |                             |  |                      |
| 3160F | DOC FE+ STORES B/4 EPO THX    | DOC IRON STORES PRIOR START EPO THERAPY          | No Auth Required       |                             |  |                      |
| 3170F | FLOW CYTO DONE B/4 TX         | FLOW CYTOMETRY W/DIAG/PRIOR INITIATING TREATMENT | No Auth Required       |                             |  |                      |
| 3200F | BARIUM SWALLOW TEST NOT REQ   | BARIUM SWALLOW TEST NOT ORDERED                  | No Auth Required       |                             |  |                      |
| 3210F | GRP A STREP TEST PERFORMED    | GROUP A STREP TEST PERFORMED                     | No Auth Required       |                             |  |                      |
| 3215F | PT IMMUNITY TO HEP A DOCD     | DOCUMENTED IMMUNITY HEPATITIS A                  | No Auth Required       |                             |  |                      |
| 3216F | PT IMMUNITY TO HEP B DOCD     | DOCUMENTED IMMUNITY HEPATITIS B                  | No Auth Required       |                             |  |                      |
| 3218F | RNA TSTNG HEP C DOCD DONE     | HEP C RNA TEST 6 MOS BEFORE ANTIVIRAL TX         | No Auth Required       |                             |  |                      |
| 3220F | HEP C QUANT RNA TSTNG DOCD    | HEP C QUANT RNA TEST 12 WKS AFTER ANTIVIRAL TX   | No Auth Required       |                             |  |                      |
| 3230F | NOTE HRING TST W/IN 6 MON     | HEARING TEST 6 MOS PRIOR TO EAR TUBE INSERTION   | No Auth Required       |                             |  |                      |
| 3250F | NONPRIM LOC ANAT BX SITE TUM  | NONPRIM ANATOMIC LOCATION OF SPECIMEN SITE       | No Auth Required       |                             |  |                      |
| 3260F | PT CAT/PN CAT/HIST GRD DOCD   | TUMOR/NODES/HISTO GRADE DOCUMENTED               | No Auth Required       |                             |  |                      |
| 3265F | RNA TSTNG HEPC VIR ORD/DOCD   | RNA TESTING FOR HEP C VIREMIA ORDERED/DOCD       | No Auth Required       |                             |  |                      |
| 3266F | HEPC GN TSTNG DOCD B/4TXMNT   | HEPATITIS C GENOTYPE PRIOR ANTIVIRAL TREATMENT   | No Auth Required       |                             |  |                      |
| 3267F | PATH RPRT W/ PT PN CAT ET AL  | PATH RPRT INCLUDES PT & PN CAT GLEASON           | No Auth Required       |                             |  |                      |
| 3268F | PSA/T/GLSC DOCD B/4 TXMNT     | PSA & TUMOR STAGE&GLEASON SCORE PRIOR INIT       | No Auth Required       |                             |  |                      |
| 3269F | BONE SCN B/4 TXMNT/AFTR DX    | BONE SCAN PRIOR INITIAT TX/DX PROSTATE CANCER    | No Auth Required       |                             |  |                      |
| 3270F | NO BONE SCN B/4 TXMNT/AFTRDX  | BONE SCAN NOT PRIOR INITIAT TX/DX PROSTATE CA    | No Auth Required       |                             |  |                      |
| 3271F | LOW RISK PROSTATE CANCER      | LOW RISK OF RECURRENCE PROSTATE CANCER           | No Auth Required       |                             |  |                      |
| 3272F | MED RISK PROSTATE CANCER      | INTERMED RISK OF RECURRENCE PROSTATE CANCER      | No Auth Required       |                             |  |                      |
| 3273F | HIGH RISK PROSTATE CANCER     | HIGH RISK OF RECURRENCE PROSTATE CANCER          | No Auth Required       |                             |  |                      |
| 3274F | PROST CNCR RSK NOT LW/MD/HGH  | PROST CANCER RSK RECUR NOT DETER/LOW/INTERMED/HI | No Auth Required       |                             |  |                      |
| 3278F | SERUM LVLS CA/IPTH/LPD ORD    | SERUM LEVELS CALCIUM PHOSPH PARATHYR & LIPID PR  | No Auth Required       |                             |  |                      |
| 3279F | HGB LVL >= 13 G/DL            | HEMOGLOBIN LEVEL>=EQUAL 13 G/DL                  | No Auth Required       |                             |  |                      |
| 3280F | HGB LVL 11-12.9 G/DL          | HEMOGLOBIN LEVEL 11 G/DL-12.9 G/DL               | No Auth Required       |                             |  |                      |
| 3281F | HGB LVL <11 G/DL              | HEMOGLOBIN LEVEL <11 G/DL                        | No Auth Required       |                             |  |                      |
| 3284F | IOP DOWN >15% OF PRE-SVC LVL  | INTRAOCULAR PRESS REDUCED >=EQUAL 15%            | No Auth Required       |                             |  |                      |
| 3285F | IOP DOWN <15% OF PRE-SVC LVL  | IOP REDUCED <15% PRE-INTERVENTION LEVEL          | No Auth Required       |                             |  |                      |
| 3288F | FALL RISK ASSESSMENT DOCD     | FALLS RISK ASSESSMENT DOCUMENTED                 | No Auth Required       |                             |  |                      |
| 3290F | PT=D(RH)- AND UNSENSITIZED    | PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED      | No Auth Required       |                             |  |                      |
| 3291F | PT=D(RH)+ OR SENSITIZED       | PATIENT IS D (RH) POSITIVE OR SENSITIZED         | No Auth Required       |                             |  |                      |
| 3292F | HIV TSTNG ASKED/DOCD/REVWD    | HIV TSTNG ASK/DOCD/RVWD AT 1ST/2ND PRENATAL VST  | No Auth Required       |                             |  |                      |
| 3293F | ABO RH BLOOD TYPING DOCD      | ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED  | No Auth Required       |                             |  |                      |
| 3294F | GRP B STREP SCREENING DOCD    | GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION  | No Auth Required       |                             |  |                      |
| 3300F | AJCC STAGE DOCD B/4 THXPY     | AJCC STAGE DOCUMENTED & REVIEWED                 | No Auth Required       |                             |  |                      |
| 3301F | CANCER STAGE DOCD METAST      | CANCER STAGE DOCD METASTATIC & REVIEWED          | No Auth Required       |                             |  |                      |
| 3315F | ER+ OR PR+ BREAST CANCER      | ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER | No Auth Required       |                             |  |                      |
| 3316F | ER- OR PR- BREAST CANCER      | ESTROGEN/PROGEST RECEPTOR NEGATIVE BREAST CANCER | No Auth Required       |                             |  |                      |
| 3317F | PATH RPT MALIG CANCER DOCD    | PATH REPRT MALIGNANCY DOCD & RVWD INITIATE CHE   | No Auth Required       |                             |  |                      |
| 3318F | PATH RPT MALIG CANCER DOCD    | PATH REPRT MALIGNANCY DOCD & RVWD INITIA RAD     | No Auth Required       |                             |  |                      |

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| 3319F | X-RAY/CT/ULTRSDND ET AL ORD   | 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED  | No Auth Required |  |  |  |
| 3320F | NO XRAY/CT/ ET AL ORDD        | 0 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED  | No Auth Required |  |  |  |
| 3321F | AJCC CNCR 0/IA MELAN DOCD     | AJCC CANCER STAGE 0 OR IA MELANOMA               | No Auth Required |  |  |  |
| 3322F | MELANOMAJCC STAGE 0 OR IA     | MELANOMA THAN AJCC STAGE 0                       | No Auth Required |  |  |  |
| 3323F | CLIN NODE STGNG DOCD/4 SURG   | CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG | No Auth Required |  |  |  |
| 3324F | MRI CT SCAN ORD RVWD RQSTD    | MRI CT SCAN ORDERED REVIEWED/REQUESTED           | No Auth Required |  |  |  |
| 3325F | PREOP ASSES 4 CATARACT SURG   | PREOP ASSES 12 MOS PRIOR CATARACT SURG W/IO LENS | No Auth Required |  |  |  |
| 3328F | PRFRMNC DOCD 2 WKS B/4 SURG   | PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG    | No Auth Required |  |  |  |
| 3330F | IMAGING STUDY ORDERED (BKP)   | IMAGING STUDY ORDERED                            | No Auth Required |  |  |  |
| 3331F | BK IMAGING TST NOT ORDERED    | IMAGING STUDY NOT ORDERED                        | No Auth Required |  |  |  |
| 3340F | MAMMO ASSESS INC XRAY DOCD    | MAMMO ASSESSMENT CAT INCOMP ADDTNL IMAGE DOCD    | No Auth Required |  |  |  |
| 3341F | MAMMO ASSESS NEGATIVE DOCD    | MAMMO ASSESSMENT CAT NEGATIVE DOCD               | No Auth Required |  |  |  |
| 3342F | MAMMO ASSESS BENGN DOCD       | MAMMO ASSESSMENT CAT BENIGN DOCD                 | No Auth Required |  |  |  |
| 3343F | MAMMO PROBABLY BENGN DOCD     | MAMMO ASSESSMENT CAT PROB BENIGN DOCD            | No Auth Required |  |  |  |
| 3344F | MAMMO ASSESS SUSP DOCD        | MAMMO ASSESSMENT CAT SUSPICIOUS DOCD             | No Auth Required |  |  |  |
| 3345F | MAMMO ASSESS HGHLYMALIG DOC   | MAMMO ASSESSMENT CAT HIGH CHANCE MALIG DOCD      | No Auth Required |  |  |  |
| 3350F | MAMMO BX PROVEN MALIG DOCD    | MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD    | No Auth Required |  |  |  |
| 3351F | NEG SCRND DEP SYMP BY DEPTOOL | NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL     | No Auth Required |  |  |  |
| 3352F | NO SIG DEP SYMP BY DEP TOOL   | NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL  | No Auth Required |  |  |  |
| 3353F | MILD-MOD DEP SYMP BY DEPTOOL  | MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL    | No Auth Required |  |  |  |
| 3354F | CLIN SIG DEP SYM BY DEP TOOL  | CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL      | No Auth Required |  |  |  |
| 3370F | AJCC BRST CNCR STAGE 0 DOCD   | AJCC BREAST CANCER STAGE 0 DOCUMENTED            | No Auth Required |  |  |  |
| 3372F | AJCC BRST CNCR STAGE 1 DOCD   | AJCC BREAST CANCER STAGE I T1MIC T1A/T1B         | No Auth Required |  |  |  |
| 3374F | AJCC BRST CNCR STAGE 1 DOCD   | AJCC BREAST CANCER STAGE I T1C                   | No Auth Required |  |  |  |
| 3376F | AJCC BRSTCNCR STAGE 2 DOCD    | AJCC BREAST CANCER STAGE II                      | No Auth Required |  |  |  |
| 3378F | AJCC BRSTCNCR STAGE 3 DOCD    | AJCC BREAST CANCER STAGE III                     | No Auth Required |  |  |  |
| 3380F | AJCC BRSTCNCR STAGE 4 DOCD    | AJCC BREAST CANCER STAGE IV                      | No Auth Required |  |  |  |
| 3382F | AJCC CLN CNCR STAGE 0 DOCD    | AJCC COLON CANCER STAGE 0                        | No Auth Required |  |  |  |
| 3384F | AJCC CLN CNCR STAGE 1 DOCD    | AJCC COLON CANCER STAGE I                        | No Auth Required |  |  |  |
| 3386F | AJCC CLN CNCR STAGE 2 DOCD    | AJCC COLON CANCER STAGE II                       | No Auth Required |  |  |  |
| 3388F | AJCC CLN CNCR STAGE 3 DOCD    | AJCC COLON CANCER STAGE III DOCD                 | No Auth Required |  |  |  |
| 3390F | AJCC CLN CNCR STAGE 4 DOCD    | AJCC COLON CANCER STAGE IV DOCD                  | No Auth Required |  |  |  |
| 3394F | QUANT HER2 IHC EVAL BRST CX   | QUANT HER2 IHC EVAL OF BRST CANCER ASCO/CAP      | No Auth Required |  |  |  |
| 3395F | QUANT NONHER2 IHC BRST CX     | QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED | No Auth Required |  |  |  |
| 3450F | DYSPNEA SCRND NO-MILD DYSP    | DYSPNEA SCRND NO-MILD DYSPNEA                    | No Auth Required |  |  |  |
| 3451F | DYSPNEA SCRND MOD-HIGH DYSP   | DYSPNEA SCRND MOD-SEVERE DYSPNEA                 | No Auth Required |  |  |  |
| 3452F | DYSPNEA NOT SCREENED          | DYSPNEA NOT SCREENED                             | No Auth Required |  |  |  |
| 3455F | TB SCRNG DONE-INTERPD 6MON    | TB SCRNG DONE INTRPD </6 MOS START RA THXPY      | No Auth Required |  |  |  |
| 3470F | RA DISEASE ACTIVITY LOW       | RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW   | No Auth Required |  |  |  |
| 3471F | RA DISEASE ACTIVITY MOD       | RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY MOD   | No Auth Required |  |  |  |
| 3472F | RA DISEASE ACTIVITY HIGH      | RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY HIGH  | No Auth Required |  |  |  |
| 3475F | DISEASE PROGN RA POOR DOCD    | DISEASE PROGNOSIS RA ASSESSED POOR PROG DOCD     | No Auth Required |  |  |  |
| 3476F | DISEASE PROGN RA GOOD DOCD    | DISEASE PROGNOSIS RA ASSESSED GOOD PROG DOCD     | No Auth Required |  |  |  |
| 3490F | HISTORY AIDS-DEFINING COND    | HISTORY OF AIDS-DEFINING CONDITION               | No Auth Required |  |  |  |
| 3491F | HIV UNSURE BABY OF HIV+MOMS   | HIV INDETERMINATE INFANTS BORN OF HIV MOTHERS    | No Auth Required |  |  |  |
| 3492F | HISTORY CD4+ CELL COUNT <350  | HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3  | No Auth Required |  |  |  |
| 3493F | NO HIST CD4+ CELL COUNT <350  | NO HIST NADIR CD4+ CELL CNT <350&AIDS CONDITION  | No Auth Required |  |  |  |
| 3494F | CD4+CELL COUNT <200CELLS/MM3  | CD4+ CELL COUNT <200 CELLS/MM                    | No Auth Required |  |  |  |
| 3495F | CD4+CELL CNT 200-499 CELLS    | CD4+ CELL COUNT 200-499 CELLS/MM (HIV)           | No Auth Required |  |  |  |
| 3496F | CD4+ CELL COUNT => 500 CELLS  | CD4+ CELL COUNT => 500 CELLS/MM                  | No Auth Required |  |  |  |
| 3497F | CD4+ CELL PERCENTAGE <15%     | CD4+ CELL PERCENTAGE <15% HIV                    | No Auth Required |  |  |  |
| 3498F | CD4+ CELL >=15% (HIV)         | CD4+ CELL PERCENTAGE >= 15% HIV                  | No Auth Required |  |  |  |
| 3500F | CD4+CELL CNT/% DOCD AS DONE   | CD4+CELL CNT/CD4+CELL % DOCD AS DONE             | No Auth Required |  |  |  |
| 3502F | HIV RNA VRL LD <LMTS QUANTIF  | HIV RNA VIRAL LOAD <LIMITS OF QUANTIF            | No Auth Required |  |  |  |
| 3503F | HIV RNA VRL LDNOT<LMTS QUNTF  | HIV RNA VIRAL LOAD NOT <LIMITS OF QUANTIF        | No Auth Required |  |  |  |
| 3510F | DOC TB SCRNG-RSLTS INTERPD    | DOCJ TB SCREEN PERFORMED & RESULTS INTERPRET     | No Auth Required |  |  |  |
| 3511F | CHLAMYD/GONRH TSTS DOCD DONE  | CHLAMYDIA/GONORRHEA TSTS DOCD AS DONE            | No Auth Required |  |  |  |
| 3512F | SYPH SCRNG DOCD AS DONE       | SYPHILIS SCREENING DOCUMENTED AS DONE            | No Auth Required |  |  |  |
| 3513F | HEP B SCRNG DOCD AS DONE      | HEPATITIS B SCREENING DOCUMENTED AS PERFORMED    | No Auth Required |  |  |  |
| 3514F | HEP C SCRNG DOCD AS DONE      | HEPATITIS C SCREENING DOCUMENTED AS PERFORMED    | No Auth Required |  |  |  |



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| 3515F | PT HAS DOCD IMMUN TO HEP C    | PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C   | No Auth Required |  |  |  |  |
| 3517F | HBV ASSESS&RESULTS INTRP 1YR  | HBV STATUS ASSESSED W/ RESULTS IN 1 YR           | No Auth Required |  |  |  |  |
| 3520F | CDIFFICILE TESTING PERFORMED  | CLOSTRIDIUM DIFFICILE TESTING PERFORMED          | No Auth Required |  |  |  |  |
| 3550F | LOW RSK THROMBOEMBOLISM       | LOW RISK FOR THROMBOEMBOLISM                     | No Auth Required |  |  |  |  |
| 3551F | INTRMED RSK THROMBOEMBOLISM   | INTERMEDIATE RISK FOR THROMBOEMBOLISM            | No Auth Required |  |  |  |  |
| 3552F | HGH RISK FOR THROMBOEMBOLISM  | HIGH RISK FOR THROMBOEMBOLISM                    | No Auth Required |  |  |  |  |
| 3555F | PT INR MEASUREMENT PERFORMED  | PT HAD INR MEASUREMENT PERFORMED                 | No Auth Required |  |  |  |  |
| 3570F | RPRT BONE SCINT XREF W XRAY   | REPORT BONE SCINTIGRAPHY W/X-RAY SAME REGION     | No Auth Required |  |  |  |  |
| 3572F | PT CONSID POSS RISK FX        | PT POTENTIAL RISK FRACTURE WEIGHT BEARING SITE   | No Auth Required |  |  |  |  |
| 3573F | PT NOT CONSID POSS RISK FX    | PT NOT POTENT RISK FRACTURE WEIGHT-BEARING SITE  | No Auth Required |  |  |  |  |
| 3650F | EEG ORDERED RVWD REQSTD       | ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ         | No Auth Required |  |  |  |  |
| 3700F | PSYCH DISORDERS ASSESSED      | PSYCHIATRIC DISORDERS/DISTURBANCES ASSESSED      | No Auth Required |  |  |  |  |
| 3720F | COGNIT IMPAIRMENT ASSESSED    | COGNITIVE IMPAIRMENT/DYSFUNCTION ASSESSED        | No Auth Required |  |  |  |  |
| 3725F | SCREEN DEPRESSION PERFORMED   | SCREENING FOR DEPRESSION PERFORMED               | No Auth Required |  |  |  |  |
| 3750F | PTNOTRCVNGSTEROID>=10MG/DAY   | PT NOT RCVNG CORTICOSTEROIDS>=10MG/DAY 60/> DAYS | No Auth Required |  |  |  |  |
| 3751F | ELECTRODIAG POLYNEURO 6 MN    | ELECTRODIAG STUDIES DSP DOCD RVWD W/IN 6 MONTHS  | No Auth Required |  |  |  |  |
| 3752F | NO ELECTRODIAG POLYNEURO 6MN  | ELECTRODIAG STUDIES DSP NOT DOCD RVWD W/IN 6 MON | No Auth Required |  |  |  |  |
| 3753F | PT HAS SYMP&SIGNS NEUROPATHY  | PT HAS CLINICAL SYMP&SIGNS NEUROPATHY W/CAUSE    | No Auth Required |  |  |  |  |
| 3754F | SCREENING TESTS DM DONE       | SCREENING TSTS DIABETES MELLITUS RVWD RQSTD ORD  | No Auth Required |  |  |  |  |
| 3755F | COG&BEHAV IMPRMT SCRNG DONE   | COGNITIVE&BEHAVIORAL IMPAIRMENT SCRNG PERFORMED  | No Auth Required |  |  |  |  |
| 3756F | PT W/PSEUDOBULB AFFECT/ALS    | PT HAS PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP   | No Auth Required |  |  |  |  |
| 3757F | PT W/O PSEUDOBULBAFFECT/ALS   | NO PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP       | No Auth Required |  |  |  |  |
| 3758F | PT REF PULM FX TEST/PEAKFLOW  | PULM FUNC TESTING/PEAK COUGH EXPIRATORY FLOW     | No Auth Required |  |  |  |  |
| 3759F | PT SCRND DYSPHAG/WT LOSS/NUTR | PT SCRND DYSPHAGIA WT LOSS IMPAIRED NUTRITION    | No Auth Required |  |  |  |  |
| 3760F | PT W/DYSPHAG/WT LOSS/NUTR     | PT W/DYSPHAG/WT LOSS/IMPAIRED NUTRITION          | No Auth Required |  |  |  |  |
| 3761F | PT W/O DYSPHAG/WT LOSS/NUTR   | PT WO/DYSPHAG/WT LOSS/IMPAIRED NUTRITION         | No Auth Required |  |  |  |  |
| 3762F | PATIENT IS DYSARTHIC          | PATIENT IS DYSARTHIC                             | No Auth Required |  |  |  |  |
| 3763F | PATIENT IS NOT DYSARTHIC      | PATIENT IS NOT DYSARTHIC                         | No Auth Required |  |  |  |  |
| 3775F | ADENOMA DETECTED SCREENING    | ADENOMA(S)/NEOPLASM DETECTED SCRNG CLNSCPY       | No Auth Required |  |  |  |  |
| 3776F | ADENOMA NOT DETECT SCREENING  | ADENOMA(S)/NEOPLASM NOT DETECTED SCRNG CLNSCPY   | No Auth Required |  |  |  |  |
| 4000F | TOBACCO USE TXMNT COUNSELING  | TOBACCO USE CESSATION IVNTJ COUNSELING           | No Auth Required |  |  |  |  |
| 4001F | TOBACCO USE TXMNT PHARMACOL   | TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER   | No Auth Required |  |  |  |  |
| 4003F | PT ED WRITE/ORAL PTS W/ HF    | PT EDUCATION WRITTN/ORAL HRT FAILURE PTS PFRMD   | No Auth Required |  |  |  |  |
| 4004F | PT TOBACCO SCREEN RCVD TLK    | PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK | No Auth Required |  |  |  |  |
| 4005F | PHARM THX FOR OP RXD          | PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED    | No Auth Required |  |  |  |  |
| 4008F | BETA-BLOCKER THERAPY RXD/TKN  | BETA BLOCKER THERAPY RXD/CURRENTLY BEING TAKEN   | No Auth Required |  |  |  |  |
| 4010F | ACE/ARB THERAPY RXD/TAKEN     | ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN    | No Auth Required |  |  |  |  |
| 4011F | ORAL ANTIPLATELET THERAPY RX  | ORAL ANTIPLATELET THERAPY PRESCRIBED             | No Auth Required |  |  |  |  |
| 4012F | WARFARIN THERAPY RX           | WARFARIN THERAPY PRESCRIBED                      | No Auth Required |  |  |  |  |
| 4013F | STATIN THERAPY/CURRENTLY TKN  | STATIN THERAPY RXD/CURRENTLY TAKEN               | No Auth Required |  |  |  |  |
| 4014F | WRITTEN DISCHARGE INSTR PRVD  | DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR    | No Auth Required |  |  |  |  |
| 4015F | PERSIST ASTHMA MEDICINE CTRL  | PRISISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED  | No Auth Required |  |  |  |  |
| 4016F | ANTI-INFLM/ANLGSIC AGENT RX   | ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED       | No Auth Required |  |  |  |  |
| 4017F | GI PROPHYLAXIS FOR NSAID RX   | GI PROPHYLAXIS NSAID USE PRESCRIBED              | No Auth Required |  |  |  |  |
| 4018F | THERAPY EXERCISE JOINT RX     | THERAPEUTIC EXERCISE INVOLVED JTS INST/PRESCRIBE | No Auth Required |  |  |  |  |
| 4019F | DOC RECPT COUNSL VIT D/CALC+  | DOCUMENT COUNSELING EXERCISE CALCIUM & VITAMIN   | No Auth Required |  |  |  |  |
| 4025F | INHALED BRONCHODILATOR RX     | INHALED BRONCHODILATOR PRESCRIBED                | No Auth Required |  |  |  |  |
| 4030F | OXYGEN THERAPY RX             | LONG-TERM OXYGEN THERAPY PRESCRIBED              | No Auth Required |  |  |  |  |
| 4033F | PULMONARY REHAB REC           | PULMONARY REHABILITATION RECOMMENDED             | No Auth Required |  |  |  |  |
| 4035F | INFLUENZA IMM REC             | INFLUENZA IMMUNIZATION RECOMMENDED               | No Auth Required |  |  |  |  |
| 4037F | INFLUENZA IMM ORDER/ADMIN     | INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED   | No Auth Required |  |  |  |  |
| 4040F | PNEUMOC VAC/ADMIN/RCVD        | PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR            | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 4041F | DOC ORDER CEFAZOLIN/CEFUROX  | DOC ORDER CEFAZOLIN/CEFUROXIME<br>ANTIMICRB PROPHYL  | No Auth Required |  |  |  |  |
| 4042F | DOC ANTIBIO NOT GIVEN        | DOC PROPHY ANTIBIO NOT GIVEN<br>W/IN 4 HR PRIOR SUR  | No Auth Required |  |  |  |  |
| 4043F | DOC ORDER GIVEN STOP ANTIBIO | DOC ORDER DISCONT ANTIBIO W/IN<br>48 HOURS OF SURG   | No Auth Required |  |  |  |  |
| 4044F | DOC ORDER GIVEN VTE PROPHYLX | DOC ORDER VTE PROPHYL W/IN 24<br>HRS PRIOR SURG      | No Auth Required |  |  |  |  |
| 4045F | EMPIRIC ANTIBIOTIC RX        | APPROPRIATE EMPIRIC ANTIBIOTIC<br>PRESCRIBED         | No Auth Required |  |  |  |  |
| 4046F | DOC ANTIBIO GIVEN B/4 SURG   | DOCD ANTIBIO W/IN 4 HRS<br>PRIOR/INTRAOP SURG INCIS  | No Auth Required |  |  |  |  |
| 4047F | DOC ANTIBIO GIVEN B/4 SURG   | DOC ORDER ANTIBIO GIVEN W/IN 1<br>HR PRIOR SURG/INC  | No Auth Required |  |  |  |  |
| 4048F | DOC ANTIBIO GIVEN B/4 SURG   | DOC ANTIBIO GIVEN W/IN 1 HR PRIOR<br>SURG/INCIS      | No Auth Required |  |  |  |  |
| 4049F | DOC ORDER GIVEN STOP ANTIBIO | DOC ORDER GIVEN TO STOP ANTIBIO<br>W/IN 24 HRS SURG  | No Auth Required |  |  |  |  |
| 4050F | HT CARE PLAN DOC             | HYPERTENSION PLAN OF CARE<br>DOCUMENTED              | No Auth Required |  |  |  |  |
| 4051F | REFERRED FOR AN AV FISTULA   | REFERRED FOR AN ARTERIO-VEINOUS<br>(AV) FISTULA      | No Auth Required |  |  |  |  |
| 4052F | HEMODIALYSIS VIA AV FISTULA  | HEMODIAL VIA FUNCTIONG AV<br>FISTULA                 | No Auth Required |  |  |  |  |
| 4053F | HEMODIALYSIS VIA AV GRAFT    | HEMODIALYSIS VIA FUNCTIONING<br>AVGRAFT              | No Auth Required |  |  |  |  |
| 4054F | HEMODIALYSIS VIA CATHETER    | HEMODIALYSIS VIA CATHETER                            | No Auth Required |  |  |  |  |
| 4055F | PT RCVNG PERITON DIALYSIS    | PATIENT RECEIVING PERITONEAL<br>DIALYSIS             | No Auth Required |  |  |  |  |
| 4056F | APPROP ORAL REHYD RECOMM     | APPROPRIATE ORAL REHYD SOLUTION<br>RECOMMENDED       | No Auth Required |  |  |  |  |
| 4058F | PED GASTRO ED GIVEN CAREGVR  | PAG PROVIDED TO CAREGIVER                            | No Auth Required |  |  |  |  |
| 4060F | PSYCH SVCS PROVIDED          | PSYCHOTHERAPY SERVICES PROVIDED                      | No Auth Required |  |  |  |  |
| 4062F | PT REFERRAL PSYCH DOCD       | PATIENT REFERRAL FOR<br>PSYCHOTHERAPY DOCUMENTED     | No Auth Required |  |  |  |  |
| 4063F | ANTIDEPRES RXTHXPY NOT RXD   | ANTIDEPRESSANT RXTHXY CONSIDER<br>& NOT PRESCRIBE    | No Auth Required |  |  |  |  |
| 4064F | ANTIDEPRESSANT RX            | ANTIDEPRESSANT<br>PHARMACOTHERAPY PRESCRIBED         | No Auth Required |  |  |  |  |
| 4065F | ANTIPSYCHOTIC RX             | ANTIPSYCHOTIC PHARMACOTHERAPY<br>PRESCRIBED          | No Auth Required |  |  |  |  |
| 4066F | ECT PROVIDED                 | ELECTROCONVULSIVE THERAPY (ECT)<br>PROVIDED          | No Auth Required |  |  |  |  |
| 4067F | PT REFERRAL FOR ECT DOCD     | PT REFERRAL ELECTROCONVULSIVE<br>THXPY (ECT) DOCD    | No Auth Required |  |  |  |  |
| 4069F | VTE PROPHYLAXIS RCVD         | VENOUS THROMBOEMBOLISM (VTE)<br>PROPHYLAXIS RCVD     | No Auth Required |  |  |  |  |
| 4070F | DVT PROPHYLX RECVD DAY 2     | DEEP VEIN THROMB PROPHYL RECVD<br>BY HOSP DAY 2      | No Auth Required |  |  |  |  |
| 4073F | ORAL ANTIPLAT THX RX DISCHRG | ORAL ANTIPLATELET THERAPY<br>PRESCRIBED AT DISCHARGE | No Auth Required |  |  |  |  |
| 4075F | ANTICOAG THX RX AT DISCHRG   | ANTICOAGULANT THERAPY<br>PRESCRIBED AT DISCHARGE     | No Auth Required |  |  |  |  |
| 4077F | DOC T-PA ADMIN CONSIDERED    | DOC T-PA ADMINISTRATION WAS<br>CONSIDERED            | No Auth Required |  |  |  |  |
| 4079F | DOC REHAB SVCS CONSIDERED    | DOC REHAB SERVICES WERE<br>CONSIDERED                | No Auth Required |  |  |  |  |
| 4084F | ASPIRIN RECVD W/IN 24 HRS    | ASPIRIN RECVD W/IN 24 HRS PRIOR ED<br>ARRIVAL/STAY   | No Auth Required |  |  |  |  |
| 4086F | ASPIRIN/CLOPIDOGREL RXD      | ASPIRIN OR CLOPIDOGREL<br>PRESCRIBED                 | No Auth Required |  |  |  |  |
| 4090F | PT RCVNG EPO THXPY           | PATIENT RECEIVING ERYTHROPOIETIN<br>THERAPY          | No Auth Required |  |  |  |  |
| 4095F | PT NOT RCVNG EPO THXPY       | PATIENT NOT RECEIVING<br>ERYTHORPOIETIN THERAPY      | No Auth Required |  |  |  |  |
| 4100F | BIPHOS THXPY VEIN ORD/RECVD  | BISPPOS THXPY VENOUS ORDERED OR<br>RECEIVED          | No Auth Required |  |  |  |  |
| 4110F | INT MAM ART USED FOR CABG    | LIMA GRAFT USED IN 1ST ISOLATED<br>CABG PXD          | No Auth Required |  |  |  |  |
| 4115F | BETA BLCKR ADMIN W/IN 24 HRS | BETA BLOCKER GIVEN W/IN 24 HRS<br>PRIOR SURG INC     | No Auth Required |  |  |  |  |
| 4120F | ANTIBIOT RXD/GIVEN           | ANTIBIOTIC PRESCRIBED OR<br>DISPENSED                | No Auth Required |  |  |  |  |
| 4124F | ANTIBIOT NOT RXD/GIVEN       | ANTIBIOTIC NEITHER PRESCRIBED NOR<br>DISPENSED       | No Auth Required |  |  |  |  |
| 4130F | TOPICAL PREP RX AOE          | ACUTE OTITIS EXTERNA TOPICAL<br>PREPS PRESCRIBED     | No Auth Required |  |  |  |  |
| 4131F | SYST ANTIMICROBIAL THX RX    | SYSTEMIC ANTIMICROBIAL TX<br>PRESCRIBED              | No Auth Required |  |  |  |  |
| 4132F | NO SYST ANTIMICROBIAL THX RX | SYSTEMIC ANTIMICROBIAL TX NOT<br>PRESCRIBED          | No Auth Required |  |  |  |  |
| 4133F | ANTIHIST/DECONG RX/RECOM     | ANTIHISTAMINE/DECONGESTANT<br>PRESCRIBED             | No Auth Required |  |  |  |  |
| 4134F | NO ANTIHIST/DECONG RX/RECOM  | ANTIHISTAMINE/DECONGESTANT NOT<br>PRESCRIBED         | No Auth Required |  |  |  |  |
| 4135F | SYSTEMIC CORTICOSTEROIDS RX  | SYSTEMIC CORTICOSTEROIDS<br>PRESCRIBED               | No Auth Required |  |  |  |  |
| 4136F | SYST CORTICOSTEROIDS NOT RX  | SYSTEMIC CORTICOSTEROIDS NOT<br>PRESCRIBED           | No Auth Required |  |  |  |  |
| 4140F | INHALED CORTICOSTEROIDS RXD  | INHALED CORTICOSTEROIDS<br>PRESCRIBED                | No Auth Required |  |  |  |  |
| 4142F | CORTICOSTER SPARNG THRPY RXD | CORTICOSTEROID SPARING THERAPY<br>PRESCRIBED         | No Auth Required |  |  |  |  |
| 4144F | ALT LONG-TERM CNTRL MED RXD  | ALTERNATIVE LONG-TERM CONTROL<br>MEDICATION RXD      | No Auth Required |  |  |  |  |
| 4145F | 2+ ANTI-HYPRTNSV AGENTS TKN  | 2+ ANTI-HYPERTENSIVE AGENTS RXD<br>OR TAKEN          | No Auth Required |  |  |  |  |
| 4148F | HEP A VAC INJXN ADMIN/RECVD  | HEPATITIS A VACCINE ADMIN OR<br>PREVIOUSLY RECVD     | No Auth Required |  |  |  |  |
| 4149F | HEP B VAC INJXN ADMIN/RECVD  | HEPATITIS B VACCINE ADMIN OR<br>PREVIOUSLY RECVD     | No Auth Required |  |  |  |  |
| 4150F | PT RECNG ANTIVIR TXMNT HEP C | CURRENT HEPATITIS C ANTIVIRAL<br>TREATMENT           | No Auth Required |  |  |  |  |

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|-------|------------------------------|--|------------------|--|--|--|--|
| 4151F | PT NOT RECNG ANTIV HEP C     | NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT       | No Auth Required |  |  |  |  |
| 4153F | COMBO PEGINTF/RIB RX         | COMB PEGINTERF/RIBAVIRIN TX PRESCRIBED           | No Auth Required |  |  |  |  |
| 4155F | HEP A VAC SERIES PREV RECVD  | HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED   | No Auth Required |  |  |  |  |
| 4157F | HEP B VAC SERIES PREV RECVD  | HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED   | No Auth Required |  |  |  |  |
| 4158F | PT EDU RE ALCOH DRNKG DONE   | PATIENT COUNSELED ABOUT RISKS ALCOHOL USE        | No Auth Required |  |  |  |  |
| 4159F | CONTRCP TALK B/4 ANTIV TXMNT | CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX        | No Auth Required |  |  |  |  |
| 4163F | PT COUNS 4 TXMNT OPT PROST   | PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER  | No Auth Required |  |  |  |  |
| 4164F | ADJV HRMNL THXPY RXD         | ADJUVANT HORMONAL THXPY RX/ADMIN                 | No Auth Required |  |  |  |  |
| 4165F | 3D-CRT/IMRT RECEIVED         | 3D-CRT OR INTENSITY MODUL RAD THXPY RECVD        | No Auth Required |  |  |  |  |
| 4167F | HD BED TILTED 1ST DAY VENT   | HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED     | No Auth Required |  |  |  |  |
| 4168F | PT CARE ICU&VENT W/IN 24HRS  | PT RCVG CARE ICU & RCVNG MECH VENT 24 HRS/<      | No Auth Required |  |  |  |  |
| 4169F | NO PT CARE ICU/VENT IN 24HRS | PT NOT RCVG CARE IN ICU/NOT RCVG MECH VENT       | No Auth Required |  |  |  |  |
| 4171F | PT RCVNG ESA THXPY           | PATIENT RECEIVING (ESA) THERAPY                  | No Auth Required |  |  |  |  |
| 4172F | PT NOT RCVNG ESA THXPY       | PATIENT NOT RECEIVING (ESA) THERAPY              | No Auth Required |  |  |  |  |
| 4174F | COUNS POTENT GLAUC IMPCT     | TLK VIS FXN & QUAL LIFE/TRXMNT FOR PT/CRGVR      | No Auth Required |  |  |  |  |
| 4175F | VIS 20/40/> W/IN 90 DAYS     | CORRECT VISUAL ACUIT 20/40/> W/IN 90 DAYS SURG   | No Auth Required |  |  |  |  |
| 4176F | TALK RE UV LIGHT PT/CRGVR    | COUNSEL UV LITE PROTEC PREV/PROG CATARACT DEVEL  | No Auth Required |  |  |  |  |
| 4177F | TALK PT/CRGVR RE AREDS PREV  | COUNSEL BENEF/RISK AREDS PREV AGE RELATED AMD    | No Auth Required |  |  |  |  |
| 4178F | ANTID GLBLN RCVD W/IN 26WKS  | ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION  | No Auth Required |  |  |  |  |
| 4179F | TAMOXIFEN/AI PRESCRIBED      | TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD        | No Auth Required |  |  |  |  |
| 4180F | ADJV THXPYRXD/RCVD COLON CA  | ADJVT CHEMO RFRRD RXD/RCVD STAGE III COLON CA    | No Auth Required |  |  |  |  |
| 4181F | CONFORMAL RADN THXPY RCVD    | CONFORMAL RADIATION THERAPY RECEIVED             | No Auth Required |  |  |  |  |
| 4182F | NO CONFORMAL RADN THXPY      | CONFORMAL RADIATION THERAPY NOT RECEIVED         | No Auth Required |  |  |  |  |
| 4185F | CONTINUOUS PPI OR H2RA RCVD  | NONSTOP 12MON THXPY W/PPI OR H2 H2RA RCVD        | No Auth Required |  |  |  |  |
| 4186F | NO CONT PPI OR H2RA RCVD     | NO CONTIN 12MON THXPY W/PPI OR H2 H2RA RCVD      | No Auth Required |  |  |  |  |
| 4187F | ANTI RHEUM DRUGTHXPYRXD/GVN  | DIS MODFY ANTI-RHEU DRUG THXPY RX/GVN            | No Auth Required |  |  |  |  |
| 4188F | APPROP ACE/ARB TSTNG DONE    | APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE        | No Auth Required |  |  |  |  |
| 4189F | APPROP DIGOXIN TSTNG DONE    | APPROP DIGOXIN THXP MONIT TST ORDRD/DONE         | No Auth Required |  |  |  |  |
| 4190F | APPROP DIURETIC TSTNG DONE   | APPROP DIURETIC THXP MONIT TST ORDRD/DONE        | No Auth Required |  |  |  |  |
| 4191F | APPROP ANTICONVULS TSTNG     | APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE      | No Auth Required |  |  |  |  |
| 4192F | PT NOT RCVNG GLUCOCO THXPY   | PATIENT NOT RECEIVING GLUCOCORTICOID             | No Auth Required |  |  |  |  |
| 4193F | PT RCV <10MG DAILY PREDNISO  | PATIENT RCVNG <10 MG DAILY PREDNISONE            | No Auth Required |  |  |  |  |
| 4194F | PT RCV =>10MG DAILY PREDNISO | PATIENT RCVNG =>10 MG DAILY PREDNISONE           | No Auth Required |  |  |  |  |
| 4195F | PT RCVNG ANTI-RHEUM THXPY RA | PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY FOR RA   | No Auth Required |  |  |  |  |
| 4196F | PTNOT RCVNG ANTI-RHM THXPYRA | PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA   | No Auth Required |  |  |  |  |
| 4200F | EXTERNAL BEAM TO PROST ONLY  | EXTRNL BM RADIOTHXPY TO PROST W/WO NODAL IRRAD   | No Auth Required |  |  |  |  |
| 4201F | EXTRNL BEAM OTHER THAN PROST | EXTRNL BM RADIOTHXPY W/WO NODAL IRRAD AS ADJV    | No Auth Required |  |  |  |  |
| 4210F | ACE/ARB THXPY FOR MOS/>      | ACE/ARB MEDICATION THERAPY 6 MONTHS/>            | No Auth Required |  |  |  |  |
| 4220F | DIGOXIN THXPY FOR 6 MOS/>    | DIGOXIN MEDICATION THERAPY 6 MONTHS/>            | No Auth Required |  |  |  |  |
| 4221F | DIURETIC THXPY FOR 6 MOS/>   | DIURETIC MEDICATION THERAPY 6 MOS/>              | No Auth Required |  |  |  |  |
| 4230F | ANTICONV THXPY FOR 6 MOS/>   | ANTICONVUL MED THERAPY 6 MOS/>                   | No Auth Required |  |  |  |  |
| 4240F | INSTR XRCZ BACK PAIN 12 WKS  | INSTR THER XRCZ-DR FLLWUP PT EPSD BACK PN >12 WK | No Auth Required |  |  |  |  |
| 4242F | SPRVSD XRCZ BACK PN >12 WKS  | TLK RE SPRVSD XRCZ PROG TO PTS BACK PN >12WKS    | No Auth Required |  |  |  |  |
| 4245F | PT INSTR NRML ACTIVITIES     | PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES  | No Auth Required |  |  |  |  |
| 4248F | PT INSTR NO BD REST 4 DAYS/> | COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS/>   | No Auth Required |  |  |  |  |
| 4250F | WRMNG 4 SURG NORMOTHERMIA    | ACTV WRMNG INTRAOP FOR NORMOTHERMIA              | No Auth Required |  |  |  |  |
| 4255F | ANESTH 60 MIN/> AS DOCD      | DURATION GEN NEUR ANESTH 60 MINS/> DOC RECORD    | No Auth Required |  |  |  |  |
| 4256F | ANESTHE <60 MIN AS DOCD      | DURATION GEN NEUR ANESTH <60 MIN DOCD RECORD     | No Auth Required |  |  |  |  |
| 4260F | WOUND SRFC CULTURETECH USED  | WOUND SURFACE CULTURE TECHNIQUE USED             | No Auth Required |  |  |  |  |
| 4261F | TECH OTHER THAN SURFC CULTR  | TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED  | No Auth Required |  |  |  |  |
| 4265F | WET-DRY DRESSINGS RX RECMD   | USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD     | No Auth Required |  |  |  |  |
| 4266F | NO WET-DRY DRSSINGS RX RECMD | USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD   | No Auth Required |  |  |  |  |
| 4267F | COMPRSSION THXPY PRESCRIBED  | COMPRESSION THERAPY PRESCRIBED                   | No Auth Required |  |  |  |  |

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| 4268F | PT ED RE COMP THXPY RCVD     | PT ED RE NEED LONG TERM COMPRESS THXPY RCVD      | No Auth Required |  |  |  |  |
| 4269F | APPROPOS MTHD OFFLOADING RXD | APPROP METHOD OFFLOADING PRESCRIBED              | No Auth Required |  |  |  |  |
| 4270F | PT RCVNG ANTI R-VIRAL THXPY  | PT RCVNG POTENT ANTI R-VIRAL THX 6 MON OR MORE   | No Auth Required |  |  |  |  |
| 4271F | PT RCVNG ANTI R-VIRAL THXPY  | PT RCVNG POT ANTI R-VIRAL THX <6 MON/NOT RCVN    | No Auth Required |  |  |  |  |
| 4274F | FLU IMMUNO ADMIND RCVD       | FLU IMMUNO ADMIND/PREVIOUSLY RCVD                | No Auth Required |  |  |  |  |
| 4276F | POTENT ANTIVIR THXPY RXD     | POTENT ANTIRETROVIRAL THERAPY PRESCRIBED         | No Auth Required |  |  |  |  |
| 4279F | PCP PROPHYLAXIS RXD          | PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD  | No Auth Required |  |  |  |  |
| 4280F | PCP PROPHYLAX RXD 3MON LOW % | PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON | No Auth Required |  |  |  |  |
| 4290F | PT SCRND FOR INJ DRUG USE    | PATIENT SCREENED FOR INJECTION DRUG USE          | No Auth Required |  |  |  |  |
| 4293F | PT SCRND HGH-RISK SEX BEHAV  | PT SCRND HGH-RSK SEXUAL BEHAVIOR                 | No Auth Required |  |  |  |  |
| 4300F | PT RCVNG WARF THXPY          | PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT    | No Auth Required |  |  |  |  |
| 4301F | PT NOT RCVNG WARF THXPY      | PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT   | No Auth Required |  |  |  |  |
| 4305F | PT ED RE FT CARE INSPCT RCVD | PT EDUC FOOT CARE & DAILY INSPCTN FEET RCVD      | No Auth Required |  |  |  |  |
| 4306F | PT TLK PSYCH & RX OPD ADDIC  | PT COUNSEL PSYCHSOC&PHARM TX OPIOID ADDICTION    | No Auth Required |  |  |  |  |
| 4320F | PT TALK PSYCHSOC&RX OH DPND  | PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND    | No Auth Required |  |  |  |  |
| 4322F | CRGVR PROV W/ ED ADDL RSRCS  | CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES      | No Auth Required |  |  |  |  |
| 4324F | PT QUERIED PRKNS COMPLIC     | PT QUERIED PARKINSONS MED-RELATED COMPLICATION   | No Auth Required |  |  |  |  |
| 4325F | MED TXMNT OPTIONS RVWD W/PT  | MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P   | No Auth Required |  |  |  |  |
| 4326F | PT ASKED RE SYMP AUTO DYSFXN | PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS | No Auth Required |  |  |  |  |
| 4328F | PT ASKED RE SLEEP DISTURB    | PT/CAREGIVER QUERIED SLEEP DISTURBANCES          | No Auth Required |  |  |  |  |
| 4330F | CNSLNG EPI SPEC SFTY ISSUES  | EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT   | No Auth Required |  |  |  |  |
| 4340F | CNSLNG CHLDBRNG WOMEN EPI    | COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  | No Auth Required |  |  |  |  |
| 4350F | CNSLNG PROVIDED SYMP MNGMNT  | COUNSELING PROVIDED SYMP MNGMNT PALLIATION       | No Auth Required |  |  |  |  |
| 4400F | REHAB THXPY OPTIONS W/PT     | REHAB THERAPY OPTIONS DISCUSSED W/PATIENT        | No Auth Required |  |  |  |  |
| 4450F | SELF-CARE ED PROVIDED TO PT  | SELF-CARE EDUCATION PROVIDED TO PATIENT          | No Auth Required |  |  |  |  |
| 4470F | ICD COUNSELING PROVIDED      | IMPLANT CARDIOVERT-DEFIB (ICD) COUNSELING PROV   | No Auth Required |  |  |  |  |
| 4480F | PT RCVNG ACE/ARB B-BLOCKERTX | PT RCVNG ACE/ARB BETA BLOCKER TX 3 MONS/LONGER   | No Auth Required |  |  |  |  |
| 4481F | PT RCVNG ACE/ARB BLKER <3MOS | PT RCVNG ACE/ARB AND BETA BLOCKER < 3 MONTHS     | No Auth Required |  |  |  |  |
| 4500F | REF TO OUTPT CARD REHAB PROG | REFERRED TO OUTPT CARD REHABILITATION PROGRAM    | No Auth Required |  |  |  |  |
| 4510F | PREV CARDREHAB QUALCARDEVENT | PREVIOUS CARDIAC REHAB FOR QUAL CARD EVENT DONE  | No Auth Required |  |  |  |  |
| 4525F | NEUROPSYCHIA INTERVEN ORDER  | NEUROPSYCHIATRIC INTERVENTION ORDERED            | No Auth Required |  |  |  |  |
| 4526F | NEUROPSYCHIA INTERVEN RCVD   | NEUROPSYCHIATRIC INTERVENTION RECEIVED           | No Auth Required |  |  |  |  |
| 4540F | DISEASE MODIF PHARMACOTHXPY  | DISEASE MODIFYING PHARMACOTHERAPY DISCUSSED      | No Auth Required |  |  |  |  |
| 4541F | PT OFFERED TX FOR PSEUDOBULB | TX PSEUDOBULBAR AFFECT SIALORRHEA/ALS SYMP       | No Auth Required |  |  |  |  |
| 4550F | NONINVAS RESP SUPPORT TALK   | OPTIONS NONINVASIVE RESP SUPPORT DISCUSSED W/PT  | No Auth Required |  |  |  |  |
| 4551F | NUTRITIONAL SUPPORT OFFERED  | NUTRITIONAL SUPPORT OFFERED                      | No Auth Required |  |  |  |  |
| 4552F | PT REF FOR SPEECH LANG PATH  | PT OFFERED REFERRAL SPEECH LANGUAGE PATHOLOGIST  | No Auth Required |  |  |  |  |
| 4553F | PT ASST RE END LIFE ISSUES   | PT OFFERED ASSISTANCE PLANNING END LIFE ISSUES   | No Auth Required |  |  |  |  |
| 4554F | PT RECVD INHAL ANESTHETIC    | PT RECEIVED INHALATIONAL ANESTHETIC AGENT        | No Auth Required |  |  |  |  |
| 4555F | PT RECVD NO INHAL ANESTHIC   | PT DID NOT RECEIVE INHALATIONAL ANESTHETIC AGENT | No Auth Required |  |  |  |  |
| 4556F | PT W/3+ POST-OP NAUSEA&VOM   | PT SHOWS 3+RISK FACTORS POST-OP NAUSEA&VOMITING  | No Auth Required |  |  |  |  |
| 4557F | PT W/O 3+ POST-OPNAUSEA&VOM  | PT NO EXHIBIT 3+ RISK FACTORS POST-OP NAUSEA/VOM | No Auth Required |  |  |  |  |
| 4558F | PT RECVD 2 RX ANTI-EMET AGT  | PT RCEVD 2 PROPHYLACTIC RX AGENTS PRE&INTRA-OP   | No Auth Required |  |  |  |  |
| 4559F | 1 BODYTEMP >=35.5CW/IN 30MIN | 1BODY TEMP MEAS>=35.5C IN 30-15 MINS POST ANESTH | No Auth Required |  |  |  |  |
| 4560F | ANESTH W/O GEN/NEURAX ANESTH | ANESTH DID NOT INVOLVE GENERAL/NEURAXIAL ANESTH  | No Auth Required |  |  |  |  |
| 4561F | PT W/ CORONARY ARTERY STENT  | PATIENT HAS A CORONARY ARTERY STENT              | No Auth Required |  |  |  |  |
| 4562F | PT W/O CORONARY ARTERY STENT | PATIENT DOES NOT HAVE A CORONARY ARTERY STENT    | No Auth Required |  |  |  |  |
| 4563F | PT RECVD ASPIRIN W/IN 24 HRS | PT RECVD ASPIRIN W/IN 24 HRS PRIOR ANESTH START  | No Auth Required |  |  |  |  |
| 5005F | PT COUNSLD ON EXAM FOR MOLES | COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION      | No Auth Required |  |  |  |  |
| 5010F | MACUL RESULT PHY/QHP MNG DM  | DILATED MACULAR/FUNDUS XM COMMUNJ TX PHYS/QHP    | No Auth Required |  |  |  |  |
| 5015F | DOC FX & TEST/TXMNT FOR OP   | DOCD CONTACT THAT FX EXISTED & PT TSTED/TXD OP   | No Auth Required |  |  |  |  |
| 5020F | TXMNTS 2 PHYS/QHP BY 1 MON   | TX SUMM RPRT COMMUN PHYS&PT 1 MO COMPLETE        | No Auth Required |  |  |  |  |

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| 5050F | PLAN 2 MAIN DR BY 1 MONTH            | TX COMMUN PROVIDERS CONTINUING CARE 1 MO DX      | No Auth Required       |  |  |                      |
| 5060F | FNDNGS MAMMO 2PT W/IN 3 DAYS         | FINDNGS DIAG MAM TO MNGNG PRACT 3 DAYS INTERP    | No Auth Required       |  |  |                      |
| 5062F | MAMMO RESULT COM TO PT 5 DAY         | DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON   | No Auth Required       |  |  |                      |
| 5100F | RSK FX REF W/N 24 HRS XRAY           | FX RISK REF PHYS/QHP COMMJ 24 HRS IMAGING STUDY  | No Auth Required       |  |  |                      |
| 5200F | EVAL APPROX SURG THXPY EPI           | CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS    | No Auth Required       |  |  |                      |
| 5250F | ASTHMA DISCHARGE PLAN PRESENT        | ASTHMA DISCHARGE PLAN PRESENT                    | No Auth Required       |  |  |                      |
| 6005F | CARE LEVEL RATIONALE DOC             | RATIONALE FOR LEVEL OF CARE DOCUMENTED           | No Auth Required       |  |  |                      |
| 6010F | DYSPHAG TEST DONE B/4 EATING         | DYSPHAGIA SCREENING PRIOR ORAL INTAKE            | No Auth Required       |  |  |                      |
| 6015F | DYSPHAG TEST DONE B/4 EATING         | PATIENT OK FOR PER ORAL INTAKE (FOOD/MEDICATION) | No Auth Required       |  |  |                      |
| 6020F | NPO (NOTHING-MOUTH) ORDERED          | NOTHING BY MOUTH ORDERED                         | No Auth Required       |  |  |                      |
| 6030F | MAX STERILE BARRIERS FLWD            | ALL ELEM OF MAX STERILE BARRIER TECHNQ FLWD      | No Auth Required       |  |  |                      |
| 6040F | APPRO RAD DS DVCS TECHS DOCD         | USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD      | No Auth Required       |  |  |                      |
| 6045F | RADXPS IN END RPRT4FLURO PXD         | RAD EXPOS/TIME IN LAST RPRT FLUORO PRXD DOCD     | No Auth Required       |  |  |                      |
| 6070F | PT ASKED/CNSLD AED EFFECTS           | PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS    | No Auth Required       |  |  |                      |
| 6080F | PT/CAREGIVER QUERIED FALLS           | PATIENT QUERIED ABOUT FALLS                      | No Auth Required       |  |  |                      |
| 6090F | PT/CAREGIVER COUNSEL SAFETY          | PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE | No Auth Required       |  |  |                      |
| 6100F | VERIFY PT SITE PXD DOCD              | VERIFY CORRECT PT SITE PXD DOCUMENTED            | No Auth Required       |  |  |                      |
| 6101F | SAFETY COUNSELING DEMENTIA           | SAFETY COUNSELING DEMENTIA PROVIDED              | No Auth Required       |  |  |                      |
| 6102F | SAFETY COUNSELING DEM ORDER          | SAFETY COUNSELING DEMENTIA ORDERED               | No Auth Required       |  |  |                      |
| 6110F | COUNSEL PROV DRIVING RISKS           | COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING  | No Auth Required       |  |  |                      |
| 6150F | PT NOTRCVNG1ST ANTIITNF TXMNT        | PT NOT RCVNG 1ST COURSE OF ANTI-TNF THERAPY      | No Auth Required       |  |  |                      |
| 7010F | PT INFO INTO RECALL SYSTEM           | PT INFORMATION ENTERED INTO RECALL SYSTEM        | No Auth Required       |  |  |                      |
| 7020F | MAMMO ASSESS CAT IN DBASE            | MAMMO ASSESSMENT CAT IN DATABASE FOR RATE        | No Auth Required       |  |  |                      |
| 7025F | PT INFOSYS ALARM 4 NXT MAMMO         | INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE         | No Auth Required       |  |  |                      |
| 9001F | AORTIC ANEURYSM<5CM DIAM CT          | AORTIC ANEURYSM<5CM MAX DIAM CENTERLINE/AXIAL CT | No Auth Required       |  |  |                      |
| 9002F | AORTIC ANEURYSM 5-5.4CM DIAM         | AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN/AXIAL CT  | No Auth Required       |  |  |                      |
| 9003F | AORTIC ANRYSM5.5-5.9CM DIAM          | AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRLN/AXIAL CT   | No Auth Required       |  |  |                      |
| 9004F | AORTIC ANRYSM 6/> CM DIAM            | AORTIC ANEURYSM 6/> CM MAX DIAM CTRLN/AXIAL CT   | No Auth Required       |  |  |                      |
| 9005F | ASYMPT CAROT/VRTBRBAS STEN           | ASYMPT CAROT STEN NO ISCHEM/STRK CAROT/VRTBROBAS | No Auth Required       |  |  |                      |
| 9006F | SYMPT STEN-TIA/STRK<120DAYS          | SYMPT CAROT STENOS IPSIL CAROT TIA/STRK<120DAYS  | No Auth Required       |  |  |                      |
| 9007F | OTHER CAROT STEN 120 DAYS/>          | OTHER CAROTID STENT IPSIL TIA/STRK 120 DAYS/>    | No Auth Required       |  |  |                      |
| A0425 | GROUND MILEAGE PER STATUTE MILE      | GROUND MILEAGE PER STATUTE MILE                  | No Auth Required       |  |  |                      |
| A0426 | AMB SRVC ALS NONEMERG TRNSPRT LVL 1  | AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1   | No Auth Required       |  |  |                      |
| A0427 | AMB SRVC ALS EMERG TRANSPORT LEVEL 1 | AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1      | No Auth Required       |  |  |                      |
| A0428 | AMB SERVICE BLS NONEMERG TRANSPORT   | AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT     | No Auth Required       |  |  |                      |
| A0429 | AMB SERVICE BLS EMERGENCY TRANSPORT  | AMBULANCE SERVICE BLS EMERGENCY TRANSPORT        | No Auth Required       |  |  |                      |
| A0430 | AMB SRVC AIR TRNSPRT 1 WAY FIX WING  | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| A0431 | AMB SRVC AIR TRNSPRT 1 WAY ROTARY    | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| A0432 | PARAMED INTRCPT RURL NO 3 PARTY PAY  | PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER   | No Auth Required       |  |  |                      |
| A0433 | ADVANCED LIFE SUPPORT LEVEL 2        | ADVANCED LIFE SUPPORT LEVEL 2                    | No Auth Required       |  |  |                      |
| A0434 | SPECIALTY CARE TRANSPORT             | SPECIALTY CARE TRANSPORT                         | No Auth Required       |  |  |                      |
| A0435 | FIX WING AIR MILEAGE-STATUTE MILE    | FIXED WING AIR MILEAGE PER STATUTE MILE          | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| A0436 | ROTARY WING AIR MILEAGE-STATUT MILE  | ROTARY WING AIR MILEAGE PER STATUTE MILE         | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| A0999 | UNLISTED AMBULANCE SERVICE           | UNLISTED AMBULANCE SERVICE                       | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| A4206 | SYRINGE W/NEEDLE STERIL 1 CC/< EACH  | SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH    | No Auth Required       |  |  |                      |
| A4207 | SYRINGE W/NEEDLE STERILE 2 CC EACH   | SYRINGE WITH NEEDLE STERILE 2 CC EACH            | No Auth Required       |  |  |                      |
| A4208 | SYRINGE W/NEEDLE STERILE 3 CC EACH   | SYRINGE WITH NEEDLE STERILE 3 CC EACH            | No Auth Required       |  |  |                      |
| A4209 | SYRINGE W/NEEDLE STERILE 5 CC/> EA   | SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH | No Auth Required       |  |  |                      |
| A4211 | SUPPLIES SELF-ADMINED INJECTIONS     | SUPPLIES FOR SELF-ADMINISTERED INJECTIONS        | No Auth Required       |  |  |                      |
| A4212 | NONCORING NEEDLE/STYLET W/WO CATH    | NONCORING NEEDLE OR STYLET W/WO CATHETER         | No Auth Required       |  |  |                      |
| A4213 | SYRINGE STERILE 20 CC/GREATER EACH   | SYRINGE STERILE 20 CC OR GREATER EACH            | No Auth Required       |  |  |                      |
| A4215 | NEEDLE STERILE ANY SIZE EACH         | NEEDLE STERILE ANY SIZE EACH                     | No Auth Required       |  |  |                      |

|       |                                      |  |                        |   |  |                      |
|-------|--------------------------------------|--|------------------------|---|--|----------------------|
| A4216 | STERIL H2O SALINE & OR DXT DIL 10 ML | STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML | No Auth Required       |   |  |                      |
| A4217 | STERILE WATER/SALINE 500 ML          | STERILE WATER/SALINE 500 ML                      | No Auth Required       |   |  |                      |
| A4218 | STERL SALINE/WATR METRD DOSE 10 ML   | STERILE SALINE/WATER METERED DOSE DISPNS 10 ML   | No Auth Required       |   |  |                      |
| A4220 | REFILL KIT IMPLANTABLE INFUS PUMP    | REFILL KIT FOR IMPLANTABLE INFUSION PUMP         | No Auth Required       |   |  |                      |
| A4222 | INFUS SPL EXT RX INFUS PUMP CAS/BAG  | INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG         | No Auth Required       |   |  |                      |
| A4223 | INFUS SPL NO EXT INFUS PUMP CAS/BAG  | INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG | No Auth Required       |   |  |                      |
| A4224 | SPL MAINT INSULIN INFUS CATH PER WK  | SUPPLIES MAINTENANCE INSULIN INFUS CATH PER WEEK | No Auth Required       |   |  |                      |
| A4225 | SPL EXT INS INF PMP SYR T CART ST E  | SPL EXT INSULIN INFUS PUMP SYR TYPE CART ST EA   | No Auth Required       |   |  |                      |
| A4226 | S MNT INS IP DR ADJ TX CNT G SNS PW  | SPL MAINT INS IP DR ADJ USING TX CONT G SNS WK   | No Auth Required       |   |  |                      |
| A4230 | INFUS SET EXT INSULIN PUMP NONNDLE   | INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE  | No Auth Required       |   |  |                      |
| A4231 | INFUS SET EXT INSULIN PUMP NEEDLE    | INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE   | No Auth Required       |   |  |                      |
| A4233 | REPL BATT ALK NOT J CELL HOM BG MON  | REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT | No Auth Required       |   |  |                      |
| A4234 | REPL BATT ALK J CELL HOM BG MON      | REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA   | No Auth Required       |   |  |                      |
| A4235 | REPL BATT LITHIUM HOM BG MON OWN PT  | REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA | No Auth Required       |   |  |                      |
| A4236 | REPL BATT SILVER OXIDE HOM BG MON    | REPL BATT SILVER OXIDE HOM BG MON OWND PT EA     | No Auth Required       |   |  |                      |
| A4244 | ALCOHOL OR PEROXIDE PER PINT         | ALCOHOL OR PEROXIDE PER PINT                     | No Auth Required       |   |  |                      |
| A4245 | ALCOHOL WIPES PER BOX                | ALCOHOL WIPES PER BOX                            | No Auth Required       |   |  |                      |
| A4246 | BETADINE/PHISOHEX SOLUTION PER PINT  | BETADINE OR PHISOHEX SOLUTION PER PINT           | No Auth Required       |   |  |                      |
| A4247 | BETADINE/IODINE SWABS/WIPES PER BOX  | BETADINE OR IODINE SWABS/WIPES PER BOX           | No Auth Required       |   |  |                      |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC  | CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML         | No Auth Required       |   |  |                      |
| A4253 | BLD GLU TST/REAGT STRIPS HOM MON-50  | BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50    | No Auth Required       |   |  |                      |
| A4255 | PLATFORMS HOM BLD GLU MON 50-BOX     | PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX  | No Auth Required       |   |  |                      |
| A4256 | NORMAL LOW&HI CALIBRATOR SOL/CHIPS   | NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS    | No Auth Required       |   |  |                      |
| A4257 | REPL LENS SHIELD CARTRIDGE LASR SKN  | REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC   | No Auth Required       |   |  |                      |
| A4258 | SPRING-POWERED DEVICE LANCET EACH    | SPRING-POWERED DEVICE FOR LANCET EACH            | No Auth Required       |   |  |                      |
| A4259 | LANCETS PER BOX OF 100               | LANCETS PER BOX OF 100                           | No Auth Required       |   |  |                      |
| A4262 | TEMP ABSORB LAC DUCT IMPLANT EA      | TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH  | No Auth Required       |   |  |                      |
| A4263 | PERM NONDISSOLV LAC DUCT IMPL EA     | PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA   | No Auth Required       |   |  |                      |
| A4265 | PARAFFIN PER POUND                   | PARAFFIN PER POUND                               | No Auth Required       |   |  |                      |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH EACH     | DISPOSABLE ENDOSCOPE SHEATH EACH                 | No Auth Required       |   |  |                      |
| A4280 | ADHES SKN SUPP ATTCH BRST PROSTH EA  | ADHES SKN SUPPORT ATTCH USE W/EXT BRST PROSTH EA | No Auth Required       |   |  |                      |
| A4281 | TUBING FOR BREAST PUMP REPLACEMENT   | TUBING FOR BREAST PUMP REPLACEMENT               | No Auth Required       |   |  |                      |
| A4282 | ADAPTER FOR BREAST PUMP REPLACEMENT  | ADAPTER FOR BREAST PUMP REPLACEMENT              | No Auth Required       |   |  |                      |
| A4283 | CAP BREAST PUMP BOTTLE REPLACEMENT   | CAP FOR BREAST PUMP BOTTLE REPLACEMENT           | No Auth Required       |   |  |                      |
| A4284 | BRST SHIELD&SPLSH PROTCTR PUMP REPL  | BREAST SHIELD&SPLASH PROTECTR W/BREAST PUMP REPL | No Auth Required       |   |  |                      |
| A4285 | POLYCARBATE BOTTLE BREAST PUMP REPL  | POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL      | No Auth Required       |   |  |                      |
| A4286 | LOCKING RING BREAST PUMP REPLACEMENT | LOCKING RING FOR BREAST PUMP REPLACEMENT         | No Auth Required       |   |  |                      |
| A4290 | SACRAL NERVE STIM TEST LEAD EACH     | SACRAL NERVE STIMULATION TEST LEAD EACH          | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |
| A4300 | IMPL ACSS CATHETER EXTERNAL ACCESS   | IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS      | No Auth Required       |   |  |                      |
| A4301 | IMPL ACSS TOTAL CATH PORT/RESERVOIR  | IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR | No Auth Required       |   |  |                      |
| A4305 | DISPBL RX DEL SYS RATE 50 ML/>-HR    | DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR  | No Auth Required       |   |  |                      |
| A4306 | DISPOSABL RX DEL SYS FLW < 50 ML HR  | DISPOSABL DRUG DEL SYS FLOW RATE <50 ML PER HOUR | No Auth Required       |   |  |                      |
| A4310 | INSRTION TRAY W/O DRN BAG&W/O CATH   | INSERTION TRAY W/O DRAIN BAG&W/O CATHETER        | No Auth Required       |   |  |                      |
| A4311 | INSRTION TRAY W/O BAG 2-WAY LATEX    | INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX     | No Auth Required       |   |  |                      |
| A4312 | INSRTION TRAY W/O BAG 2-WAY SILCON   | INSRTION TRAY W/O DRN BAG W/CATH 2-WAY SILCON    | No Auth Required       |   |  |                      |
| A4313 | INSRT TRAY W/O BAG 3-WAY CNT IRRIG   | INSRT TRAY W/O DRN BAG W/CATH 3-WAY CNT IRRIG    | No Auth Required       |   |  |                      |
| A4314 | INSRTION TRAY W/BAG 2-WAY LATEX      | INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT | No Auth Required       |   |  |                      |
| A4315 | INSRTION TRAY W/BAG 2-WAY SILCON     | INSRTION TRAY W/DRN BAG W/CATH2-WAY ALL SILCON   | No Auth Required       |   |  |                      |
| A4316 | INSRTION TRAY W/BAG 3-WAY CONT IRRIG | INSRTION TRAY W/DRN BAG W/CATH 3-WAY CONT IRRIG  | No Auth Required       |   |  |                      |
| A4320 | IRRIG TRAY W/BULB/PISTON SYRINGE     | IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS  | No Auth Required       |   |  |                      |
| A4321 | THERAPEUTIC AGT URIN CATH IRRIG      | THERAPEUTIC AGENT URINARY CATHETER IRRIGATION    | No Auth Required       |   |  |                      |
| A4322 | IRRIGATION SYRINGE BULB/PISTON EACH  | IRRIGATION SYRINGE BULB OR PISTON EACH           | No Auth Required       |   |  |                      |
| A4326 | MALE EXT CATH CLCT CHAMB ANY TYPE    | MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA  | No Auth Required       |   |  |                      |
| A4327 | FE EXT URIN CLCT DEVC; METL CUP EA   | FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA | No Auth Required       |   |  |                      |

|       |                                      |  |                        |  |  |                      |  |
|-------|--------------------------------------|--|------------------------|--|--|----------------------|--|
| A4328 | FE EXT URIN CLCT DEVICE; POUCH EA    | FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA  | No Auth Required       |  |  |                      |  |
| A4330 | PERIAN FECAL CLCT POUCH W/ADHES EA   | PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH  | No Auth Required       |  |  |                      |  |
| A4331 | EXT DRN TUBING W/CNCTOR/ADAPTR EA    | EXT DRN TUBING W/CNCTOR/ADAPTR FOR LEG BAG EA    | No Auth Required       |  |  |                      |  |
| A4332 | LUBRICNT INDIVIDUAL STERL PACKET EA  | LUBRICANT INDIVIDUAL STERILE PACKET EACH         | No Auth Required       |  |  |                      |  |
| A4333 | URIN CATH ANCHR DEVC ADHES ATTCH EA  | URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA   | No Auth Required       |  |  |                      |  |
| A4334 | URIN CATH ANCHR DEVICE LEG STRAP EA  | URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH | No Auth Required       |  |  |                      |  |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS   | INCONTINENCE SUPPLY; MISCELLANEOUS               | Authorization Required |  |  | Full Clinical Review |  |
| A4336 | INCONT SUPPLY URETHRAL INSERT EA     | INCONTINENCE SUPPLY URETHRAL INSERT ANY TYPE EA  | No Auth Required       |  |  |                      |  |
| A4337 | INCONT SPL RECTAL INSRT ANY TYPE EA  | INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH  | No Auth Required       |  |  |                      |  |
| A4338 | INDWLL CATH; 2-WAY LATEX W/COAT EA   | INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA | No Auth Required       |  |  |                      |  |
| A4340 | INDWELL CATHETER; SPECIALTY TYPE EA  | INDWELLING CATHETER; SPECIALTY TYPE EACH         | No Auth Required       |  |  |                      |  |
| A4344 | INDWLL CATH FOLEY 2-WAY SILCON EA    | INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA    | No Auth Required       |  |  |                      |  |
| A4346 | INDWLL CATH; FOLY 3-WAY CONT IRRIG   | INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA | No Auth Required       |  |  |                      |  |
| A4349 | MALE EXT CATH W/WO ADHES DISPBL EA   | MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA  | No Auth Required       |  |  |                      |  |
| A4351 | INTERMIT URIN CATH; STRAIT TIP EA    | INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA    | No Auth Required       |  |  |                      |  |
| A4352 | INTERMIT URIN CATH; COUDE TIP EA     | INTERMITTENT URINARY CATHETER; COUDE TIP EACH    | No Auth Required       |  |  |                      |  |
| A4353 | INTERMIT URIN CATH W/INSERTION SPL   | INTERMIT URINARY CATHETER W/INSERTION SUPPLIES   | No Auth Required       |  |  |                      |  |
| A4354 | INSRTION TRAY W/DRN BAG W/O CATH     | INSERTION TRAY W/DRAIN BAG BUT WITHOUT CATHETER  | No Auth Required       |  |  |                      |  |
| A4355 | IRRIG TUBING CONT 3-WAY CATH EA      | IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA      | No Auth Required       |  |  |                      |  |
| A4356 | EXT URETHRAL CLAMP/COMPRS DEVICE EA  | EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH  | No Auth Required       |  |  |                      |  |
| A4357 | BEDSID DRN BAG DAY/NGT W/WO TUBE EA  | BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA   | No Auth Required       |  |  |                      |  |
| A4358 | URINARY LEG BAG; VINYL W/WO TUBE EA  | URINARY LEG BAG; VINYL W/WO TUBE EACH            | No Auth Required       |  |  |                      |  |
| A4360 | DISP EXT URETHRAL CLAMP/COMP DEV EA  | DISPSBL EXT URETHRAL CLAMP/COMP DEV PAD POUCH EA | No Auth Required       |  |  |                      |  |
| A4361 | OSTOMY FACEPLATE EACH                | OSTOMY FACEPLATE EACH                            | No Auth Required       |  |  |                      |  |
| A4362 | SKN BARRIER; SOLID 4X4/EQUVALNT; EA  | SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH   | No Auth Required       |  |  |                      |  |
| A4363 | OSTOMY CLAMP ANY TYPE REPL ONLY EA   | OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH      | No Auth Required       |  |  |                      |  |
| A4364 | ADHES LIQUID/EQUAL ANY TYPE-OUNCE    | ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE      | No Auth Required       |  |  |                      |  |
| A4366 | OSTOMY VENT ANY TYPE EACH            | OSTOMY VENT ANY TYPE EACH                        | No Auth Required       |  |  |                      |  |
| A4367 | OSTOMY BELT EACH                     | OSTOMY BELT EACH                                 | No Auth Required       |  |  |                      |  |
| A4368 | OSTOMY FILTER ANY TYPE EACH          | OSTOMY FILTER ANY TYPE EACH                      | No Auth Required       |  |  |                      |  |
| A4369 | OSTOMY SKIN BARRIER LIQUID PER OZ    | OSTOMY SKIN BARRIER LIQUID PER OZ                | No Auth Required       |  |  |                      |  |
| A4371 | OSTOMY SKIN BARRIER POWDER PER OZ    | OSTOMY SKIN BARRIER POWDER PER OZ                | No Auth Required       |  |  |                      |  |
| A4372 | OST SKN BARR SOL 4X4/EQUV STD EA     | OST SKN BARR SOL 4X4/EQUV STD WEAR CONVXITY EA   | No Auth Required       |  |  |                      |  |
| A4373 | OST SKN BARR W/FLNGE BUILT-IN CONVX  | OST SKN BARR W/FLNGE W/BUILT-IN CONVXITY SZ EA   | No Auth Required       |  |  |                      |  |
| A4375 | OST POUCH DRNABLE W/FCEPLAT PLST EA  | OSTOMY POUCH DRAINABLE W/FCEPLATE ATTCH PLSTC EA | No Auth Required       |  |  |                      |  |
| A4376 | OST POUCH DRNABLE W/FCEPLAT RUBR EA  | OSTOMY POUCH DRAINABLE W/FACEPLATE ATTCH RUBR EA | No Auth Required       |  |  |                      |  |
| A4377 | OST POUCH DRNABLE FCEPLAT PLSTC EA   | OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA  | No Auth Required       |  |  |                      |  |
| A4378 | OST POUCH DRAINABLE FCEPLAT RUBR EA  | OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH | No Auth Required       |  |  |                      |  |
| A4379 | OST POUCH URIN W/FCEPLAT PLSTC EA    | OSTOMY POUCH URINARY W/FACEPLATE ATTCH PLSTC EA  | No Auth Required       |  |  |                      |  |
| A4380 | OST POUCH URIN W/FCEPLAT RUBR EA     | OSTOMY POUCH URINARY W/FACEPLATE ATTCH RUBBER EA | No Auth Required       |  |  |                      |  |
| A4381 | OST POUCH URIN USE FCEPLAT PLSTC EA  | OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH  | No Auth Required       |  |  |                      |  |
| A4382 | OST POUCH URIN FCEPLAT HVY PLSTC EA  | OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA   | No Auth Required       |  |  |                      |  |
| A4383 | OST POUCH URIN USE FCEPLAT RUBR EA   | OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH   | No Auth Required       |  |  |                      |  |
| A4384 | OST FCEPLAT EQUIVALNT SILCON RING EA | OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH   | No Auth Required       |  |  |                      |  |
| A4385 | OST SKN BARRIER 4X4 EXT W/O CONVXTY  | OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA    | No Auth Required       |  |  |                      |  |
| A4387 | OST POUCH CLOS BARR BUILT-IN CONVX   | OSTOMY POUCH CLOSED W/BARR BUILT-IN CONVEXITY EA | No Auth Required       |  |  |                      |  |
| A4388 | OST POUCH DRNABL W/EXT WEAR BARR EA  | OST POUCH DRAINABLE W/EXT WEAR BARRIER ATTCH EA  | No Auth Required       |  |  |                      |  |
| A4389 | OST POUCH DRNBL BARR BUILT-IN CONVX  | OST POUCH DRNABLE W/BARR W/BUILT-IN CONVXITY EA  | No Auth Required       |  |  |                      |  |
| A4390 | OST POUCH DRNABLE EXT W/CONVXITY EA  | OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA    | No Auth Required       |  |  |                      |  |
| A4391 | OST POUCH URIN W/EXT WEAR BARR EA    | OSTOMY POUCH URINARY W/EXT WEAR BARRIER ATTCH EA | No Auth Required       |  |  |                      |  |
| A4392 | OST POUCH URIN STD W/CONVXITY EA     | OST POUCH URIN W/STD WEAR BARRIER W/CONVXITY EA  | No Auth Required       |  |  |                      |  |
| A4393 | OST POUCH URIN EXT W/CONVXITY EA     | OST POUCH URIN W/EXT WEAR BARRIER W/CONVXITY EA  | No Auth Required       |  |  |                      |  |
| A4394 | OSTOMY DEODORANT W/WO LUB PER FL OZ  | OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ  | No Auth Required       |  |  |                      |  |

|       |                                     |   |                        |  |  |                      |  |
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| A4395 | OST DEODORANT OST POUCH SOLID-TAB   | OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB   | No Auth Required       |  |  |                      |  |
| A4396 | OSTOMY BELT W/PERISTOMAL HERN SUP   | PERISTOMAL HERNIA SUPPORT BELT                    | No Auth Required       |  |  |                      |  |
| A4397 | IRRIGATION SUPPLY; SLEEVE EACH      | IRRIGATION SUPPLY; SLEEVE EACH                    | No Auth Required       |  |  |                      |  |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG EACH  | OSTOMY IRRIGATION SUPPLY; BAG EACH                | No Auth Required       |  |  |                      |  |
| A4399 | OST IRRIG SPL; CONE/CATH W/WO BRUSH | OSTOMY IRRIGATION SUPPLY; CONE/CATH W/WO BRUSH    | No Auth Required       |  |  |                      |  |
| A4400 | OSTOMY IRRIGATION SET               | OSTOMY IRRIGATION SET                             | No Auth Required       |  |  |                      |  |
| A4402 | LUBRICANT PER OUNCE                 | LUBRICANT PER OUNCE                               | No Auth Required       |  |  |                      |  |
| A4404 | OSTOMY RING EACH                    | OSTOMY RING EACH                                  | No Auth Required       |  |  |                      |  |
| A4405 | OST SKN BARRIER NONPECTIN PASTE-OZ  | OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ      | No Auth Required       |  |  |                      |  |
| A4406 | OST SKN BARRIER PECTIN PASTE-OZ     | OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE  | No Auth Required       |  |  |                      |  |
| A4407 | OST SKN BARRIER W/CONVXITY 4X4 IN/< | OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN/< EA   | No Auth Required       |  |  |                      |  |
| A4408 | OST SKN BARRIER W/CONVXITY > 4X4 IN | OST SKN BARRIER W/BUILT-IN CONVXITY > 4X4 IN EA   | No Auth Required       |  |  |                      |  |
| A4409 | OST SKN BARR EXT W/O CONVX 4X4 IN/< | OST SKN BARR EXT W/O BUILT-IN CONVXTY 4X4 IN/<EA  | No Auth Required       |  |  |                      |  |
| A4410 | OST SKN BARR EXT W/O CONVX >4X4 IN  | OST SKN BARR EXT W/O BUILT-IN CONVXITY>4X4 IN EA  | No Auth Required       |  |  |                      |  |
| A4411 | OST SKN BARR SOLID 4X4/EQ W/CONVXTY | OST SKN BARRIER SOLID 4X4/EQ W/BUILT-IN CONVXITY  | No Auth Required       |  |  |                      |  |
| A4412 | OST POUCH DRNBL BARR FLNGE W/O FLTR | OST POUCH DRNABLE BARRIER W/FLNGE W/O FLTR EA     | No Auth Required       |  |  |                      |  |
| A4413 | OST POUCH DRNABL BARRIER FLNGE/FLTR | OST POUCH DRNABLE HI OP BARRIER W/FLNGE/FLTR EA   | No Auth Required       |  |  |                      |  |
| A4414 | OST SKN BARRIER W/O CONVX 4X4 IN/<  | OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN/<EA  | No Auth Required       |  |  |                      |  |
| A4415 | OST SKN BARRIER W/O CONVX >4X4 IN   | OST SKN BARRIER W/O BUILT-IN CONVXITY >4X4 IN EA  | No Auth Required       |  |  |                      |  |
| A4416 | OST POUCH CLO BARR ATTCH W/FILTR EA | OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA   | No Auth Required       |  |  |                      |  |
| A4417 | OST POUCH CLO BARR W/BLT-IN CONVXIT | OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT  | No Auth Required       |  |  |                      |  |
| A4418 | OST POUCH CLOS; W/O BARR W/FILTR EA | OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA  | No Auth Required       |  |  |                      |  |
| A4419 | OST POUCH CLOS; BARRIER W/NON-LOCK  | OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR   | No Auth Required       |  |  |                      |  |
| A4420 | OST POUCH CLO;USE BARR LOCK FLNG EA | OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA    | No Auth Required       |  |  |                      |  |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS        | OSTOMY SUPPLY; MISCELLANEOUS                      | Authorization Required |  |  | Full Clinical Review |  |
| A4422 | OST ABSORB MATL THICKN LQD STOML OP | OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA  | No Auth Required       |  |  |                      |  |
| A4423 | OST POUCH CLOS; BARR W/LOCK FLNG EA | OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA    | No Auth Required       |  |  |                      |  |
| A4424 | OST POUCH DRNBL BARR ATTCH FLTR EA  | OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA  | No Auth Required       |  |  |                      |  |
| A4425 | OST POUCH DRNBL; BARR NON-LOCK FLNG | OST POUCH DRNABLE; BARR NON-LOCK FLNGE W/FILTR EA | No Auth Required       |  |  |                      |  |
| A4426 | OST POUCH DRNBL;BARR W/LOCK FLNG EA | OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA  | No Auth Required       |  |  |                      |  |
| A4427 | OST POUCH DRN;BARR LOCK FLNG FLTR   | OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA   | No Auth Required       |  |  |                      |  |
| A4428 | OST POUCH URIN W/FAUCET TAP W/VALVE | OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE      | No Auth Required       |  |  |                      |  |
| A4429 | OST POUCH URIN W/BLT-IN CONVX VALVE | OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE   | No Auth Required       |  |  |                      |  |
| A4430 | OST POUCH URN BLT-IN CNVX FAUCT VLV | OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA  | No Auth Required       |  |  |                      |  |
| A4431 | OST POUCH URIN;BARR FAUCT TAP VLV   | OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA    | No Auth Required       |  |  |                      |  |
| A4432 | OST POUCH URN;NO-LCK FLNG FAUCT VLV | OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV  | No Auth Required       |  |  |                      |  |
| A4433 | OST POUCH URIN; BARR W/LOCK FLNG EA | OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA      | No Auth Required       |  |  |                      |  |
| A4434 | OST POUCH URN;LOCK FLNG FAUCT VLV   | OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE   | No Auth Required       |  |  |                      |  |
| A4435 | OST POUCH DRN HI OP EXT WR BARR EA  | OST POUCH DRAIN HI OP EXT WEAR BARR W/WO FLTR EA  | No Auth Required       |  |  |                      |  |
| A4450 | TAPE NON-WATERPROOF 18 SQUARE IN    | TAPE NON-WATERPROOF PER 18 SQUARE INCHES          | No Auth Required       |  |  |                      |  |
| A4452 | TAPE WATERPROOF PER 18 SQUARE IN    | TAPE WATERPROOF PER 18 SQUARE INCHES              | No Auth Required       |  |  |                      |  |
| A4455 | ADHESIVE REMOVER/SOLVENT PER OUNCE  | ADHESIVE REMOVER OR SOLVENT PER OUNCE             | No Auth Required       |  |  |                      |  |
| A4456 | ADHESIVE REMOVER WIPES ANY TYPE EA  | ADHESIVE REMOVER WIPES ANY TYPE EACH              | No Auth Required       |  |  |                      |  |
| A4458 | ENEMA BAG WITH TUBING REUSABLE      | ENEMA BAG WITH TUBING REUSABLE                    | No Auth Required       |  |  |                      |  |
| A4459 | MAN PUMP-OP ENEMA SYS REUSE ANY TYP | MANUAL PUMP-OPERATED ENEMA SYS REUSABLE ANY TYPE  | No Auth Required       |  |  |                      |  |
| A4461 | SURG DRESSING HOLDR NON-REUSABLE EA | SURGICAL DRESSING HOLDER NON-REUSABLE EACH        | No Auth Required       |  |  |                      |  |
| A4463 | SURG DRESSING HOLDER REUSABLE EA    | SURGICAL DRESSING HOLDER REUSABLE EACH            | No Auth Required       |  |  |                      |  |
| A4465 | NONELASTIC BINDER FOR EXTREMITY     | NONELASTIC BINDER FOR EXTREMITY                   | No Auth Required       |  |  |                      |  |
| A4470 | GRAVLEE JET WASHER                  | GRAVLEE JET WASHER                                | No Auth Required       |  |  |                      |  |
| A4480 | VABRA ASPIRATOR                     | VABRA ASPIRATOR                                   | No Auth Required       |  |  |                      |  |
| A4481 | TRACHEOSTOMA FLTR TYPE SZ EA        | TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH        | No Auth Required       |  |  |                      |  |
| A4483 | MOISTR EXCHGR DISPBL W/INVASV VENT  | MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT       | No Auth Required       |  |  |                      |  |
| A4550 | SURGICAL TRAYS                      | SURGICAL TRAYS                                    | No Auth Required       |  |  |                      |  |
| A4553 | NON-DISPOSABLE UNDERPADS ALL SIZES  | NON-DISPOSABLE UNDERPADS ALL SIZES                | No Auth Required       |  |  |                      |  |
| A4556 | ELECTRODES PER PAIR                 | ELECTRODES PER PAIR                               | No Auth Required       |  |  |                      |  |
| A4557 | LEAD WIRES PER PAIR                 | LEAD WIRES PER PAIR                               | No Auth Required       |  |  |                      |  |
| A4558 | CONDUCTVE GEL/PASTE USE W/ELEC DEVC | CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE  | No Auth Required       |  |  |                      |  |



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| A4559 | COUPLING GEL/PASTE W/US DEVC PER OZ  | COUPLING GEL/PASTE USE W/US DEVICE PER OZ         | No Auth Required       |              |  |                      |  |
| A4561 | PESSARY RUBBER ANY TYPE              | PESSAR RUBBER ANY TYPE                            | No Auth Required       |              |  |                      |  |
| A4562 | PESSARY NON RUBBER ANY TYPE          | PESSARY NON RUBBER ANY TYPE                       | No Auth Required       |              |  |                      |  |
| A4563 | RCTL CNTRL SYS VAG INSRT LT U ANY E  | RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA     | No Auth Required       |              |  |                      |  |
| A4565 | SLINGS                               | SLINGS  | No Auth Required       |              |  |                      |  |
| A4595 | ELEC STIM SUPPLIES 2 LEAD PER MONTH  | ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH   | No Auth Required       |              |  |                      |  |
| A4600 | SLEEVE INTERMITT LIMB COMP REPL EA   | SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA      | No Auth Required       |              |  |                      |  |
| A4601 | LIB RECHARG NONPROSTHETIC USE REPL   | LITHIUM ION BATT RECHARG NONPROS USE REPLACEMENT  | No Auth Required       |              |  |                      |  |
| A4602 | REPL BA EXT IP OWND PT LI 1.5 V EA   | REPL BA EXT INFUS PUMP OWND PATIENT LI 1.5 V EA   | No Auth Required       |              |  |                      |  |
| A4604 | TUBING W/INTGR HEAT ELEM W/PAP DEVC  | TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC  | No Auth Required       |              |  |                      |  |
| A4605 | TRACHEAL SUCTION CATH CLOS SYS EA    | TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH      | No Auth Required       |              |  |                      |  |
| A4606 | O2 PROBE W/OXIMETER DEVICE REPLCMT   | OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT    | No Auth Required       |              |  |                      |  |
| A4608 | TRANSTRACHEAL OXYGEN CATHETER EACH   | TRANSTRACHEAL OXYGEN CATHETER EACH                | No Auth Required       |              |  |                      |  |
| A4614 | PEAK EXPIRATORY FLW METER HAND HELD  | PEAK EXPIRATORY FLOW RATE METER HAND HELD         | No Auth Required       |              |  |                      |  |
| A4615 | CANNULA NASAL                        | CANNULA NASAL                                     | No Auth Required       |              |  |                      |  |
| A4616 | TUBING PER FOOT                      | TUBING PER FOOT                                   | No Auth Required       |              |  |                      |  |
| A4617 | MOUTHPIECE                           | MOUTHPIECE  | No Auth Required       |              |  |                      |  |
| A4618 | BREATHING CIRCUITS                   | BREATHING CIRCUITS                                | No Auth Required       |              |  |                      |  |
| A4619 | FACE TENT                            | FACE TENT   | No Auth Required       |              |  |                      |  |
| A4620 | VARIABLE CONCENTRATION MASK          | VARIABLE CONCENTRATION MASK                       | No Auth Required       |              |  |                      |  |
| A4623 | TRACHEOSTOMY INNER CANNULA           | TRACHEOSTOMY INNER CANNULA                        | No Auth Required       |              |  |                      |  |
| A4624 | TRACHEAL SUCTN CATH NOT CLOS SYS EA  | TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA     | No Auth Required       |              |  |                      |  |
| A4625 | TRACHEOST CARE KIT NEW TRACHEOST     | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY        | No Auth Required       |              |  |                      |  |
| A4626 | TRACHEOSTOMY CLEANING BRUSH EACH     | TRACHEOSTOMY CLEANING BRUSH EACH                  | No Auth Required       |              |  |                      |  |
| A4628 | OROPHARYNGEAL SUCTION CATHETER EACH  | OROPHARYNGEAL SUCTION CATHETER EACH               | No Auth Required       |              |  |                      |  |
| A4629 | TRACHEOST CARE KIT EST TRACHEOST     | TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY    | No Auth Required       |              |  |                      |  |
| A4630 | REPL BATTERY TRNSQ ELEC STIM OWND PT | REPLCMT BATTERY MED NECES TRNSQ ELEC STIM OWND PT | No Auth Required       |              |  |                      |  |
| A4633 | REPLCMT BULB/LAMP UV LGHT TX SYS EA  | REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA  | No Auth Required       |              |  |                      |  |
| A4634 | REPLCMT BULB TX LGHT BOX TABOP MDL   | REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL    | No Auth Required       |              |  |                      |  |
| A4635 | UNDERARM PAD CRUTCH REPLACEMENT EA   | UNDERARM PAD CRUTCH REPLACEMENT EACH              | No Auth Required       |              |  |                      |  |
| A4636 | REPL HANDGRIP CANE CRTCH/WALKER EA   | REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH   | No Auth Required       |              |  |                      |  |
| A4637 | REPL TIP CANE CRUTCH WALKER EA       | REPLACEMENT TIP CANE CRUTCH WALKER EACH           | No Auth Required       |              |  |                      |  |
| A4638 | REPL BATT PT-OWND EAR PULSE GEN EA   | REPLACEMENT BATTERY PT-OWNED EAR PULSE GEN EA     | Authorization Required | Hearing Aids |  | Full Clinical Review |  |
| A4639 | REPL PAD INFRARD HEATING PAD SYS EA  | REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH  | No Auth Required       |              |  |                      |  |
| A4640 | REPL PAD W/ALTRNAT PRSS PAD OWND PT  | REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT  | No Auth Required       |              |  |                      |  |
| A4641 | RADIOPHARMACEUTICAL DIAGNOSTIC NOC   | RADIOPHARMACEUTICAL DIAGNOSTIC NOC                | No Auth Required       |              |  |                      |  |
| A4642 | IN-111 SATUMOMB PENDETID DX TO 6MCI  | INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI  | No Auth Required       |              |  |                      |  |
| A4648 | TISSUE MARKER IMPLANTBL ANY TYPE EA  | TISSUE MARKER IMPLANTABLE ANY TYPE EACH           | No Auth Required       |              |  |                      |  |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS       | SURGICAL SUPPLY; MISCELLANEOUS                    | Authorization Required |              |  | Full Clinical Review |  |
| A4650 | IMPLANTABLE RADIATION DOSIMETER EA   | IMPLANTABLE RADIATION DOSIMETER EACH              | No Auth Required       |              |  |                      |  |
| A4651 | CALIBRATED MICROCAPILLARY TUBE EACH  | CALIBRATED MICROCAPILLARY TUBE EACH               | No Auth Required       |              |  |                      |  |
| A4652 | MICROCAPILLARY TUBE SEALANT          | MICROCAPILLARY TUBE SEALANT                       | No Auth Required       |              |  |                      |  |
| A4653 | PERITON DIALYSIS CATH ANCHR BELT EA  | PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA    | No Auth Required       |              |  |                      |  |
| A4657 | SYRINGE WITH OR WITHOUT NEEDLE EACH  | SYRINGE WITH OR WITHOUT NEEDLE EACH               | No Auth Required       |              |  |                      |  |
| A4660 | SPHYGMOMANOMETER/BP W/CUFF&STETH     | SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE  | No Auth Required       |              |  |                      |  |
| A4663 | BLOOD PRESSURE CUFF ONLY             | BLOOD PRESSURE CUFF ONLY                          | No Auth Required       |              |  |                      |  |
| A4671 | DISPBL CYCLR SET USED W/CYCLR DIALY  | DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA  | No Auth Required       |              |  |                      |  |
| A4672 | DRAIN EXT LINE STERILE DIALYSIS EA   | DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH     | No Auth Required       |              |  |                      |  |
| A4673 | EXT LINE W/EASY LOCK CNCTR DIALYSIS  | EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS   | No Auth Required       |              |  |                      |  |
| A4674 | CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ   | CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ   | No Auth Required       |              |  |                      |  |
| A4680 | ACTIVATED CARBON FILTER HEMODIAL EA  | ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH     | No Auth Required       |              |  |                      |  |
| A4690 | DIALYZER ALL TYPES SZS HEMODIAL EA   | DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH    | No Auth Required       |              |  |                      |  |
| A4706 | BICARBONATE CONC SOL HEMODIAL-GAL    | BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON   | No Auth Required       |              |  |                      |  |
| A4707 | BICARBONAT CONC PWDR HEMODIAL-PCKET  | BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET    | No Auth Required       |              |  |                      |  |
| A4708 | ACTAT CONC SOL HEMODIAL-GALLON       | ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON    | No Auth Required       |              |  |                      |  |
| A4709 | ACID CONC SOL HEMODIAL-GALLON        | ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON     | No Auth Required       |              |  |                      |  |
| A4714 | TREATED H2O PERITON DIALYSIS-GALLON  | TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON  | No Auth Required       |              |  |                      |  |
| A4719 | Y SET TUBING PERITONEAL DIALYSIS     | Y SET TUBING FOR PERITONEAL DIALYSIS              | No Auth Required       |              |  |                      |  |

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| A4720 | DIALYSATE FL>249<=999 CC DIALYSIS   | DIALYSATE DXTROS FL >249</=999 CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4721 | DIALYSATE FL>999<=1999CC DIALYSIS   | DIALYSATE DXTROS FL >999</=1999CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4722 | DIALYSATE FL>1999<=2999CC DIALYSIS  | DIALYSATE DXTROS FL>1999</=2999CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4723 | DIALYSATE FL>2999<=3999CC DIALYSIS  | DIALYSATE DXTROS FL>2999</=3999CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4724 | DIALYSATE FL>3999<=4999CC DIALYSIS  | DIALYSATE DXTROS FL>3999</=4999CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4725 | DIALYSATE FL>4999<=5999CC DIALYSIS  | DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS | No Auth Required       |  |  |                      |
| A4726 | DIALYSATE DEXTROSE FL>5999 CC PD    | DIALYSATE DEXTROSE FLUID > 5999 CC PD            | No Auth Required       |  |  |                      |
| A4728 | DIALYSAT SOL NO-DXTRS CNTAIN 500 ML | DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML  | No Auth Required       |  |  |                      |
| A4730 | FIST CANNULAT SET HEMODIALYSIS EA   | FISTULA CANNULATION SET FOR HEMODIALYSIS EACH    | No Auth Required       |  |  |                      |
| A4736 | TOPICAL ANESTHETIC DIALYSIS PER G   | TOPICAL ANESTHETIC FOR DIALYSIS PER G            | No Auth Required       |  |  |                      |
| A4737 | INJ ANESTHETIC DIALYSIS PER 10 ML   | INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML     | No Auth Required       |  |  |                      |
| A4740 | SHUNT ACCESSRY HEMODIAL ANY TYPE EA | SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH       | No Auth Required       |  |  |                      |
| A4750 | BLD TUBING ART/VENOUS HEMODIAL EA   | BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH   | No Auth Required       |  |  |                      |
| A4755 | BLD TUBING ART&VENOUS HEMODIAL EA   | BLOOD TUBING ART&VENOUS COMBINED HEMODIALYSIS EA | No Auth Required       |  |  |                      |
| A4760 | DIALYSATE SOL TST KIT PERITON EA    | DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA   | No Auth Required       |  |  |                      |
| A4765 | DIALYSATE POWDER PERITON DIALYSIS   | DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET | No Auth Required       |  |  |                      |
| A4766 | DIALYSATE SOL PERITON DIALYSIS-10ML | DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML    | No Auth Required       |  |  |                      |
| A4770 | BLD COLLECTION TUBE VAC DIALYSIS-50 | BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50 | No Auth Required       |  |  |                      |
| A4771 | SERUM CLOT TIME TUBE DIALYSIS-50    | SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50     | No Auth Required       |  |  |                      |
| A4772 | BLD GLU TEST STRIPS DIALYSIS PER 50 | BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50    | No Auth Required       |  |  |                      |
| A4773 | OCCULT BLD TEST STRIPS DIALYSIS-50  | OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50     | No Auth Required       |  |  |                      |
| A4774 | AMMONIA TEST STRIPS DIALYSIS PER 50 | AMMONIA TEST STRIPS FOR DIALYSIS PER 50          | No Auth Required       |  |  |                      |
| A4802 | PROTAMINE SULFATE HEMODIAL-50 MG    | PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG     | No Auth Required       |  |  |                      |
| A4860 | DISPBL CATH TIP PERITON DIALYSIS-10 | DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10  | No Auth Required       |  |  |                      |
| A4870 | PLUMB &/ ELEC WRK HOM HEMODIAL EQP  | PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT   | No Auth Required       |  |  |                      |
| A4890 | CONTRACTS REPR&MAINT HEMODIAL EQP   | CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT  | No Auth Required       |  |  |                      |
| A4911 | DRAIN BAG/BOTTLE FOR DIALYSIS EACH  | DRAIN BAG/BOTTLE FOR DIALYSIS EACH               | No Auth Required       |  |  |                      |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES NOS | MISCELLANEOUS DIALYSIS SUPPLIES NOS              | Authorization Required |  |  | Full Clinical Review |
| A4918 | VENOUS PRESSURE CLAMP HEMODIAL EA   | VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH      | No Auth Required       |  |  |                      |
| A4927 | GLOVES NON-STERILE PER 100          | GLOVES NON-STERILE PER 100                       | No Auth Required       |  |  |                      |
| A4928 | SURGICAL MASK PER 20                | SURGICAL MASK PER 20                             | No Auth Required       |  |  |                      |
| A4929 | TOURNIQUET FOR DIALYSIS EACH        | TOURNIQUET FOR DIALYSIS EACH                     | No Auth Required       |  |  |                      |
| A4930 | GLOVES STERILE PER PAIR             | GLOVES STERILE PER PAIR                          | No Auth Required       |  |  |                      |
| A4931 | ORL THERMOMETER REUSBL ANY TYPE EA  | ORAL THERMOMETER REUSABLE ANY TYPE EACH          | No Auth Required       |  |  |                      |
| A4932 | RECTAL THERMOMETER REUSBL TYPE EA   | RECTAL THERMOMETER REUSABLE ANY TYPE EACH        | No Auth Required       |  |  |                      |
| A5051 | OST POUCH CLOS; W/BARRIER ATTCH EA  | OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH  | No Auth Required       |  |  |                      |
| A5052 | OST POUCH CLOS; W/O BARR ATTACH EA  | OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA | No Auth Required       |  |  |                      |
| A5053 | OSTOMY POUCH CLOS; USE FACEPLATE EA | OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH   | No Auth Required       |  |  |                      |
| A5054 | OST POUCH CLOS; BARRIER W/FLNGE EA  | OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH   | No Auth Required       |  |  |                      |
| A5055 | STOMA CAP                           | STOMA CAP  | No Auth Required       |  |  |                      |
| A5056 | OST POUCH DRAIN EXT BARRIER FLTR EA | OST POUCH DRAINABLE EXT WEAR BARRIER W/FILTER EA | No Auth Required       |  |  |                      |
| A5057 | OST POUCH DRAIN BARR CONVX FLTR EA  | OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA | No Auth Required       |  |  |                      |
| A5061 | OST POUCH DRNABLE; W/BARR ATTCH EA  | OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH  | No Auth Required       |  |  |                      |
| A5062 | OST POUCH DRNABL; W/O BARR ATTCH EA | OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA | No Auth Required       |  |  |                      |
| A5063 | OST POUCH DRNABLE; BARR W/FLNGE EA  | OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA  | No Auth Required       |  |  |                      |
| A5071 | OST POUCH URIN; W/BARRIER ATTCH EA  | OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH | No Auth Required       |  |  |                      |
| A5072 | OST POUCH URIN; W/O BARR ATTCH EA   | OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA   | No Auth Required       |  |  |                      |
| A5073 | OST POUCH URIN; BARRIER W/FLNGE EA  | OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH  | No Auth Required       |  |  |                      |
| A5081 | STOMA PLUG OR SEAL ANY TYPE         | STOMA PLUG OR SEAL ANY TYPE                      | No Auth Required       |  |  |                      |
| A5082 | CONTINENT DEVC;CATH CONTINENT STOMA | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA   | No Auth Required       |  |  |                      |
| A5083 | CONT DEVICE STOMA ABSORPTIVE COVER  | CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA    | No Auth Required       |  |  |                      |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT     | OSTOMY ACCESSORY; CONVEX INSERT                  | No Auth Required       |  |  |                      |
| A5102 | BEDSIDE DRN BOTTLE W/WO TUBING EA   | BEDSID DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA | No Auth Required       |  |  |                      |
| A5105 | URIN SUSPENSRY LEG BAG W/WO TUBE EA | URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH   | No Auth Required       |  |  |                      |
| A5112 | URINARY DRAIN BAG LEG/ABD LATEX EA  | URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH   | No Auth Required       |  |  |                      |

|       |                                     |  |                  |  |  |  |  |
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| A5113 | LEG STRAP; LATEX REPLCMT ONLY-SET   | LEG STRAP; LATEX REPLACEMENT ONLY PER SET        | No Auth Required |  |  |  |  |
| A5114 | LEG STRAP; FOAM/FABRIC REPL-SET     | LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET  | No Auth Required |  |  |  |  |
| A5120 | SKIN BARRIER WIPES OR SWABS EACH    | SKIN BARRIER WIPES OR SWABS EACH                 | No Auth Required |  |  |  |  |
| A5121 | SKN BARRIER; SOLID 6X6/EQUVALNT EA  | SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH     | No Auth Required |  |  |  |  |
| A5122 | SKN BARRIER; SOLID 8X8/EQUVALNT EA  | SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH     | No Auth Required |  |  |  |  |
| A5126 | ADHES/NON-ADHES; DISK/FOAM PAD      | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD       | No Auth Required |  |  |  |  |
| A5131 | APPLINC CLNR INCONT&OST APPLN-16 OZ | APPLINC CLNR INCONT&OSTOMY APPLINCS PER 16 OZ    | No Auth Required |  |  |  |  |
| A5200 | PERQ CATH/TUBE ANCHR DEVC ADHES SKN | PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH   | No Auth Required |  |  |  |  |
| A5500 | DM ONLY CSTM PREP SHOE MX DNS INSR  | DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSR  | No Auth Required |  |  |  |  |
| A5501 | DM ONLY CSTM PREP SHOE MOLD PTS FT  | DIAB ONLY FIT CSTM PREP&SPL SHOE MOLD PTS FT     | No Auth Required |  |  |  |  |
| A5503 | DM ONLY MOD SHOE/CSTM ROLLER/ROCKER | DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM | No Auth Required |  |  |  |  |
| A5504 | DM ONLY MOD SHOE/CSTM W/WEDGE SHOE  | DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE   | No Auth Required |  |  |  |  |
| A5505 | DM ONLY MOD SHOE/CSTM W/MT BAR SHOE | DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE  | No Auth Required |  |  |  |  |
| A5506 | DM ONLY MOD SHOE/CSTM OFF SET HEEL  | DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL | No Auth Required |  |  |  |  |
| A5507 | DM ONLY NOS MOD SHOE/CSTM MOLD SHOE | DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE   | No Auth Required |  |  |  |  |
| A5508 | DM ONLY DELUX FEATUR SHOE/CSTM MOLD | DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE     | No Auth Required |  |  |  |  |
| A5510 | DIAB ONLY DIR FORM COMPRS MOLD FT   | DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT   | No Auth Required |  |  |  |  |
| A5512 | FOR DIAB ONLY MX DNSITY INSR PRFAB  | FOR DIAB ONLY MX DNSITY INSR DIR FORMD PRFAB EA  | No Auth Required |  |  |  |  |
| A5513 | DIA ONLY MX DN INSR CSTM MLD P F E  | DIA ONLY MX DEN INSR CSTM FRM MDL PT FT CF EA    | No Auth Required |  |  |  |  |
| A5514 | DIA MX DEN INS DIR CARV CSTM FAB EA | DIAB ONLY MX DEN INSR DIRECT CARV CUSTOM FAB EA  | No Auth Required |  |  |  |  |
| A6010 | COLLEGEN WOUND FILLR DRY FORM PER G | COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G | No Auth Required |  |  |  |  |
| A6011 | COLLEGEN WOUND FIL GEL/PASTE PER G  | COLLAGEN BASED WOUND FILLR GEL/PASTE STERL PER G | No Auth Required |  |  |  |  |
| A6021 | COLL DRESS PAD SIZE 16 SQ/LESS EA   | COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA  | No Auth Required |  |  |  |  |
| A6022 | COLL DRSG STRL>16 BUT</=48 SQ IN EA | COLL DRSG STERL PAD SIZE>16 SQ IN BUT/=48 SQ EA  | No Auth Required |  |  |  |  |
| A6023 | COLL DRSG STERILE SZ >48 SQ IN EA   | COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH    | No Auth Required |  |  |  |  |
| A6024 | COLL DRESS WND FIL STERL PER 6 IN   | COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN  | No Auth Required |  |  |  |  |
| A6025 | GEL SHEET DERMAL/EPIDRMAL APPLIC EA | GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH  | No Auth Required |  |  |  |  |
| A6154 | WOUND POUCH EACH                    | WOUND POUCH EACH                                 | No Auth Required |  |  |  |  |
| A6196 | ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA | ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ/<  | No Auth Required |  |  |  |  |
| A6197 | ALGINAT/OTH FIBR GELL >16<=48 SQEA  | ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA | No Auth Required |  |  |  |  |
| A6198 | ALGINAT/OTH FIBR GELL PAD >48 SQ EA | ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA | No Auth Required |  |  |  |  |
| A6199 | ALGINAT/OTH FIBR GELL DRESS FIL-6IN | ALGINATE/OTH FIBER GEL DRESS WND FIL STERL 6 IN  | No Auth Required |  |  |  |  |
| A6203 | COMPOS DRESS 16 SQ/< W/ADHES BORDR  | COMPOS DRESS STERL PAD 16 SQ/< W/ADHES BORDR EA  | No Auth Required |  |  |  |  |
| A6204 | COMPOS DRESS >16 <=48 SQ W/ADHES    | COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6205 | COMPOS DRESS >48SQ W/ADHES BORDR EA | COMPOS DRESS STERL PAD > 48 SQ W/ADHES BORDR     | No Auth Required |  |  |  |  |
| A6206 | CNTCT LAYR STERL 16 SQ IN/<EA DRESS | CONTACT LAYER STERL 16 SQ IN/LESS EA DRESSING    | No Auth Required |  |  |  |  |
| A6207 | CNTC LAYER > 16 SQ BUT <= 48 SQ EA  | CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING | No Auth Required |  |  |  |  |
| A6208 | CONTACT LAYER > 48 SQ EACH DRESSING | CONTACT LAYER STERL > 48 SQ IN EACH DRESSING     | No Auth Required |  |  |  |  |
| A6209 | FOAM DRESS STERL 16 SQ/< NO ADHES   | FOAM DRESS STERL PAD 16 SQ/< NO ADHES BORDR EA   | No Auth Required |  |  |  |  |
| A6210 | FOAM DRESS >16 <=48SQ W/O ADHES EA  | FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6211 | FOAM DRESS STERL > 48 SQ NO ADHES   | FOAM DRESS STERL PAD >48 SQ NO ADHES BORDR EA    | No Auth Required |  |  |  |  |
| A6212 | FOAM DRESS 16 SQ/< W/ADHES BORDR EA | FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6213 | FOAM DRESS >16 <= 48 SQ W/ADHES EA  | FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6214 | FOAM DRESS > 48 SQ W/ADHES BORDR EA | FOAM DRESS STERL PAD SZ > 48 SQ W/ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6215 | FOAM DRESSING WOUND FIL STERL PER G | FOAM DRESSING WOUND FILLER STERILE PER G         | No Auth Required |  |  |  |  |
| A6216 | GAUZE NON-IMPREG NONSTERL 16 SQ/<   | GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA   | No Auth Required |  |  |  |  |
| A6217 | GAUZE NON-IMPREG NONSTRL >16 <=48SQ | GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES | No Auth Required |  |  |  |  |
| A6218 | GAUZE NON-IMPREG NONSTERL > 48 SQ   | GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA   | No Auth Required |  |  |  |  |
| A6219 | GAUZE NON-IMPREG STERL 16 SQ/<ADHES | GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR  | No Auth Required |  |  |  |  |
| A6220 | GAUZE NON-IMPREG >16 <=48 SQ ADHES  | GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA  | No Auth Required |  |  |  |  |
| A6221 | GAUZE NON-IMPREG > 48 SQ W/ADHES    | GAUZE NON-IMPREG STERL > 48 SQ W/ADHES BORDR EA  | No Auth Required |  |  |  |  |
| A6222 | GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/< | GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<  | No Auth Required |  |  |  |  |

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| A6223 | GAUZ IMPREG NOT H2O/HYDRGL >16<=48   | GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ | No Auth Required |  |  |  |  |
| A6224 | GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ  | GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL > 48 SQ  | No Auth Required |  |  |  |  |
| A6228 | GAUZ IMPREG WATR/NL SALINE > 16 SQ   | GAUZE IMPREG H2O/NL SALINE STERL >16 SQ NO ADHES | No Auth Required |  |  |  |  |
| A6229 | GAUZ IMPREG WATR/SALINE >16<=48 SQ   | GAUZE IMPREG H2O/NL SALINE STERL>16 BUT</=48 SQ  | No Auth Required |  |  |  |  |
| A6230 | GAUZ IMPREG H2O/SALINE STERL >48 SQ  | GAUZE IMPREG H2O/NL SALINE STERL> 48 SQ NO ADHES | No Auth Required |  |  |  |  |
| A6231 | GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<  | GAUZE IMPREG HYDROGEL DIR WND CNTC STERL 16 SQ/< | No Auth Required |  |  |  |  |
| A6232 | GAUZ IMPREG HYDRGEL DIR >16 <= 48    | GAUZE IMPREG HYDROGEL DIR WND CNTC >16 </= 48 SQ | No Auth Required |  |  |  |  |
| A6233 | GAUZ IMPREG HYDRGEL DIR WND > 48 SQ  | GAUZE IMPREG HYDROGEL DIR WND CNTC STERL>48 SQ   | No Auth Required |  |  |  |  |
| A6234 | HYDROCOLLOID DRESS 16 SQ/< W/O ADHES | HYDROCOLLOID DRESS STERL 16 SQ/< NO ADHES BORDR  | No Auth Required |  |  |  |  |
| A6235 | HYDROCOLLOID DRESS >16<=48 NO ADHES  | HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA | No Auth Required |  |  |  |  |
| A6236 | HYDROCOLLOID DRESS >48 SQ W/O ADHES  | HYDROCOLLOID DRESS STERL >48 SQ NO ADHES BORDR   | No Auth Required |  |  |  |  |
| A6237 | HYDROCOLLOID DRESS 16 SQ/< W/ADHES   | HYDROCOLLOID DRESS STERL 16 SQ/< ADHES BORDR     | No Auth Required |  |  |  |  |
| A6238 | HYDROCOLLOID DRESS >16<= 48 W/ADHES  | HYDROCOLLOID DRESS > 16 BUT </= 48 SQ W/ADHES EA | No Auth Required |  |  |  |  |
| A6239 | HYDROCOLLOID DRESS > 48 SQ W/ADHES   | HYDROCOLLOID DRESS STERL >48 SQ W/ADHES BORDR    | No Auth Required |  |  |  |  |
| A6240 | HYDROCOLLOID DRESS FIL PASTE-FL OZ   | HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ | No Auth Required |  |  |  |  |
| A6241 | HYDROCOLLOID DRESS DRY FORM PER G    | HYDROCOLLOID DRESS WND FIL DRY FORM STERL PER G  | No Auth Required |  |  |  |  |
| A6242 | HYDROGEL DRESS 16 SQ/< W/O ADHES EA  | HYDROGEL DRESS STERL PAD 16 SQ/< NO ADHES BORDR  | No Auth Required |  |  |  |  |
| A6243 | HYDROGEL DRESS >16 <=48SQ NO ADHES   | HYDROGEL DRESS >16 SQ BUT </= 48 SQ W/O ADHES EA | No Auth Required |  |  |  |  |
| A6244 | HYDROGEL DRESS > 48 SQ W/O ADHES EA  | HYDROGEL DRESS STERL PAD > 48 SQ NO ADHES BORDR  | No Auth Required |  |  |  |  |
| A6245 | HYDROGEL DRESS 16 SQ/< W/ADHES EA    | HYDROGEL DRESS STERL PAD 16 SQ/< ADHES BORDR     | No Auth Required |  |  |  |  |
| A6246 | HYDROGEL DRESS >16 <=48 SQ W/ADHES   | HYDROGEL DRESS > 16 SQ BUT </= 48 SQ W/ADHES EA  | No Auth Required |  |  |  |  |
| A6247 | HYDROGEL DRESS STERL >48 SQ ADHES    | HYDROGEL DRESS STERL PAD > 48 SQ ADHES BORDR     | No Auth Required |  |  |  |  |
| A6248 | HYDROGEL DRESS WOUND FIL GEL FL OZ   | HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ     | No Auth Required |  |  |  |  |
| A6250 | SKN SEALNT PROTCT MOISTURZR OINTMNT  | SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ  | No Auth Required |  |  |  |  |
| A6251 | SPCLTY ABSORB DRESS 16SQ/< NO ADHES  | SPCLTY ABSORB DRESS STERL 16 SQ/<NO ADHES BORDR  | No Auth Required |  |  |  |  |
| A6252 | SPCL ABSORB DRESS >16<=48 NO ADHES   | SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR | No Auth Required |  |  |  |  |
| A6253 | SPCLTY ABSORB DRESS >48 SQ NO ADHES  | SPCLTY ABSORB DRESS STERL >48 SQ NO ADHES BORDR  | No Auth Required |  |  |  |  |
| A6254 | SPCLTY ABSORB DRESS 16 SQ/< W/ADHES  | SPCLTY ABSORB DRESS STERL 16 SQ/< ADHES BORDR EA | No Auth Required |  |  |  |  |
| A6255 | SPCL ABSORB DRESS >16<= 48 W/ADHES   | SPCLTY ABSORB DRESS STERL >16 </= 48 SQ W/ADHES  | No Auth Required |  |  |  |  |
| A6256 | SPCLTY ABSORB DRESS > 48 SQ W/ADHES  | SPCLTY ABSORB DRESS STERL > 48 SQ ADHES BORDR    | No Auth Required |  |  |  |  |
| A6257 | TRNSPRT FILM STERL 16 SQ/< EA DRESS  | TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS | No Auth Required |  |  |  |  |
| A6258 | TRNSPRT FILM >16 SQ BUT <=48 SQ EA   | TRNSPRT FILM STERL >16 SQ BUT</= 48 SQ EA DRESS  | No Auth Required |  |  |  |  |
| A6259 | TRNSPRT FILM STERL > 48 SQ EA DRESS  | TRANSPARENT FILM STERL > 48 SQ IN EA DRESSING    | No Auth Required |  |  |  |  |
| A6260 | WOUND CLEANSERS ANY TYPE ANY SIZE    | WOUND CLEANSERS ANY TYPE ANY SIZE                | No Auth Required |  |  |  |  |
| A6261 | WOUND FILLR GEL/PASTE PER FL OZ NOS  | WOUND FILLER GEL/PASTE PER FL OZ NOS             | No Auth Required |  |  |  |  |
| A6262 | WOUND FILLER DRY FORM PER G NOS      | WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC   | No Auth Required |  |  |  |  |
| A6266 | GAUZ IMPRG NOT H2O SAL/ZINC LINR YD  | GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD   | No Auth Required |  |  |  |  |
| A6402 | GAUZ NON-IMPREG STERL 16 SQ/< NO AD  | GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR   | No Auth Required |  |  |  |  |
| A6403 | GAUZ NON-IMPREG STERL >16 <= 48 SQ   | GAUZE NON-IMPREG STERL > 16 </= 48 SQ W/O ADHES  | No Auth Required |  |  |  |  |
| A6404 | GAUZ NON-IMPREG STRL >48SQ NO ADHES  | GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR   | No Auth Required |  |  |  |  |
| A6407 | PACK STRIPS NON-IMPREGNTD UP 2 IN    | PACK STRIPS NON-IMPREGNTD UP 2 IN WPTH-LINR YARD | No Auth Required |  |  |  |  |
| A6410 | EYE PAD STERILE EACH                 | EYE PAD STERILE EACH                             | No Auth Required |  |  |  |  |
| A6411 | EYE PAD NON-STERILE EACH             | EYE PAD NON-STERILE EACH                         | No Auth Required |  |  |  |  |
| A6412 | EYE PATCH OCCLUSIVE EACH             | EYE PATCH OCCLUSIVE EACH                         | No Auth Required |  |  |  |  |
| A6441 | PADD BANDGE NON-ELAST NON-WOVEN/NON  | PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WPTH | No Auth Required |  |  |  |  |
| A6442 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST | No Auth Required |  |  |  |  |
| A6443 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST | No Auth Required |  |  |  |  |
| A6444 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST | No Auth Required |  |  |  |  |
| A6445 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL  | No Auth Required |  |  |  |  |
| A6446 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL  | No Auth Required |  |  |  |  |
| A6447 | CONFORMING BANDGE NON-ELAST KNITTED  | CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL  | No Auth Required |  |  |  |  |
| A6448 | LT COMPRS BANDGE ELAST WPTH < 3 IN   | LT COMPRS BANDGE ELAST WPTH < 3 IN PER YARD      | No Auth Required |  |  |  |  |
| A6449 | LT COMPRS BANDGE WPTH >= 3 & <5 IN   | LT COMPRS BANDGE ELAST WPTH >= 3 & <5 IN PER YD  | No Auth Required |  |  |  |  |
| A6450 | LT COMPRS BANDGE WPTH >= 5 IN        | LT COMPRS BANDGE ELAST WPTH >= 5 IN PER YARD     | No Auth Required |  |  |  |  |

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|-------|-------------------------------------|--|------------------------|-----|--|----------------------|
| A6451 | MOD COMPRS BANDGE WD >= 3 & <5 IN   | MOD COMPRS BANDGE LOAD RESIST WDTN >= 3 & <5 IN  | No Auth Required       |     |  |                      |
| A6452 | HI COMPRS BANDGE WD >= 3 & <5 IN    | HI COMPRS BANDGE LOAD RESIST WDTN >= 3 & <5 IN   | No Auth Required       |     |  |                      |
| A6453 | SELF-ADHERENT BANDGE WDTN <= 3 IN   | SELF-ADHERENT BANDGE WDTN <= 3 IN PER YARD       | No Auth Required       |     |  |                      |
| A6454 | SLF ADHERNT BANDGE WD >= 3 & <5 IN  | SELF-ADHERENT BANDGE WDTN >= 3 & < 5 IN PER YD   | No Auth Required       |     |  |                      |
| A6455 | SELF-ADHERENT BANDGE WDTN >= 5 IN   | SELF-ADHERENT BANDGE WDTN >= 5 IN PER YARD       | No Auth Required       |     |  |                      |
| A6456 | ZINC PAST BANDGE WD >= 3 & <5 IN    | ZINC PASTE IMPREGNTD BANDGE WDTN >= 3 & <5 IN    | No Auth Required       |     |  |                      |
| A6457 | TUBULR DRSG W/WO ELAST WDTN LINR YD | TUBULAR DRSG W/WO ELASTIC ANY WDTN PER LINEAR YD | No Auth Required       |     |  |                      |
| A6460 | SYN RSRB W DR STRL P 16 SI/< NO A E | SYN RSRB WND DRSG STER PAD 16 SI/< NO ADH BO EA  | No Auth Required       |     |  |                      |
| A6461 | S RSRB ST PD SZ >16 SI <= 48 SI E   | SYN RSRB STR PAD SZ >16 SI BUT<= 48 SI NO A B E  | No Auth Required       |     |  |                      |
| A6501 | COMPRS BURN GARMNT BDYSUIT CSTM FAB | COMPRS BURN GARMENT BODYSUIT CUSTOM FABRICATED   | No Auth Required       |     |  |                      |
| A6502 | COMPRS BRN GARMNT CHIN STRAP CSTM   | COMPRS BURN GARMENT CHIN STRAP CUSTOM FABRICATED | No Auth Required       |     |  |                      |
| A6503 | COMPRS BRN GARMNT FCE HOOD CSTM FAB | COMPRS BURN GARMENT FACIAL HOOD CUSTOM FAB       | No Auth Required       |     |  |                      |
| A6504 | COMPRS BRN GARMNT GLOV WRST CSTM    | COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB       | No Auth Required       |     |  |                      |
| A6505 | COMPRS BRN GARMNT GLOV ELB CSTM FAB | COMPRS BURN GARMENT GLOVE ELB CUSTOM FABRICATED  | No Auth Required       |     |  |                      |
| A6506 | COMPRS BURN GARMNT GLOV AX CSTM FAB | COMPRS BURN GARMENT GLOVE AXILLA CUSTOM FAB      | No Auth Required       |     |  |                      |
| A6507 | COMPRS BRN GARMNT FT KNEE LEN CSTM  | COMPRS BURN GARMENT FT KNEE LENGTH CUSTOM FAB    | No Auth Required       |     |  |                      |
| A6508 | COMPRS BRN GARMNT FT THI LEN CSTM   | COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB   | No Auth Required       |     |  |                      |
| A6509 | COMPRS BRN GARMNT TRNK WAIST CSTM   | COMPRS BRN GARMNT UP TRNK WAIST ARM OPENING CSTM | No Auth Required       |     |  |                      |
| A6510 | COMPRS BRN GARMNT TRNK ARM LEG OPN  | COMPRS BRN GARMNT TRNK ARMS TO LEG OPENING CSTM  | No Auth Required       |     |  |                      |
| A6511 | COMPRS BRN GARMNT LW TRNK LEG OPN   | COMPRS BRN GARMNT LW TRNK W/LEG OPENING CSTM FAB | No Auth Required       |     |  |                      |
| A6512 | COMPRESSION BURN GARMENT NOC        | COMPRESSION BURN GARMENT NOC                     | No Auth Required       |     |  |                      |
| A6513 | COMPRS BRN MASK FCE&/NCK PLSTC/EQUL | COMPRS BRN MASK FCE & OR NCK PLSTC/EQUL CSTM FAB | No Auth Required       |     |  |                      |
| A6531 | GRADIENT COMPRS STK BK 30-40 MMHG   | GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA | No Auth Required       |     |  |                      |
| A6532 | GRADIENT COMPRS STK BK 40-50 MMHG   | GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA | No Auth Required       |     |  |                      |
| A6545 | GRD CMPRS WRP NONELST BK 30-50 MMHG | GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA  | No Auth Required       |     |  |                      |
| A6550 | WND CARE SET NEG PRSS WND TX PUMP   | WND CARE SET NEG PRSS WND TX ELEC PUMP SPL       | No Auth Required       |     |  |                      |
| A7000 | CANISTER DISPBL USED W/SUCTN PUMP   | CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH  | No Auth Required       |     |  |                      |
| A7001 | CANISTR NONDISPBL USED W/SUCTN PUMP | CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH | No Auth Required       |     |  |                      |
| A7002 | TUBING USED WITH SUCTION PUMP EACH  | TUBING USED WITH SUCTION PUMP EACH               | No Auth Required       |     |  |                      |
| A7003 | ADMN SET SM VOL NONFILTR NEB DISPBL | ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL | No Auth Required       |     |  |                      |
| A7004 | SM VOL NONFILTR PNEUMAT NEB DISPBL  | SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL | No Auth Required       |     |  |                      |
| A7005 | ADMN SET SM VOL NONFLTR NEB NONDISP | ADMN SET W/SM VOL NONFILTR NEBULIZR NON-DISPBL   | No Auth Required       |     |  |                      |
| A7006 | ADMN SET W/SM VOL FILTR NEBULIZR    | ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR  | No Auth Required       |     |  |                      |
| A7007 | LG VOL NEBULIZR DISPBL UNFIL COMPRS | LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS | No Auth Required       |     |  |                      |
| A7008 | LG VOL NEBULIZR DISPBL PRFIL COMPRS | LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS     | No Auth Required       |     |  |                      |
| A7009 | RESRVOR BOTTLE LG VOL US NEBULIZR   | RESRVOR BOTTLE NON-DISPBL W/LG VOL US NEBULIZR   | No Auth Required       |     |  |                      |
| A7010 | CORUG TUBE DISPBL LG VOL NEB 100 FT | CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT  | No Auth Required       |     |  |                      |
| A7012 | WATER COLLEC DEV USE W/LG VOL NEB   | WATER COLLEC DEV USE W/LG VOL NEB                | No Auth Required       |     |  |                      |
| A7013 | FILTER DISP W/AREO COMPRESS/US GEN  | FILTER DISPOSABL W/AREOSOL COMPRESS/US GENERATOR | No Auth Required       |     |  |                      |
| A7014 | FLTR NON-DISPBL AROSL COMPRS/US GEN | FILTER NON-DISPBL USED W/AROSL COMPRS/US GEN     | No Auth Required       |     |  |                      |
| A7015 | AREO MASK USED W/ DME NEB           | AREO MASK USED W/ DME NEB                        | No Auth Required       |     |  |                      |
| A7016 | DOME&MOUTHPECE W/SM VOL US NEBULIZR | DOME&MOUTHPIECE USED W/SMALL VOLUME US NEBULIZR  | No Auth Required       |     |  |                      |
| A7017 | NEB GLASS/AUTOCLAV NOT USE W/O2     | NEB GLASS/AUTOCLAV NOT USE W/O2                  | No Auth Required       |     |  |                      |
| A7018 | H2O DIST USE W/LG VOL NEB 1000 ML   | H2O DIST USE W/LG VOL NEB 1000 ML                | No Auth Required       |     |  |                      |
| A7020 | INTERFACE COUGH STIM DEVC REPL ONLY | INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY   | No Auth Required       |     |  |                      |
| A7025 | HI FREQ CHST WALL OSCILAT VEST REPL | HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND | Authorization Required | DME |  | Full Clinical Review |
| A7026 | HI FREQ CHST WALL OSCILAT HOSE REPL | HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND | Authorization Required | DME |  | Full Clinical Review |
| A7027 | COMB ORAL/NASAL MASK W/CPAP EACH    | COMB ORAL/NASAL MASK USED W/CPAP DEVICE EACH     | No Auth Required       |     |  |                      |
| A7028 | ORAL CUSH ORAL/NASAL MASK REPL EA   | ORAL CUSHION COMB ORAL/NASAL MASK REPL ONLY EACH | No Auth Required       |     |  |                      |
| A7029 | NASL PILLOW ORL/NASL MASK REPL PAIR | NASAL PILLOWS COMB ORAL/NASL MASK REPL ONLY PAIR | No Auth Required       |     |  |                      |
| A7030 | FULL FCE MASK POS ARWAY PRSS DEV EA | FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA  | No Auth Required       |     |  |                      |
| A7031 | FCE MASK INTERFCE REPL FULL MASK EA | FACE MASK INTERFACE REPLCMT FULL FACE MASK EA    | No Auth Required       |     |  |                      |

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|-------|--|---|------------------|--|--|--|--|
| A7032 | CUSHN NASAL MASK INTF REPL ONLY EA           | CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH  | No Auth Required |  |  |  |  |
| A7033 | PILLW NASL CANNULA TYPE INTF REPL            | PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR   | No Auth Required |  |  |  |  |
| A7034 | NASL INTERFCE POS ARWAY PRSS DEVC            | NASL INTRFCE POS ARWAY PRSS DEVC W/WO HEAD STRAP  | No Auth Required |  |  |  |  |
| A7035 | HEADGEAR USED W/POS ARWAY PRSS DEVC          | HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE   | No Auth Required |  |  |  |  |
| A7036 | CHINSTRAP USE W/POS ARWAY PRSS DEVC          | CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE  | No Auth Required |  |  |  |  |
| A7037 | TUBING USED W/POS ARWAY PRESS DEVC           | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | No Auth Required |  |  |  |  |
| A7038 | FLTR DISPBL W/POS ARWAY PRSS DEVC            | FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE    | No Auth Required |  |  |  |  |
| A7039 | FLTR NON DISPBL POS ARWAY PRSS DEVC          | FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE   | No Auth Required |  |  |  |  |
| A7040 | ONE WAY CHEST DRAIN VALVE                    | ONE WAY CHEST DRAIN VALVE                         | No Auth Required |  |  |  |  |
| A7041 | WATER SEAL DRNAGE CONTAINER&TUBING           | WATER SEAL DRAINAGE CONTAINER & TUBING            | No Auth Required |  |  |  |  |
| A7044 | ORL INTERFCE W/POS ARWAY PRSS DEVC           | ORAL INTERFACE USED W/POS ARWAY PRESS DEVICE EA   | No Auth Required |  |  |  |  |
| A7045 | EXHALATION PORT REPLACEMENT ONLY             | EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY      | No Auth Required |  |  |  |  |
| A7046 | WATR CHAMB HUMDIFIR USED W/POS ARWA          | WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R  | No Auth Required |  |  |  |  |
| A7047 | ORAL INTF USED RESP SUCTION PUMP EA          | ORAL INTERFACE USED RESPIRATORY SUCTION PUMP EA   | No Auth Required |  |  |  |  |
| A7048 | VACUUM DRN CLCT U & TUBING KIT EA            | VACUUM DRAINAGE COLLECTION UNIT & TUBING KIT EA   | No Auth Required |  |  |  |  |
| A7501 | TRACHEOSTOMA VALV INCL DIAPHRAGM EA          | TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH       | No Auth Required |  |  |  |  |
| A7502 | REPL DIAPH/FCEPLAT TRACHEOSTOMA VALV         | REPL DIAPHRAGM/FCEPLATE TRACHEOSTOMA VALVE EA     | No Auth Required |  |  |  |  |
| A7503 | FLTR HOLDER/CAP REUSBL TRACHEOSTOMA          | FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA  | No Auth Required |  |  |  |  |
| A7504 | FLTR USE TRACHEOSTOMA EXCHG SYS EA           | FLTR USE TRACHEOSTOMA HEAT&MOISTR EXCHG SYS EA    | No Auth Required |  |  |  |  |
| A7505 | HOUS REUSABL W/O ADHES EXCHG SYS             | HOUSING REUSABL W/O ADHES EXCHG SYS&/ VALV EA     | No Auth Required |  |  |  |  |
| A7506 | ADHES DISC EXCHG SYS&/ W/TRACH VALV          | ADHES DISC EXCHG SYS &/ W/TRACHEOSTOMA VALV EA    | No Auth Required |  |  |  |  |
| A7507 | FLTR HLDR&INTGR FLTR TRACHEOSTOMA            | FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTOMA EXCHG | No Auth Required |  |  |  |  |
| A7508 | HOUS&INTGR ADHES EXCHG SYS &/ VALV           | HOUS&INTGR ADHES TRACHEOSTOMA EXCHG SYS &/ VALV   | No Auth Required |  |  |  |  |
| A7509 | FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA | FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA      | No Auth Required |  |  |  |  |
| A7520 | TRACHEOST/LARYNGECT TUBE NON-CUFFED          | TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL  | No Auth Required |  |  |  |  |
| A7521 | TRACHEOST/LARYNGECT TUBE CUFF PVC            | TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA  | No Auth Required |  |  |  |  |
| A7522 | TRACHEOST/LARYNGECT TUBE STNLESS ST          | TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA   | No Auth Required |  |  |  |  |
| A7523 | TRACHEOSTOMY SHOWER PROTECTOR EACH           | TRACHEOSTOMY SHOWER PROTECTOR EACH                | No Auth Required |  |  |  |  |
| A7524 | TRACHEOSTOMA STENT/STUD/BUTTON EACH          | TRACHEOSTOMA STENT/STUD/BUTTON EACH               | No Auth Required |  |  |  |  |
| A7525 | TRACHEOSTOMY MASK EACH                       | TRACHEOSTOMY MASK EACH                            | No Auth Required |  |  |  |  |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER EA           | TRACHEOSTOMY TUBE COLLAR/HOLDER EACH              | No Auth Required |  |  |  |  |
| A7527 | TRACHEOST/LRYNGCT TUBE PLUG/STOP EA          | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH     | No Auth Required |  |  |  |  |
| A8000 | HELMET PROTECTIVE SOFT PREFAB                | HELMET PROTECTIVE SOFT PREFAB COMPONENT ACCSSRIES | No Auth Required |  |  |  |  |
| A8001 | HELMET PROTECTIVE HARD PREFAB                | HELMET PROTECTIVE HARD PREFAB COMPONENT ACCSSRIES | No Auth Required |  |  |  |  |
| A8002 | HELMET PROTECTIVE SOFT CUSTOM FAB            | HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES  | No Auth Required |  |  |  |  |
| A8003 | HELMET PROTECTIVE HARD CUSTOM FAB            | HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES  | No Auth Required |  |  |  |  |
| A8004 | SOFT INTERFACE FOR HELMET REPL ONLY          | SOFT INTERFACE FOR HELMET REPLACEMENT ONLY        | No Auth Required |  |  |  |  |
| A9150 | NONPRESCRIPTION DRUG                         | NONPRESCRIPTION DRUG                              | No Auth Required |  |  |  |  |
| A9155 | ARTIFICIAL SALIVA 30 ML                      | ARTIFICIAL SALIVA 30 ML                           | No Auth Required |  |  |  |  |
| A9284 | SPIROMETER NONELECTRONIC INCL ACCESS         | SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES     | No Auth Required |  |  |  |  |
| A9285 | INVERSION/EVERSION CORRECTION DEVC           | INVERSION/EVERSION CORRECTION DEVICE              | No Auth Required |  |  |  |  |
| A9500 | TC-99M SESTAMIBI DX PER STUDY DOSE           | TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE     | No Auth Required |  |  |  |  |
| A9501 | TC-99M TEBOROXIME DX PER STUDY DOSE          | TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE    | No Auth Required |  |  |  |  |
| A9502 | TC-99M TETROFOSMIN DX - STUDY DOSE           | TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE   | No Auth Required |  |  |  |  |
| A9503 | TC-99M MEDRONATE DX UP TO 30 MCI             | TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI       | No Auth Required |  |  |  |  |
| A9504 | TC-99M APCITIDE DX UP TO 20 MCI              | TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI        | No Auth Required |  |  |  |  |
| A9505 | TL-201 THALLOUS CHLORID DX PER MCI           | THALLIUM TL-201 THALLOUS CHLORID DX PER MCI       | No Auth Required |  |  |  |  |
| A9507 | IN-111 CAPROMB PENDETDX UP TO 10 MCI         | INDIUM IN-111 CAPROMAB PENDETIDE DX UP TO 10 MCI  | No Auth Required |  |  |  |  |
| A9508 | I-131 IOBENGUANE SULFATE DX 0.5 MCI          | IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI    | No Auth Required |  |  |  |  |
| A9509 | IODINE I-123 SODIM IODIDE DX MCI             | IODINE I-123 SODIUM IODIDE DX PER MILLICURIE      | No Auth Required |  |  |  |  |
| A9510 | TC-99M DISOFENIN DX UP TO 15 MCI             | TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI       | No Auth Required |  |  |  |  |
| A9512 | TC-99M PERTECHNETATE DX PER MCI              | TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE  | No Auth Required |  |  |  |  |
| A9513 | LUTETIUM LU 177 DOTATATE THER 1 MCI          | LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI        | No Auth Required |  |  |  |  |
| A9515 | CHOLINE C-11 DX STUDY DOS TO 20 MCI          | CHOLINE C-11 DX PER STUDY DOSE UP TO 20 MCI       | No Auth Required |  |  |  |  |

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| A9516 | I-123 SODIUM IODIDE DX TO 999 UCI    | IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999 | No Auth Required |  |  |  |  |
| A9517 | I-131 SODIUM IODIDE CAPS TX MCI      | IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI  | No Auth Required |  |  |  |  |
| A9520 | TC-99M TILMANOCEPT DX TO 0.5 MCI     | TECHNETIUM TC-99M TILMANOCEPT DX TO 0.5 MCI      | No Auth Required |  |  |  |  |
| A9521 | TC-99M EXETAZIME DX UP TO 25 MCI     | TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI      | No Auth Required |  |  |  |  |
| A9524 | I-131 IODINATD SERUM ALB DX 5 UCI    | IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI | No Auth Required |  |  |  |  |
| A9526 | NITRO N-13 AMMONIA DX UP TO 40 MCI   | NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI  | No Auth Required |  |  |  |  |
| A9527 | IODINE I-125 NA IODIDE SOL TX MCI    | IODINE I-125 SODIUM IODIDE SOL TX PER MCI        | No Auth Required |  |  |  |  |
| A9528 | I-131 SODIUM IODIDE CAPS DX PER MCI  | IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI   | No Auth Required |  |  |  |  |
| A9529 | I-131 SODIUM IODIDE SOL DX PER MCI   | IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU | No Auth Required |  |  |  |  |
| A9530 | I-131 SODIUM IODIDE SOL TX PER MCI   | IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI   | No Auth Required |  |  |  |  |
| A9531 | I-131 SODIUM IODIDE DX UP TO 100 UCI | IODINE I-131 SODIUM IODIDE DX TO 100 MICROCURIE  | No Auth Required |  |  |  |  |
| A9532 | I-125 SERUM ALB DX PER 5 MICROCURIE  | IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES  | No Auth Required |  |  |  |  |
| A9536 | TC-99M DEPREOTIDE DX UP TO 35 MCI    | TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI     | No Auth Required |  |  |  |  |
| A9537 | TC-99M MEBROFENIN DX UP TO 15 MCI    | TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI     | No Auth Required |  |  |  |  |
| A9538 | TC-99M PYROPHOSHATE DX UP TO 25 MCI  | TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI   | No Auth Required |  |  |  |  |
| A9539 | TC-99M PENTETATE DX UP TO 25 MCI     | TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI      | No Auth Required |  |  |  |  |
| A9540 | TC-99M MAA DX UP TO 10 MCI           | TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI  | No Auth Required |  |  |  |  |
| A9541 | TC-99M SULFUR COLL DX UP TO 20 MCI   | TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI | No Auth Required |  |  |  |  |
| A9542 | IN-111 IBRITUMAB TIUXTN DX TO 5 MCI  | INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI   | No Auth Required |  |  |  |  |
| A9543 | Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI  | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI   | No Auth Required |  |  |  |  |
| A9546 | CO-57/58 CYANOCOBALAMIN DX TO 1 UCI  | COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE | No Auth Required |  |  |  |  |
| A9547 | IN-111 OXYQUINOLIN DX 0.5 MILLICURE  | INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE | No Auth Required |  |  |  |  |
| A9548 | INDIUM IN-111 PENTETATE DX 0.5 MCI   | INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE    | No Auth Required |  |  |  |  |
| A9550 | TC-99M SODIUM GLUCEPTAT DX TO 25 MCI | TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI | No Auth Required |  |  |  |  |
| A9551 | TC-99M SUCCIMER DX UP TO 10 MCI      | TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI       | No Auth Required |  |  |  |  |
| A9552 | FDG F-18 FDG DX UP TO 45 MCI         | FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI      | No Auth Required |  |  |  |  |
| A9553 | CR-51 SODIUM CHROMATE DX TO 250 UCI  | CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI  | No Auth Required |  |  |  |  |
| A9554 | I-125 SODIUM IOTHALAMTE DX TO 10 UCI | IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI  | No Auth Required |  |  |  |  |
| A9555 | RUBIDIUM RB-82 DX UP TO 60 MCI       | RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI    | No Auth Required |  |  |  |  |
| A9556 | GALLIUM GA-67 CITRATE DX PER MCI     | GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE  | No Auth Required |  |  |  |  |
| A9557 | TC-99M BICISATE DX UP TO 25 MCI      | TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI       | No Auth Required |  |  |  |  |
| A9558 | XENON XE-133 GAS DX PER 10 MCI       | XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES   | No Auth Required |  |  |  |  |
| A9559 | CO-57 CYANOCOBALAMN ORL DX TO 1 UCI  | COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI  | No Auth Required |  |  |  |  |
| A9560 | TC-99M LABELED RBC DX UP TO 30 MCI   | TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI    | No Auth Required |  |  |  |  |
| A9561 | TC-99M OXIDRONATE DX UP TO 30 MCI    | TECHNETIUM TC-99M OXIDRONATE DX UP TO 30 MCI     | No Auth Required |  |  |  |  |
| A9562 | TC-99M MERTIATIDE DX UP TO 15 MCI    | TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI     | No Auth Required |  |  |  |  |
| A9563 | SODIUM PHOSHATE P-32 TX PER MCI      | SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE | No Auth Required |  |  |  |  |
| A9564 | CHROMIC PHOSHATE P-32 SUSP TX MCI    | CHROMIC PHOSHATE P-32 SUSP THERAPEUTIC PER MCI   | No Auth Required |  |  |  |  |
| A9566 | TC-99M FANOLESOMAB DX UP TO 25 MCI   | TECHNETIUM TC-99M FANOLESOMAB DX UP TO 25 MCI    | No Auth Required |  |  |  |  |
| A9567 | TC-99M PENTETATE DX AROSL TO 75 MCI  | TECHNETIUM TC-99M PENTETATE DX AEROSOL TO 75 MCI | No Auth Required |  |  |  |  |
| A9568 | TC-99M ARCITUMOMAB DX TO 45 MCI      | TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI | No Auth Required |  |  |  |  |
| A9569 | TC-99M EXAMETAZIME AUTOLG WBC DX     | TECHNETIUM TC-99M EXAMETAZIME AUTOLG WBC DX DOSE | No Auth Required |  |  |  |  |
| A9570 | INDIUM IN-111 AUTOLG WBC DX DOSE     | INDIUM IN-111 AUTOLOGOUS WBC DX PER STUDY DOSE   | No Auth Required |  |  |  |  |
| A9571 | INDIUM IN-111 AUTOLG PLATELETS DX    | INDIUM IN-111 AUTOLOGOUS PLATELETS DX STUDY DOSE | No Auth Required |  |  |  |  |
| A9572 | IN-111 PENTETREOTIDE DX TO 6 MCI     | INDIUM IN-111 PENTETREOTIDE DX DOSE TO 6 MCI     | No Auth Required |  |  |  |  |
| A9575 | INJ GADOTERATE MEGLUMINE 0.1 ML      | INJECTION GADOTERATE MEGLUMINE 0.1 ML            | No Auth Required |  |  |  |  |
| A9576 | INJECTION GADOTERIDOL PER ML         | INJECTION GADOTERIDOL PROHANCE MULTIPACK PER ML  | No Auth Required |  |  |  |  |
| A9577 | INJ GADOBENATE DIMEGLUMINE PER ML    | INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER ML     | No Auth Required |  |  |  |  |
| A9578 | INJ GADOBENATE DIMEGLUMIN MXPACK ML  | INJ GADOBENATE DIMEGLUMINE MXHANCE MXPACK PER ML | No Auth Required |  |  |  |  |
| A9579 | INJ GADOLINIUM MR CONTRAST NOS ML    | INJECTION GADOLINIUM BASED MR CONTRAST NOS ML    | No Auth Required |  |  |  |  |
| A9580 | NAF F-18 DX STUDY DOSE TO 30 MCI     | SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI | No Auth Required |  |  |  |  |

|       |                                      |  |                        |                      |  |                      |
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| A9581 | INJ GADOXETATE DISODIUM 1 ML         | INJECTION GADOXETATE DISODIUM 1 ML               | No Auth Required       |                      |  |                      |
| A9582 | I-123 IOBENGUANE DX DOSE TO 15 MCI   | IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI  | No Auth Required       |                      |  |                      |
| A9583 | INJ GADOFOSVESET TRISODIUM 1 ML      | INJECTION GADOFOSVESET TRISODIUM 1 ML            | No Auth Required       |                      |  |                      |
| A9584 | IODINE I-123 IOFLUPAN DX UP 5 MCI    | IODINE I-123 IOFLUPANE DX-STUDY DOSE UP 5 MCI    | No Auth Required       |                      |  |                      |
| A9585 | INJECTION GADOBUTROL 0.1 ML          | INJECTION GADOBUTROL 0.1 ML                      | No Auth Required       |                      |  |                      |
| A9586 | FLORBETAPR F18 DX-STDY DS TO 10 MCI  | FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI   | No Auth Required       |                      |  |                      |
| A9587 | GALLIUM GA-68 DOTATATE DX 0.1 MCI    | GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE | No Auth Required       |                      |  |                      |
| A9588 | FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI   | FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE        | No Auth Required       |                      |  |                      |
| A9589 | INSTILLATION HAL HCl 100 MG          | INSTILLATION HEXAMINOLEVULINATE HCl 100 MG       | No Auth Required       |                      |  |                      |
| A9590 | IODINE I-131 IOBENGUANE 1 MCI        | IODINE I-131 IOBENGUANE 1 MCI                    | No Auth Required       |                      |  |                      |
| A9597 | PET RADIOPHARMA DX TUMOR ID NOC      | POSITRON EMISSION TOMOGRAPHY RP DX TUMOR ID NOC  | No Auth Required       |                      |  |                      |
| A9598 | PET RADIOPHARM DX NON-TUMOR ID NOC   | POSITRON EMISSION TOMO RP DX NON-TUMOR ID NOC    | No Auth Required       |                      |  |                      |
| A9600 | STRONTIUM SR-89 CHLORID TX PER MCI   | STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI      | No Auth Required       |                      |  |                      |
| A9604 | SM-153 LEXIDRONAM TX TO 150 MCI      | SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI    | No Auth Required       |                      |  |                      |
| A9606 | RADIUM RA-223 DICHLORIDE TX PER UCI  | RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI     | No Auth Required       |                      |  |                      |
| A9698 | NON-RADIOACTV CONTRST IMAG MATL NOC  | NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY | No Auth Required       |                      |  |                      |
| A9699 | RADIOPHARMACEUTICAL THERAPEUTIC NOC  | RADIOPHARMACEUTICAL THERAPEUTIC NOC              | No Auth Required       |                      |  |                      |
| A9700 | SUP OF INJ CONTRST MAT-ECHO P/STUDY  | SUP OF INJ CONTRST MAT-ECHO P/STUDY              | No Auth Required       |                      |  |                      |
| A9900 | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS  | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS              | No Auth Required       |                      |  |                      |
| A9901 | DME DEL SET&/DSPNS SRVC ANOTH HCPCS  | DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS    | No Auth Required       |                      |  |                      |
| A9999 | MISCELLANEOUS DME SUPPLY/ACCESS NOS  | MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS        | Authorization Required |                      |  | Full Clinical Review |
| B4034 | ENTERAL FEED SPL KIT; SYRINGE DAY    | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY  | Authorization Required | DME                  |  | Full Clinical Review |
| B4035 | ENTERAL FEED SPL KIT; PUMP FED-DAY   | ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY     | No Auth Required       |                      |  |                      |
| B4036 | ENTERAL FD SPL KIT; GRAVITY FED-DAY  | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY  | Authorization Required | DME                  |  | Full Clinical Review |
| B4081 | NASOGASTRIC TUBING WITH STYLET       | NASOGASTRIC TUBING WITH STYLET                   | No Auth Required       |                      |  |                      |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET    | NASOGASTRIC TUBING WITHOUT STYLET                | No Auth Required       |                      |  |                      |
| B4083 | STOMACH TUBE - LEVINE TYPE           | STOMACH TUBE - LEVINE TYPE                       | No Auth Required       |                      |  |                      |
| B4087 | GASTROSTOMY/J-TUBE STANDARD EACH     | GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA | No Auth Required       |                      |  |                      |
| B4088 | GASTROSTOMY/J-TUBE LOW-PROFILE EA    | GASTROSTOMY/J-TUBE LOW-PROFILE ANY MAT/TYPE EACH | No Auth Required       |                      |  |                      |
| B4102 | ENTRAL F ADLT REPL FL&LYTES 500 ML   | ENTRAL FORMULA ADLT REPL FL&LYTES 500 ML = 1 U   | Authorization Required | DME                  |  | Full Clinical Review |
| B4103 | ENTRAL F PED REPL FL&LYTES 500 ML    | ENTRAL FORMULA PED REPL FL&LYTES 500 ML = 1 U    | Authorization Required | DME                  |  | Full Clinical Review |
| B4104 | ADDITIVE FOR ENTERAL FORMULA         | ADDITIVE FOR ENTERAL FORMULA                     | No Auth Required       |                      |  |                      |
| B4105 | IN-LINE CART CTG DIG ENZYME EF EACH  | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA   | Authorization Required | Home Health Services |  | Full Clinical Review |
| B4149 | ENTRAL F MANF BLNDRIZD NAT FOODS     | ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS     | Authorization Required | DME                  |  | Full Clinical Review |
| B4150 | ENTRAL F NUTRITIONALLY COMPLETE      | ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS   | Authorization Required | DME                  |  | Full Clinical Review |
| B4152 | ENTRAL F NUTRITION CMPL CAL DENSE    | ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS | Authorization Required | DME                  |  | Full Clinical Review |
| B4153 | ENTRL F NUTRITN CMPL HYDROLYZD PROTS | ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS  | Authorization Required | DME                  |  | Full Clinical Review |
| B4154 | ENTRAL F CMPL NO INHERITED DZ METAB  | ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB    | Authorization Required | DME                  |  | Full Clinical Review |
| B4155 | ENTRAL F NUTRITN INCMPL/MOD NUTRNTS  | ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS  | Authorization Required | DME                  |  | Full Clinical Review |
| B4157 | ENTRAL F CMPL INHERITED DZ METAB     | ENTRAL F NUTRITION CMPL INHERITED DZ METAB       | Authorization Required | DME                  |  | Full Clinical Review |
| B4158 | ENTRAL F PED NUTRITION COMPLETE      | ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS     | Authorization Required | DME                  |  | Full Clinical Review |
| B4159 | ENTRAL F PED NUTRITN CMPL SOY BASD   | ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS | Authorization Required | DME                  |  | Full Clinical Review |
| B4160 | ENTRAL F PED NUTRITN CMPL CAL DENSE  | ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS    | Authorization Required | DME                  |  | Full Clinical Review |
| B4161 | ENTRAL F PED HYDROLYZED/AA PROTEINS  | ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS   | Authorization Required | DME                  |  | Full Clinical Review |
| B4162 | ENTRAL F PED INHERITED DZ METAB      | ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB | Authorization Required | DME                  |  | Full Clinical Review |
| B4164 | PARNTRAL NUT SOL; CARBS 50%/< HOM    | PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX | Authorization Required | DME                  |  | Full Clinical Review |
| B4168 | PARNTRAL NUT SOL; AMINO ACID 3.5%    | PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX | Authorization Required | DME                  |  | Full Clinical Review |
| B4172 | PARNTRAL NUT SOL; AMINO ACID 5.5-7%  | PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7%-HOM MIX | Authorization Required | DME                  |  | Full Clinical Review |
| B4176 | PARNTRAL NUT SOL; AMINO ACID 7-8.5%  | PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5%-HOM MIX | Authorization Required | DME                  |  | Full Clinical Review |
| B4178 | PARNTRAL NUT SOL; AMINO ACID > 8.5%  | PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX  | Authorization Required | DME                  |  | Full Clinical Review |
| B4180 | PARNTRAL NUT SOL; CARBS > 50% HOM    | PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX   | Authorization Required | DME                  |  | Full Clinical Review |
| B4185 | PARENTERAL NUTR SOL NOS 10 G LIPIDS  | PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS     | Authorization Required | DME                  |  | Full Clinical Review |
| B4187 | OMEGAVEN 10 G LIPIDS                 | OMEGAVEN 10 G LIPIDS                             | Authorization Required | DME                  |  | Full Clinical Review |



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| B4189 | PARNTRAL NUT;AMINOACID&CARB 10-51GM   | PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT | Authorization Required | DME   |  | Full Clinical Review |  |
| B4193 | PARNTRAL NUT;AMINOACID&CARB 52-73GM   | PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT | Authorization Required | DME   |  | Full Clinical Review |  |
| B4197 | PARNTRAL NUT;AMINOACID&CARB 74-100GM  | PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT | Authorization Required | DME   |  | Full Clinical Review |  |
| B4199 | PARNTRAL NUT;AMINO ACID&CARB >100GM   | PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR | Authorization Required | DME   |  | Full Clinical Review |  |
| B4216 | PARNTRAL NUT; ADDITIVES-HOM MIX-DAY   | PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY | Authorization Required | DME   |  | Full Clinical Review |  |
| B4220 | PARNTRAL NUTRIT SPL KIT; PREMIX-DAY   | PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY  | No Auth Required       |       |  |                      |  |
| B4222 | PARNTRAL NUT SPL KIT; HOM MIX-DAY     | PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY  | No Auth Required       |       |  |                      |  |
| B4224 | PARNTRAL NUTRITION ADMIN KIT-DAY      | PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY  | Authorization Required | DME   |  | Full Clinical Review |  |
| B5000 | PARNTRAL NUT; AMINO ACID&CARBS RENL   | PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN | Authorization Required | DME   |  | Full Clinical Review |  |
| B5100 | PARENTERL NUT SOL AMINO ACID & CARB   | PARENTERAL NUT SOL AMINO ACID AND CARBOHYDRATES  | Authorization Required | DME   |  | Full Clinical Review |  |
| B5200 | PARNTRAL NUT AMINO ACID & CARBS STRSS | PARNTRAL NUT SOL AMINO ACID&CARB STRSS-BR CHAIN  | Authorization Required | DME   |  | Full Clinical Review |  |
| B9002 | ENTERAL NUTR INFUSION PUMP ANY TYPE   | ENTERAL NUTRITION INFUSION PUMP ANY TYPE         | No Auth Required       |       |  |                      |  |
| B9004 | PARNTRAL NUTRIT INFUS PUMP PRTBLE     | PARENTERAL NUTRITION INFUSION PUMP PORTABLE      | No Auth Required       |       |  |                      |  |
| B9006 | PARNTRAL NUTRIT INFUS PUMP STATION    | PARENTERAL NUTRITION INFUSION PUMP STATIONARY    | No Auth Required       |       |  |                      |  |
| B9998 | NOC FOR ENTERAL SUPPLIES              | NOC FOR ENTERAL SUPPLIES                         | No Auth Required       |       |  |                      |  |
| B9999 | NOC FOR PARENTERAL SUPPLIES           | NOC FOR PARENTERAL SUPPLIES                      | Authorization Required | DME   |  | Full Clinical Review |  |
| C1713 | ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN   | ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN | No Auth Required       |       |  |                      |  |
| C1714 | CATH TRNSLUM ATHERECT DIRECTIONAL     | CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL    | No Auth Required       |       |  |                      |  |
| C1715 | BRACHYTHERAPY NEEDLE                  | BRACHYTHERAPY NEEDLE                             | No Auth Required       |       |  |                      |  |
| C1716 | BRACHYT NONSTRAND GOLD-198 PER SRC    | BRACHYTHERAPY NONSTRANDED GOLD-198 PER SOURCE    | No Auth Required       |       |  |                      |  |
| C1717 | BRACHYT NONSTRAND HD IRIIDIUM-192     | BRACHYT NONSTRANDED HI DOSE IRIIDIUM-192 PER SRC | No Auth Required       |       |  |                      |  |
| C1719 | BRACHYT NONSTRND NONHD IRIIDIUM-192   | BRACHYT NONSTRANDED NON-HD IRIIDIUM-192 PER SRC  | No Auth Required       |       |  |                      |  |
| C1721 | CARDIOVERT-DEFIBRILLATOR DUAL CHAMB   | CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER          | No Auth Required       |       |  |                      |  |
| C1722 | CARDIOVERT-DEFIB SINGLE CHAMB         | CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER        | No Auth Required       |       |  |                      |  |
| C1724 | CATH TRNSLUM ATHERECT ROTATIONAL      | CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL     | No Auth Required       |       |  |                      |  |
| C1725 | CATHETER TRNSLUM ANGPLSTY NON-LASER   | CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER      | No Auth Required       |       |  |                      |  |
| C1726 | CATHETER BALLOON DILAT NON-VASCULAR   | CATHETER BALLOON DILATATION NON-VASCULAR         | No Auth Required       |       |  |                      |  |
| C1727 | CATH BALLN TISS DISSECTOR NON-VASC    | CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR   | No Auth Required       |       |  |                      |  |
| C1728 | CATHETER BRACHYTHERAPY SEED ADMIN     | CATHETER BRACHYTHERAPY SEED ADMINISTRATION       | No Auth Required       |       |  |                      |  |
| C1729 | CATHETER DRAINAGE                     | CATHETER DRAINAGE                                | No Auth Required       |       |  |                      |  |
| C1730 | CATH EP DX OTH THAN 3D MAP 19/<       | CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19/<   | No Auth Required       |       |  |                      |  |
| C1731 | CATH EP DX OTH THAN 3D MAP 20/>       | CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20/>   | No Auth Required       |       |  |                      |  |
| C1732 | CATH EP DX/ABLAT 3D/VECTOR MAP        | CATH ELECTROPHYSIOLOGY DX/ABLAT 3D/VECTOR MAP    | No Auth Required       |       |  |                      |  |
| C1733 | CATH EP DX/ABLAT NOT MAP/COOL-TIP     | CATH EP DX/ABLAT NOT 3D/VECTOR MAP NOT COOL-TIP  | No Auth Required       |       |  |                      |  |
| C1734 | ORTHO/DEVC/DX MX OPP BTB/SFT T-TO B   | ORTHOPEDIC/DEVC/DX MATRIX OPP BTB/SFT TISS-TO BN | No Auth Required       |       |  |                      |  |
| C1749 | ENDO RETRO IMAG/ILLUM COLONOSCOPE     | ENDO RETRO IMAG/ILLUMINATION COLONOSCOPE DEVICE  | No Auth Required       |       |  |                      |  |
| C1750 | CATH HEMODIAL/PERITON LONG-TERM       | CATHETER HEMODIAL/PERITONEAL LONG-TERM           | No Auth Required       |       |  |                      |  |
| C1751 | CATH INFUS INSRT PERIPH CNTRL/MIDLN   | CATHETER INFUS INSRT PERIPHERALLY CNTRL/MIDLN    | No Auth Required       |       |  |                      |  |
| C1752 | CATHETER HEMODIALYSIS SHORT-TERM      | CATHETER HEMODIALYSIS SHORT-TERM                 | No Auth Required       |       |  |                      |  |
| C1753 | CATHETER INTRAVASCULAR ULTRASOUND     | CATHETER INTRAVASCULAR ULTRASOUND                | No Auth Required       |       |  |                      |  |
| C1754 | CATHETER INTRADISCAL                  | CATHETER INTRADISCAL                             | No Auth Required       |       |  |                      |  |
| C1755 | CATHETER INTRASPINAL                  | CATHETER INTRASPINAL                             | No Auth Required       |       |  |                      |  |
| C1756 | CATHETER PACING TRANSESOPHAGEAL       | CATHETER PACING TRANSESOPHAGEAL                  | No Auth Required       |       |  |                      |  |
| C1757 | CATHETER THROMBECTOMY/EMBOLECTOMY     | CATHETER THROMBECTOMY/EMBOLECTOMY                | No Auth Required       |       |  |                      |  |
| C1758 | CATHETER URETERAL                     | CATHETER URETERAL                                | No Auth Required       |       |  |                      |  |
| C1759 | CATHETER INTRACARD ECHOCARDIOGRAPHY   | CATHETER INTRACARDIAC ECHOCARDIOGRAPHY           | No Auth Required       |       |  |                      |  |
| C1760 | CLOSURE DEVICE VASCULAR               | CLOSURE DEVICE VASCULAR                          | No Auth Required       |       |  |                      |  |
| C1762 | CONNECTIVE TISSUE HUMAN               | CONNECTIVE TISSUE HUMAN                          | No Auth Required       |       |  |                      |  |
| C1763 | CONNECTIVE TISSUE NON-HUMAN           | CONNECTIVE TISSUE NON-HUMAN                      | No Auth Required       |       |  |                      |  |
| C1764 | EVENT RECORDER CARDIAC                | EVENT RECORDER CARDIAC                           | No Auth Required       |       |  |                      |  |
| C1765 | ADHESION BARRIER                      | ADHESION BARRIER                                 | No Auth Required       |       |  |                      |  |
| C1766 | INTRUDUCR/SHEATH EP NOT PEEL-AWAY     | INTRUDUCR/SHEATH GUID INTRACARD EP NOT PEEL-AWAY | No Auth Required       |       |  |                      |  |
| C1767 | GENERATOR NEUROSTIM NONRECHARGEABLE   | GENERATOR NEUROSTIMULATOR NONRECHARGEABLE        | No Auth Required       |       |  |                      |  |
| C1768 | GRAFT VASCULAR                        | GRAFT VASCULAR                                   | No Auth Required       |       |  |                      |  |
| C1769 | GUIDE WIRE                            | GUIDE WIRE                                       | No Auth Required       |       |  |                      |  |
| C1770 | IMAGING COIL MAGNETIC RESONANCE       | IMAGING COIL MAGNETIC RESONANCE                  | No Auth Required       |       |  |                      |  |
| C1771 | REPR DEVICE URIN INCONT W/SLING GFT   | REPAIR DEVICE URINARY INCONTINENCE W/SLING GRAFT | No Auth Required       |       |  |                      |  |
| C1772 | INFUSION PUMP PROGRAMMABLE            | INFUSION PUMP PROGRAMMABLE                       | No Auth Required       |       |  |                      |  |
| C1773 | RETRIEVAL DEVICE INSERTABLE           | RETRIEVAL DEVICE INSERTABLE                      | No Auth Required       |       |  |                      |  |
| C1776 | JOINT DEVICE                          | JOINT DEVICE                                     | Authorization Required | Joint |  | Full Clinical Review |  |

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| C1777 | LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL | LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL    | No Auth Required       |   |  |                      |
| C1778 | LEAD NEUROSTIMULATOR                | LEAD NEUROSTIMULATOR                             | No Auth Required       |   |  |                      |
| C1779 | LEAD PACEMKR TRNS VDD SINGLE PASS   | LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS       | No Auth Required       |   |  |                      |
| C1780 | LENS INTRAOCULAR                    | LENS INTRAOCULAR                                 | No Auth Required       |   |  |                      |
| C1781 | MESH                                | MESH   | No Auth Required       |   |  |                      |
| C1782 | MORCELLATOR                         | MORCELLATOR                                      | No Auth Required       |   |  |                      |
| C1783 | OCULAR IMPL AQUEOUS DRAIN ASST DEVC | OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE    | No Auth Required       |   |  |                      |
| C1784 | OCULR DEVC INTRAOP DETACHED RETINA  | OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA     | No Auth Required       |   |  |                      |
| C1785 | PACEMKR DUAL CHAMB RATE-RESPONSIVE  | PACEMAKER DUAL CHAMBER RATE-RESPONSIVE           | No Auth Required       |   |  |                      |
| C1786 | PACEMKR 1 CHAMB RATE-RESPONSIVE     | PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE         | No Auth Required       |   |  |                      |
| C1787 | PATIENT PROGRAMMER NEUROSTIMULATOR  | PATIENT PROG PATIENT PROGRAMMER NEUROSTIMULATOR  | No Auth Required       |   |  |                      |
| C1788 | PORT INDWELLING                     | PORT INDWELLING                                  | No Auth Required       |   |  |                      |
| C1789 | PROSTHESIS BREAST                   | PROSTHESIS BREAST                                | Authorization Required |   |  | Full Clinical Review |
| C1813 | PROSTHESIS PENILE INFLATABLE        | PROSTHESIS PENILE INFLATABLE                     | No Auth Required       |   |  |                      |
| C1814 | RETINAL TAMPONADE DEVICE SILCON OIL | RETINAL TAMPONADE DEVICE SILICONE OIL            | No Auth Required       |   |  |                      |
| C1815 | PROSTHESIS URINARY SPHINCTER        | PROSTHESIS URINARY SPHINCTER                     | No Auth Required       |   |  |                      |
| C1816 | RECV & OR TRANSMITTER NEUROSTIM     | RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR      | No Auth Required       |   |  |                      |
| C1817 | SEPTAL DEFEC IMPL SYSTEM INTRACARD  | SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC        | No Auth Required       |   |  |                      |
| C1818 | INTEGRATED KERATOPROSTHESIS         | INTEGRATED KERATOPROSTHESIS                      | No Auth Required       |   |  |                      |
| C1819 | SURG TISSUE LOC & EXC DEVICE        | SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE | No Auth Required       |   |  |                      |
| C1820 | GEN NEUROSTIM RECHRG BATT&CHARG SYS | GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM | No Auth Required       |   |  |                      |
| C1821 | INTERSPINOUS PRC DISTRACT DEVC IMPL | INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL     | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |
| C1822 | GEN NEUROSTIM HI FREQ RECHARG BATT  | GEN NEUROSTIM HIGH FREQ RECHARG BATT & CHARG SYS | No Auth Required       |   |  |                      |
| C1823 | GEN NEUROSTM NON-RECHRG TV S&STM LD | GENERATR NEUROSTIM NON-RECHRGABL TV S&STM LEADS  | No Auth Required       |   |  |                      |
| C1824 | GENERATOR CARDIAC CONTRACTILITY MOD | GENERATOR CARDIAC CONTRACTILITY MODULATION       | No Auth Required       |   |  |                      |
| C1830 | POWERED BONE MARROW BIOPSY NEEDLE   | POWERED BONE MARROW BIOPSY NEEDLE                | No Auth Required       |   |  |                      |
| C1839 | IRIS PROSTHESIS                     | IRIS PROSTHESIS                                  | No Auth Required       |   |  |                      |
| C1840 | LENS INTRAOCULAR TELESCOPIC         | LENS INTRAOCULAR TELESCOPIC                      | No Auth Required       |   |  |                      |
| C1841 | RETINAL PROSTH INCL INTRL&EXT CMPNT | RETINAL PROSTH INCL ALL INTRL & EXTERNL CMPNT    | No Auth Required       |   |  |                      |
| C1874 | STENT COATED/COVR W/DELIVERY SYSTEM | STENT COATED/COVERED WITH DELIVERY SYSTEM        | No Auth Required       |   |  |                      |
| C1875 | STENT COATED/COVR W/O DELIV SYSTEM  | STENT COATED/COVERED WITHOUT DELIVERY SYSTEM     | No Auth Required       |   |  |                      |
| C1876 | STNT NON-COATED/NON-COVR DELIV SYS  | STENT NON-COATED/NON-COVERED W/DELIVERY SYSTEM   | No Auth Required       |   |  |                      |
| C1877 | STNT NON-COAT/NON-COVR W/O DEL SYS  | STENT NON-COATED/NON-COVR WITHOUT DELIV SYSTEM   | No Auth Required       |   |  |                      |
| C1878 | MATL VOCAL CORD MEDIZATION SYNTH    | MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC  | No Auth Required       |   |  |                      |
| C1880 | VENA CAVA FILTER                    | VENA CAVA FILTER                                 | No Auth Required       |   |  |                      |
| C1881 | DIALYSIS ACCESS SYSTEM              | DIALYSIS ACCESS SYSTEM                           | No Auth Required       |   |  |                      |
| C1882 | CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB | CARDIOVERT-DEFIB OTH THAN SINGLE/DUAL CHAMB      | No Auth Required       |   |  |                      |
| C1883 | ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD | ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD     | No Auth Required       |   |  |                      |
| C1884 | EMBOLIZATION PROTECTIVE SYSTEM      | EMBOLIZATION PROTECTIVE SYSTEM                   | No Auth Required       |   |  |                      |
| C1885 | CATHETER TRNSLUM ANGPLSTY LASER     | CATHETER TRANSLUMINAL ANGIOPLASTY LASER          | No Auth Required       |   |  |                      |
| C1886 | CATH EXTRAVASCULAR TISS ABLAT MODAL | CATH EXTRAVASCULAR TISSUE ABLAT MODAL INSERTABLE | No Auth Required       |   |  |                      |
| C1887 | CATHETER GUIDING                    | CATHETER GUIDING                                 | No Auth Required       |   |  |                      |
| C1888 | CATH ABLATION NON-CARDIAC ENDOVASC  | CATHETER ABLATION NON-CARDIAC ENDOVASCULAR       | No Auth Required       |   |  |                      |
| C1889 | IMPLANTABLE/INSERTABLE DEVICE NOC   | IMPLANTABLE/INSERTABLE DEVICE NOT OTRW CLASS     | No Auth Required       |   |  |                      |
| C1890 | NO IMPL/INSRT DEVC U DEVC-INT PROC  | NO IMPLANT/INSERTABLE DEVC USED W/DEVC-INT PROC  | No Auth Required       |   |  |                      |
| C1891 | INFUS PUMP NON-PROGMMABLE PERMANENT | INFUSION PUMP NON-PROGRAMMABLE PERMANENT         | No Auth Required       |   |  |                      |
| C1892 | INTRDUCR/SHEATH EP CURVE PEEL-AWAY  | INTRDUCR/SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY  | No Auth Required       |   |  |                      |
| C1893 | INTRDUCR/SHEATH EP CURVE NOT PEEL   | INTRDUCR/SHEATH INTRCARD EP CURVE NOT PEEL-AWAY  | No Auth Required       |   |  |                      |
| C1894 | INTRDUCR/SHEATH NOT GUID NON-LASR   | INTRDUCR/SHEATH NOT GUID INTRCARD EP NON-LASR    | No Auth Required       |   |  |                      |
| C1895 | LEAD CARDIOVRT-DFIB ENDOCARD DUL    | LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL      | No Auth Required       |   |  |                      |
| C1896 | LEAD CARDIOVRT-DFIB NOT ENDOCARD    | LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL 1/DUL COIL   | No Auth Required       |   |  |                      |
| C1897 | LEAD NEUROSTIMULATOR TEST KIT       | LEAD NEUROSTIMULATOR TEST KIT                    | No Auth Required       |   |  |                      |
| C1898 | LEAD PACEMKR NOT TRNS VDD 1 PASS    | LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS       | No Auth Required       |   |  |                      |
| C1899 | LEAD PACEMKR/CARDIOVERT-DEFIB COMB  | LEAD PACEMAKER/CARDIOVERT-DEFIB COMBINATION      | No Auth Required       |   |  |                      |
| C1900 | LEAD LT VENTRICULAR CORON VENUS SYS | LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM     | No Auth Required       |   |  |                      |
| C1982 | CATH PRES GEN O/W VALV INTRMIT OCCL | CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL   | No Auth Required       |   |  |                      |
| C2596 | PROBE IMAG GUID ROBOTC WATERJET ABL | PROBE IMAGE GUIDED ROBOTIC WATERJET ABLATION     | No Auth Required       |   |  |                      |
| C2613 | LUNG BIOPSY PLUG WITH DELIVERY SYST | LUNG BIOPSY PLUG WITH DELIVERY SYSTEM            | No Auth Required       |   |  |                      |

|       |                                     |  |                        |                                  |  |  |
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| C2614 | PROBE PERCUT LUMBAR DISCECTOMY      | PROBE PERCUTANEOUS LUMBAR DISCECTOMY             | No Auth Required       |                                  |  |  |
| C2615 | SEALANT PULMONARY LIQUID            | SEALANT PULMONARY LIQUID                         | No Auth Required       |                                  |  |  |
| C2616 | BRACHYTX NONSTRAND YTTRIUM-90 SRC   | BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE  | No Auth Required       |                                  |  |  |
| C2617 | STENT NON-COR TEMP W/O DELIV SYSTEM | STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM  | No Auth Required       |                                  |  |  |
| C2618 | PROBE/NEEDLE CRYOABLATION           | PROBE/NEEDLE CRYOABLATION                        | No Auth Required       |                                  |  |  |
| C2619 | PACEMKR DUL CHAMB NON RATE-RESPONS  | PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE       | No Auth Required       |                                  |  |  |
| C2620 | PACEMKR 1 CHAMB NON RATE-RESPONSIVE | PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE     | No Auth Required       |                                  |  |  |
| C2621 | PACEMKR OTH THAN SINGLE/DUAL CHAMB  | PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER      | No Auth Required       |                                  |  |  |
| C2622 | PROSTHESIS PENILE NON-INFLATABLE    | PROSTHESIS PENILE NON-INFLATABLE                 | No Auth Required       |                                  |  |  |
| C2623 | CATHETER TA DRUG-COATED NON-LASER   | CATHETER TRNSLUM ANGPLASTY DRUG-COATED NON-LASER | No Auth Required       |                                  |  |  |
| C2624 | IMPL WL PULM ART PRSS SNSR DEL CATH | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH  | No Auth Required       |                                  |  |  |
| C2625 | STENT NON-COR TEMP W/DELIV SYSTEM   | STENT NON-CORONARY TEMPORARY W/DELIVERY SYSTEM   | No Auth Required       |                                  |  |  |
| C2626 | INFUS PUMP NON-PROGMMABLE TEMPORARY | INFUSION PUMP NON-PROGRAMMABLE TEMPORARY         | No Auth Required       |                                  |  |  |
| C2627 | CATHETER SUPRAPUBIC/CYSTOSCOPIC     | CATHETER SUPRAPUBIC/CYSTOSCOPIC                  | No Auth Required       |                                  |  |  |
| C2628 | CATHETER OCCLUSION                  | CATHETER OCCLUSION                               | No Auth Required       |                                  |  |  |
| C2629 | INTRDCR/SHTH NOT GUID NO IC EEG LSR | INTRDUCR/SHTH OTH THAN GUID OTH THAN IC EEG LASR | No Auth Required       |                                  |  |  |
| C2630 | CATH EP DX/ABLAT NOT MAP COOL-TIP   | CATH EP DX/ABLAT NOT 3D/VECTOR MAP COOL-TIP      | No Auth Required       |                                  |  |  |
| C2631 | REPR DEVC URIN INCONT W/O SLING GFT | REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT | No Auth Required       |                                  |  |  |
| C2634 | BRACHYTX NONSTRAND I-125 >1.01 MCI  | BRACHYTX NONSTRAND IODINE-125 >1.01 MCI PER SRC  | No Auth Required       |                                  |  |  |
| C2635 | BRACHYTX NONSTRAND PD-103 >2.2 MCI  | BRACHYTX NONSTRND PALLADIUM-103 >2.2 MCI PER SRC | No Auth Required       |                                  |  |  |
| C2636 | BRACHYTX LIN NONSTRAND PD-103 1 MM  | BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM | No Auth Required       |                                  |  |  |
| C2637 | BRACHYTX NONSTRAND YTTERBIUM-169    | BRACHYTX NONSTRANDED YTTERBIUM 169 PER SOURCE    | No Auth Required       |                                  |  |  |
| C2638 | BRACHYTX STRANDED IODINE-125 SOURCE | BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE     | No Auth Required       |                                  |  |  |
| C2639 | BRACHYTX NONSTRAND IODINE-125 SRC   | BRACHYTHERAPY NONSTRANDED IODINE-125 PER SOURCE  | No Auth Required       |                                  |  |  |
| C2640 | BRACHYTX STRANDED PALLADIUM-103 SRC | BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE  | No Auth Required       |                                  |  |  |
| C2641 | BRACHYTX NONSTRND PALLADIUM-103 SRC | BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC  | No Auth Required       |                                  |  |  |
| C2642 | BRACHYTX STRANDED CESIUM-131 SRC    | BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE     | No Auth Required       |                                  |  |  |
| C2643 | BRACHYTX NONSTRANDED CESIUM-131 SRC | BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE  | No Auth Required       |                                  |  |  |
| C2644 | BT SRC CESIUM-131 CHLOR SOL PER MCI | BRACHYTHERAPY SRC CESIUM-131 CHLORID SOL PER MCI | No Auth Required       |                                  |  |  |
| C2645 | BRT PLANAR SOURCE PD-103 PER SQ ML  | BRACHYTHERAPY PLANAR SRC PALLADIUM-103 PER SQ ML | No Auth Required       |                                  |  |  |
| C2698 | BRACHYTX STRANDED NOS PER SOURCE    | BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE     | No Auth Required       |                                  |  |  |
| C2699 | BRACHYTX NONSTRANDED NOS PER SOURCE | BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE  | No Auth Required       |                                  |  |  |
| C5271 | APPL SG T-A-L 100 CM;1ST 25 CM/<    | APPL SKN GRFT TRUNK ARM LEG 100 CM; 1ST 25 CM/<  | No Auth Required       |                                  |  |  |
| C5272 | APPL SG T-A-L 100 CM;EA ADD 25 CM   | APPL SG TRNK ARMS LEGS AREA 100 CM; EA ADD 25 CM | No Auth Required       |                                  |  |  |
| C5273 | APPL SG T-A-L >=100 CM;1ST 100 CM   | APPL SG TRUNK ARM LEG AREA >=100 CM;1ST 100 CM   | No Auth Required       |                                  |  |  |
| C5274 | APP SG T-A-L >=100 CM;EA ADD 100 CM | APPL SG TRNK ARM LEG AREA >=100 CM;EA ADD 100 CM | No Auth Required       |                                  |  |  |
| C5275 | APP SG F-N-HF-G 100 CM;1ST 25 CM/<  | APPL SG F-S-N-H-F-G-M-D A TO 100 CM; 1ST 25 CM/< | No Auth Required       |                                  |  |  |
| C5276 | APP SG F-S-N-HF-G 100 CM;EA A 25 CM | APPL SG F-S-N-H-F-G-M-D A TO 100 CM;EA ADD 25 CM | No Auth Required       |                                  |  |  |
| C5277 | APP SG F/N/HF/G >=100;1ST 100/1% CH | APP SG F/N/HF/G A >=100 CM;1ST 100 CM/1% A CHLD  | No Auth Required       |                                  |  |  |
| C5278 | APP SG F/N/HF/G >=100;ADD 100/1% CH | APP SG F/N/HF/G A >=100 CM;EA ADD 100 CM/1% CHL  | No Auth Required       |                                  |  |  |
| C8900 | MR ANGIOGRAPHY W/CONTRAST ABDOMEN   | MR ANGIOGRAPHY WITH CONTRAST ABDOMEN             | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| C8901 | MR ANGIOGRAPHY WITHOUT CONTRST ABD  | MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN          | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| C8902 | MR ANGIO W/O CONTRST W/CONTRST ABD  | MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |
| C8903 | MR IMAGING W/CONTRAST BREAST; UNI   | MR IMAGING WITH CONTRAST BREAST; UNILATERAL      | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| C8905 | MR NO CONTRST FLW W/CNTRST BRST;UNI | MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| C8906 | MR IMAGING W/CONTRST BREAST; BIL    | MR IMAGING WITH CONTRAST BREAST; BILATERAL       | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| C8908 | MR NO CONTRST FLW CNTRST BRST; BIL  | MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL    | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST  | MR ANGIOGRAPHY WITH CONTRAST CHEST               | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |
| C8910 | MR ANGIO WITHOUT CONTRST CHEST      | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST            | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review   |

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| C8911 | MR ANGIO NO CONTRST FLW CNTRST CHST | MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8912 | MR ANGIO W/CONTRST LOWER EXTREMITY  | MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8913 | MR ANGIO WITHOUT CONTRST LOW EXTREM | MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8914 | MR ANGIO NO CNTRST FLW CON LW EXTRM | MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8918 | MR ANGIOGRAPHY WITH CONTRAST PELVIS | MR ANGIOGRAPHY WITH CONTRAST PELVIS              | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8919 | MRA WITHOUT CONTRAST PELVIS         | MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS           | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8920 | MRA NO CONTRST FLWED W/CONTRST PELV | MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8921 | TTE CONG CARDIAC ANOMAL; COMPLETE   | TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE   | No Auth Required       |                                  |  |                      |  |
| C8922 | TTE CONG CARDIAC ANOMAL; LIMITED    | TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD | No Auth Required       |                                  |  |                      |  |
| C8923 | TTE R-T DOC 2D INCL M-MODE REC CMPL | TTE FLW W/CNTRST R-T DOC 2D INCL M-MODE REC CMPL | No Auth Required       |                                  |  |                      |  |
| C8924 | TTE R-T 2D INCL M-MODE REC FU/LTD   | TTE FLW W/CNTRST R-T 2D INCL M-MODE REC FU/LTD   | No Auth Required       |                                  |  |                      |  |
| C8925 | TEE REAL TIME 2D; PROBE PLCMT I&R   | TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R  | No Auth Required       |                                  |  |                      |  |
| C8926 | TEE CONG CARDIAC ANOMAL; PROBE I&R  | TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R   | No Auth Required       |                                  |  |                      |  |
| C8927 | TEE MON ASSESS CARDIAC PUMP FUNCT   | TEE ASSESS CARD PUMP FUNCT&TX MSR IMMED TM BASIS | No Auth Required       |                                  |  |                      |  |
| C8928 | TTE M-MODE REC REST & CV ST W/I&R   | TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R  | No Auth Required       |                                  |  |                      |  |
| C8929 | TTE CMPL SPC & COLR FLOW DPPLR ECHO | TTE CMPL SPEC DOPPLER & COLOR FLOW DOPPLER ECHO  | No Auth Required       |                                  |  |                      |  |
| C8930 | TTE CMPL DUR REST&CVST I&R PHYS SUP | TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP        | No Auth Required       |                                  |  |                      |  |
| C8931 | MRA W/CONTRST SPINAL CANAL CONTENTS | MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8932 | MRA W/O CONTRST SP CANAL CONTENTS   | MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8933 | MRA NO CONTRST CONTRST SP CANAL CNT | MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8934 | MRA WITH CONTRAST UPPER EXTREMITY   | MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY     | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8935 | MRA WITHOUT CONTRST UPPER EXTREMITY | MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY  | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8936 | MRA NO CONTRST FLW W/CONTRST UP EXT | MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT   | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8937 | CAD INCL CMP ALG ANALYS BRST MRI ID | CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA | Authorization Required | Radiology - diagnostic radiology |  | Full Clinical Review |  |
| C8957 | IV INFUS TX/DX;INIT PROLNG RQR PUMP | IV INFUS TX/DX; INIT PROLNG RQR PORT/IMPL PUMP   | No Auth Required       |                                  |  |                      |  |
| C9035 | INJECT ARIPIPRAZOLE LAUROXIL 1 MG   | INJECTION ARIPIPRAZOLE LAUROXIL 1 MG             | No Auth Required       |                                  |  |                      |  |
| C9036 | INJECTION PATISIRAN 0.1 MG          | INJECTION PATISIRAN 0.1 MG                       | No Auth Required       |                                  |  |                      |  |
| C9037 | INJECTION RISPERIDONE 0.5 MG        | INJECTION RISPERIDONE 0.5 MG                     | No Auth Required       |                                  |  |                      |  |
| C9038 | INJECTION MOGAMULIZUMAB-KPKC 1 MG   | INJECTION MOGAMULIZUMAB-KPKC 1 MG                | No Auth Required       |                                  |  |                      |  |
| C9039 | INJECTION PLAZOMICIN 5 MG           | INJECTION PLAZOMICIN 5 MG                        | No Auth Required       |                                  |  |                      |  |
| C9040 | INJECTION FREMANEZUMAB-VFRM 1 MG    | INJECTION FREMANEZUMAB-VFRM 1 MG                 | Authorization Required |                                  |  | Full Clinical Review |  |
| C9042 | INJECTION BENDAMUSTINE HCL 1 MG     | INJECTION BENDAMUSTINE HCL 1 MG                  | Authorization Required |                                  |  | Full Clinical Review |  |
| C9044 | INJECTION CEMIPILIMAB-RWLC 1 MG     | INJECTION CEMIPILIMAB-RWLC 1 MG                  | Authorization Required |                                  |  | Full Clinical Review |  |
| C9045 | INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG     | Authorization Required |                                  |  | Full Clinical Review |  |
| C9046 | COCAINE HCI NASAL SOL TOP ADMN 1 MG | COCAINE HYDROCHLORIDE NASAL SOL TOP ADMN 1 MG    | Authorization Required |                                  |  | Full Clinical Review |  |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG    | INJECTION CAPLACIZUMAB-YHDP 1 MG                 | Authorization Required |                                  |  | Full Clinical Review |  |
| C9048 | DEXAMETHASONE LAC OPHTH INSR 0.1 MG | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG  | Authorization Required |                                  |  | Full Clinical Review |  |
| C9049 | INJECTION TAGRAXOFUSP-ERZS 10 MCG   | INJECTION TAGRAXOFUSP-ERZS 10 MCG                | Authorization Required |                                  |  | Full Clinical Review |  |
| C9050 | INJECTION EMAPALUMAB-LZSG 1 MG      | INJECTION EMAPALUMAB-LZSG 1 MG                   | Authorization Required |                                  |  | Full Clinical Review |  |
| C9051 | INJECTION OMADACYCLINE 1 MG         | INJECTION OMADACYCLINE 1 MG                      | Authorization Required |                                  |  | Full Clinical Review |  |
| C9052 | INJECTION RAVULIZUMAB-CWVZ 10 MG    | INJECTION RAVULIZUMAB-CWVZ 10 MG                 | Authorization Required |                                  |  | Full Clinical Review |  |
| C9054 | INJECTION LEFAMULIN XENLETA 1 MG    | INJECTION LEFAMULIN XENLETA 1 MG                 | No Auth Required       |                                  |  |                      |  |
| C9055 | INJECTION BREXANOLONE 1 MG          | INJECTION BREXANOLONE 1 MG                       | Authorization Required |                                  |  | Full Clinical Review |  |
| C9113 | INJECTION PANTOPRAZOLE SODIUM-VIAL  | INJECTION PANTOPRAZOLE SODIUM PER VIAL           | No Auth Required       |                                  |  |                      |  |
| C9132 | PRT CC KCENTRA PER I.U. FCT IX ACTV | PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV  | No Auth Required       |                                  |  |                      |  |
| C9141 | INJ FACTOR VIII PEGYLATED-AUCL 1 IU | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU        | Authorization Required |                                  |  | Full Clinical Review |  |
| C9248 | INJECTION CLEVIDIPINE BUTYRATE 1 MG | INJECTION CLEVIDIPINE BUTYRATE 1 MG              | No Auth Required       |                                  |  |                      |  |
| C9250 | HUMAN PLASMA FIBRIN SEALANT 2ML     | HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML  | No Auth Required       |                                  |  |                      |  |
| C9254 | INJECTION LACOSAMIDE 1 MG           | INJECTION LACOSAMIDE 1 MG                        | No Auth Required       |                                  |  |                      |  |
| C9257 | INJECTION BEVACIZUMAB 0.25 MG       | INJECTION BEVACIZUMAB 0.25 MG                    | No Auth Required       |                                  |  |                      |  |
| C9285 | LIDO 70 MG/TETRACAINE 70 MG PATCH   | LIDOCAINE 70 MG/TETRACAINE 70 MG PER PATCH       | No Auth Required       |                                  |  |                      |  |
| C9290 | INJECTION BUPIVACAINE LIPOSOME 1 MG | INJECTION BUPIVACAINE LIPOSOME 1 MG              | No Auth Required       |                                  |  |                      |  |
| C9293 | INJECTION GLUCARPIDASE 10 UNITS     | INJECTION GLUCARPIDASE 10 UNITS                  | No Auth Required       |                                  |  |                      |  |
| C9352 | MICROPOROUS COLL IMPLANTBLE TUBE CM | MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN | No Auth Required       |                                  |  |                      |  |
| C9353 | MICROPOROUS COLL IMPL SLIT TUBE CM  | MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM    | No Auth Required       |                                  |  |                      |  |

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| C9354 | ACCELLULR PERICARDIAL TISS NH SQ CM  | ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM  | No Auth Required       |                                  |  |                      |                             |
| C9355 | COLLAGEN NERVE CUFF 0.5 CM LENGTH    | COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH     | No Auth Required       |                                  |  |                      |                             |
| C9356 | TENDON MATRIX COLLAGEN & GAG SQ CM   | TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM     | No Auth Required       |                                  |  |                      |                             |
| C9358 | DERM SUB NATV FET BOV PER 0.5 SQ CM  | DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM  | No Auth Required       |                                  |  |                      |                             |
| C9359 | POROUS COLL BN FILLER PUTTY 0.5 CC   | POROUS COLL MATRIX BONE FILLER PUTTY PER 0.5 CC   | No Auth Required       |                                  |  |                      |                             |
| C9360 | DERM SUBST NEONAT BOV ORIG 0.5 CM    | DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM   | No Auth Required       |                                  |  |                      |                             |
| C9361 | COLL MATRIX NRV WRAP PER 0.5 CM LEN  | COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH      | No Auth Required       |                                  |  |                      |                             |
| C9362 | POROUS COLL BN FILLER STRIP 0.5 CC   | POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC   | No Auth Required       |                                  |  |                      |                             |
| C9363 | SKIN SUB INTEGRA BILAYER PER SQ CM   | SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM  | No Auth Required       |                                  |  |                      |                             |
| C9364 | PORCINE IMPLANT PERMACOL PER SQ CM   | PORCINE IMPLANT PERMACOL PER SQUARE CM            | No Auth Required       |                                  |  |                      |                             |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS    | UNCLASSIFIED DRUGS OR BIOLOGICALS                 | Authorization Required | Drug Administration              |  | Full Clinical Review | Always processed by medical |
| C9447 | INJ PHENYLEPHRINE & KET 4 ML VIAL    | INJECTION PHENYLEPHRINE AND KETOROLAC 4 ML VIAL   | No Auth Required       |                                  |  |                      |                             |
| C9460 | INJECTION CANGRELOR 1 MG             | INJECTION CANGRELOR 1 MG                          | No Auth Required       |                                  |  |                      |                             |
| C9462 | INJECTION DELAFLOXACIN 1 MG          | INJECTION DELAFLOXACIN 1 MG                       | No Auth Required       |                                  |  |                      |                             |
| C9482 | INJECTION SOTALOL HYDROCHLORID 1 MG  | INJECTION SOTALOL HYDROCHLORIDE 1 MG              | No Auth Required       |                                  |  |                      |                             |
| C9488 | INJ CONIVAPTAN HYDROCHLORIDE 1 MG    | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG           | Authorization Required | Drug Administration              |  | Full Clinical Review |                             |
| C9600 | PERQ TRNSCATH PLCMT; 1 MAJ CA/BR     | PC TRNSCTH PLCMT RX ELUT IC STENTS; 1 MAJ CA/BR   | No Auth Required       |                                  |  |                      |                             |
| C9601 | PC TRNSCATH PLCMT; EA ADD BR MAJ CA  | PC TRNSCTH PLCMT RX-ELUT IC STNT;EA ADD BR MCA    | No Auth Required       |                                  |  |                      |                             |
| C9602 | PERQ TL CORONARY ATHERECT; 1 MCA/BR  | PC TL COR ATHERECT W/RX ELUT IC STENT; 1 MCA/BR   | No Auth Required       |                                  |  |                      |                             |
| C9603 | PERQ TL COR ATHERECT;EA ADD BR MCA   | PERQ TL COR ATHERECT; EA ADD BR MAJ CORONARY ART  | No Auth Required       |                                  |  |                      |                             |
| C9604 | PERQ TL REVISION OF/THRU CABG;1 VES  | PC TL REV OF/THRU CABG COMB DE IC STNT; 1 VES     | No Auth Required       |                                  |  |                      |                             |
| C9605 | PERQ TL REV OF/THRU CABG;EA ADD BR   | PC TL REV OF/THRU CABG; EA ADD BR SUBTEND BP GFT  | No Auth Required       |                                  |  |                      |                             |
| C9606 | PC TL REV AC TOT/SUBTOT OCCL 1 VES   | PERQ TL REV AC TOTAL/SUBTOTAL OCCLUSION 1 VES     | No Auth Required       |                                  |  |                      |                             |
| C9607 | PERQ TL REV CHRN TOT OCCL; 1 VESSEL  | PC TL REV CHRN TOT OCCL CA CA BR/CABG; 1 VES      | No Auth Required       |                                  |  |                      |                             |
| C9608 | PC TL REV CHRN TOT OCCL; EA ADD BR   | PC TL REV CHRN TOT OCCL; EA ADD CA BR/BP GFT      | No Auth Required       |                                  |  |                      |                             |
| C9725 | PLCMT ENDORECTAL APPLIC BRACHYTX     | PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX  | No Auth Required       |                                  |  |                      |                             |
| C9726 | PLCMT&REMV AA BR IORT ADD-ON BR PRO  | PLCMT & REMV AA INTO BRST IORT ADD-ON BRST PROC   | No Auth Required       |                                  |  |                      |                             |
| C9727 | INSRT IMPL SOFT PALATE; MIN 3 IMPL   | INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL     | Authorization Required | Surgery of respiratory system    |  | Full Clinical Review |                             |
| C9728 | PLCMT INTERSTIT DEV NOT ABD PROS RP  | PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR  | No Auth Required       |                                  |  |                      |                             |
| C9733 | NONOPHTHALMIC FLUOR VASCULAR ANGIO   | NONOPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY    | No Auth Required       |                                  |  |                      |                             |
| C9734 | FOCUSED U/S ABL/TX INT OTH THAN UL   | FOCUSED U/S ABL/TX INT OTH THAN UT LEIOMYOMATA    | Authorization Required | Surgery of female genital system |  | Full Clinical Review |                             |
| C9739 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3  | CYSTURETHRSCTY INSRT TRNSPROSTAT IMPL; 1-3 IMPL   | No Auth Required       |                                  |  |                      |                             |
| C9740 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>  | CYSTURETHRSCTY INSRT TRNSPROSTAT IMPL; 4/> IMPL   | No Auth Required       |                                  |  |                      |                             |
| C9745 | NASAL ENDO SURG; BALLN DILAT EUST T  | NASAL ENDO SURG; BALLOON DILAT EUSTACHIAN TUBE    | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9746 | TRNSPRNL IMPL PRM ADJ BALLN CNT DVC  | TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE     | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9747 | ABLATION PROS TR HIFU INCL I GUID    | ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID    | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9749 | REPAIR NAS VEST LAT WALL STEN IMPL   | REPAIR NASAL VEST LATERAL WALL STEN W/IMPLANT     | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9751 | BRONCH RIGID/FLEX TRANSBRON ABL LES  | BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION  | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9752 | DESTRC IO BASIVA N 1ST 2 VERT B L/S  | DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB/SAC  | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9753 | DSTRC IO BASIVA N EA ADD VA BDY L/S  | DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L/S   | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9756 | IO NIR FLUOR LM OF LYM W/ADMIN ICG   | INTRAOPERATIVE NIR FLUOR LM OF LYM W/ADMIN ICG    | Authorization Required |                                  |  | Full Clinical Review |                             |
| C9757 | LAMINOTOMY DECOMP NRV RT;1 ISP LUMB  | LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB   | Authorization Required |                                  |  | Full Clinical Review |                             |
| C9758 | BI PRC NYHA 3/4 HF;TRNSCTH I IAS/PC  | BI PROC NYHA CL III/IV HF;TRNSCATH IMPL IAS/PC    | Authorization Required | Surgery                          |  | Full Clinical Review |                             |
| C9762 | CMRI MRPHOL&FNC Q SEG DYSF;STR IMAG  | CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRAIN IMAG  | No Auth Required       |                                  |  |                      |                             |
| C9763 | CMRI MRPHOL&FNC Q SEG DYSF;STS IMAG  | CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRESS IMAG  | No Auth Required       |                                  |  |                      |                             |
| C9898 | RADIOLABELED PROD PROV HOS IP STAY   | RADIOLABELED PROD PROV DURING A HOSPITAL IP STAY  | No Auth Required       |                                  |  |                      |                             |
| C9899 | IMPL PROS DEVC PAYBL IP NO IP COV    | IMPL PROS DEVC PAYBLE IP WHO DO NOT HAVE IP COV   | No Auth Required       |                                  |  |                      |                             |
| E0100 | CANE ALL MATL ADJUSTBLE/FIXED W/TIP  | CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP  | No Auth Required       |                                  |  |                      |                             |
| E0105 | CANE QUAD/3-PRONG ALL MATL W/TIPS    | CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS    | No Auth Required       |                                  |  |                      |                             |
| E0110 | CRTCHS FORARM VARIOUS MATL PAIR      | CRTCHS FORARM VARIOUS MATL PAIR W/TIPS&HNDGRIPS   | No Auth Required       |                                  |  |                      |                             |
| E0111 | CRTCH FORARM VARIOUS MATL EA         | CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP        | No Auth Required       |                                  |  |                      |                             |
| E0112 | CRTCHS UNDARM WOOD PAIR ADJUSTBL/FIX | CRTCHES UNDARM WOOD PAIR W/PADS TIPS&HNDGRIPS     | No Auth Required       |                                  |  |                      |                             |
| E0113 | CRTCH UNDARM WOOD EA ADJUSTBL/FIX    | CRTCH UNDARM WOOD EA ADJUSTBL/FIX PAD TIP&HNDGRIP | No Auth Required       |                                  |  |                      |                             |

|       |                                     |   |                  |  |  |  |  |
|-------|-------------------------------------|---|------------------|--|--|--|--|
| E0114 | CRTCHES UNDARM OTH THAN WOOD PAIR   | CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP  | No Auth Required |  |  |  |  |
| E0116 | CRTCH UNDARM OTH THAN WOOD ADJ/FIX  | CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP  | No Auth Required |  |  |  |  |
| E0117 | CRTCH UNDERARM ARTIC SPRNG ASSTD EA | CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA   | No Auth Required |  |  |  |  |
| E0118 | CRUTCH SUBSTITUTE LW LEG PLATFORM   | CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA    | No Auth Required |  |  |  |  |
| E0130 | WALKER RIGID ADJUSTBLE/FIXED HEIGHT | WALKER RIGID ADJUSTABLE OR FIXED HEIGHT           | No Auth Required |  |  |  |  |
| E0135 | WALKER FOLDING ADJUSTBLE/FIX HEIGHT | WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT         | No Auth Required |  |  |  |  |
| E0140 | WALK W/TRNK SUPP ADJUSTBL/FIX HT    | WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE  | No Auth Required |  |  |  |  |
| E0141 | WALKER RIGID WHEELD ADJUSTBL/FIX HT | WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT   | No Auth Required |  |  |  |  |
| E0143 | WALKER FOLD WHEELED ADJUSTBL/FIX HT | WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT    | No Auth Required |  |  |  |  |
| E0144 | WALKER ENCLOS 4 SIDE WHL POST SEAT  | WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT  | No Auth Required |  |  |  |  |
| E0147 | WALKR HEVY DUTY MX BRAKE VARIBL WHL | WALKER HEAVY DUTY MX BRAKE SYS VARIABLE WHL RSIST | No Auth Required |  |  |  |  |
| E0148 | WALK HEVY DUTY NO WHLS RIGD/FOLD EA | WALK HEAVY DUTY W/O WHLS RIGID/FOLD ANY TYPE EA   | No Auth Required |  |  |  |  |
| E0149 | WALKER HEVY DUTY WHEELD ANY TYPE EA | WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA  | No Auth Required |  |  |  |  |
| E0153 | PLATFORM ATTCH FOREARM CRUTCH EA    | PLATFORM ATTACHMENT FOREARM CRUTCH EACH           | No Auth Required |  |  |  |  |
| E0154 | PLATFORM ATTACHMENT WALKER EACH     | PLATFORM ATTACHMENT WALKER EACH                   | No Auth Required |  |  |  |  |
| E0155 | WHL ATTCH PCK-UP WLK- PER PAIR SEAT | WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK  | No Auth Required |  |  |  |  |
| E0156 | SEAT ATTACHMENT WALKER              | SEAT ATTACHMENT WALKER                            | No Auth Required |  |  |  |  |
| E0157 | CRUTCH ATTACHMENT WALKER EACH       | CRUTCH ATTACHMENT WALKER EACH                     | No Auth Required |  |  |  |  |
| E0158 | LEG EXTENSIONS WALKER PER SET FOUR  | LEG EXTENSIONS FOR WALKER PER SET OF FOUR         | No Auth Required |  |  |  |  |
| E0159 | BRAKE ATTCH WHEELED WALK REPLCMT EA | BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH  | No Auth Required |  |  |  |  |
| E0160 | SITZ BATH/EQP PRTBLE W/WO COMMODE   | SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE       | No Auth Required |  |  |  |  |
| E0161 | SITZ BATH/EQP PRTBLE USED W/FAUCET  | SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS    | No Auth Required |  |  |  |  |
| E0162 | SITZ BATH CHAIR                     | SITZ BATH CHAIR                                   | No Auth Required |  |  |  |  |
| E0163 | COMMODE CHAIR WITH FIXED ARMS       | COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS   | No Auth Required |  |  |  |  |
| E0165 | COMMODE CHAIR WITH DETACHABLE ARMS  | COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS  | No Auth Required |  |  |  |  |
| E0167 | PAIL/PAN USE W/COMMODE CHAIR REPL   | PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY  | No Auth Required |  |  |  |  |
| E0168 | COMMODE CHAIR XTRA WIDE&/HEVY DUTY  | COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  | No Auth Required |  |  |  |  |
| E0170 | COMMODE CHAIR SEAT LIFT MECH ELEC   | COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE  | No Auth Required |  |  |  |  |
| E0171 | COMMODE CHAIR SEAT LIFT MCH NONELEC | COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY    | No Auth Required |  |  |  |  |
| E0175 | FOOT REST USE W/COMMODE CHAIR EACH  | FOOT REST FOR USE WITH COMMODE CHAIR EACH         | No Auth Required |  |  |  |  |
| E0181 | PWR PRESS RED MATTRESS PAD W/PUMP   | PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP    | No Auth Required |  |  |  |  |
| E0182 | PUMP ALTERNATING PRESSURE PAD REPL  | PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY    | No Auth Required |  |  |  |  |
| E0184 | DRY PRESSURE MATTRESS               | DRY PRESSURE MATTRESS                             | No Auth Required |  |  |  |  |
| E0185 | GEL/GEL-LIKE PRSS PAD MATTRSS STD   | GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH        | No Auth Required |  |  |  |  |
| E0186 | AIR PRESSURE MATTRESS               | AIR PRESSURE MATTRESS                             | No Auth Required |  |  |  |  |
| E0187 | WATER PRESSURE MATTRESS             | WATER PRESSURE MATTRESS                           | No Auth Required |  |  |  |  |
| E0188 | SYNTHETIC SHEEPSKIN PAD             | SYNTHETIC SHEEPSKIN PAD                           | No Auth Required |  |  |  |  |
| E0189 | LAMBSWOOL SHEEPSKIN PAD ANY SIZE    | LAMBSWOOL SHEEPSKIN PAD ANY SIZE                  | No Auth Required |  |  |  |  |
| E0190 | PSTN CUSH/PILLOW/EDGE ALL COMPONENT | POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT  | No Auth Required |  |  |  |  |
| E0191 | HEEL OR ELBOW PROTECTOR EACH        | HEEL OR ELBOW PROTECTOR EACH                      | No Auth Required |  |  |  |  |
| E0193 | POWERED AIR FLOTATION BED           | POWERED AIR FLOTATION BED                         | No Auth Required |  |  |  |  |
| E0194 | AIR FLUIDIZED BED                   | AIR FLUIDIZED BED                                 | No Auth Required |  |  |  |  |
| E0196 | GEL PRESSURE MATTRESS               | GEL PRESSURE MATTRESS                             | No Auth Required |  |  |  |  |
| E0197 | AIR PRSS PAD MATTRSS STD LEN&WDTH   | AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH    | No Auth Required |  |  |  |  |
| E0198 | WATR PRSS PAD MATTRSS STD LEN&WDTH  | WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH  | No Auth Required |  |  |  |  |
| E0199 | DRY PRSS PAD MATTRSS STD LEN&WDTH   | DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH    | No Auth Required |  |  |  |  |
| E0200 | HEAT LAMP W/O STAND W/INFRARD ELEM  | HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT    | No Auth Required |  |  |  |  |
| E0202 | PHOTOTHERAPY LIGHT WITH PHOTOMETER  | PHOTOTHERAPY LIGHT WITH PHOTOMETER                | No Auth Required |  |  |  |  |
| E0205 | HEAT LAMP W/STAND W/INFRARD ELEM    | HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT  | No Auth Required |  |  |  |  |
| E0210 | ELECTRIC HEAT PAD STANDARD          | ELECTRIC HEAT PAD STANDARD                        | No Auth Required |  |  |  |  |
| E0215 | ELECTRIC HEAT PAD MOIST             | ELECTRIC HEAT PAD MOIST                           | No Auth Required |  |  |  |  |
| E0217 | WATER CIRCULATING HEAT PAD W/PUMP   | WATER CIRCULATING HEAT PAD WITH PUMP              | No Auth Required |  |  |  |  |
| E0218 | FLUID CIRC COLD PAD W/PUMP ANY TYPE | FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE     | No Auth Required |  |  |  |  |
| E0221 | INFRARED HEATING PAD SYSTEM         | INFRARED HEATING PAD SYSTEM                       | No Auth Required |  |  |  |  |
| E0225 | HYDROCOLLATOR UNIT INCLUDES PADS    | HYDROCOLLATOR UNIT INCLUDES PADS                  | No Auth Required |  |  |  |  |
| E0235 | PARAFFIN BATH UNIT PORTABLE         | PARAFFIN BATH UNIT PORTABLE                       | No Auth Required |  |  |  |  |
| E0236 | PUMP FOR WATER CIRCULATING PAD      | PUMP FOR WATER CIRCULATING PAD                    | No Auth Required |  |  |  |  |
| E0239 | HYDROCOLLATOR UNIT PORTABLE         | HYDROCOLLATOR UNIT PORTABLE                       | No Auth Required |  |  |  |  |

|       |   |  |                        |     |  |                      |
|-------|---|--|------------------------|-----|--|----------------------|
| E0246 | TRANSFER TUB RAIL ATTACHMENT                        | TRANSFER TUB RAIL ATTACHMENT                     | No Auth Required       |     |  |                      |
| E0247 | TRNSF BENCH TUB/TOILET W/WO COMMODE                 | TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING   | No Auth Required       |     |  |                      |
| E0248 | TRNSF BENCH HEVY DUTY TUB/TOILET                    | TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP | No Auth Required       |     |  |                      |
| E0249 | PAD H2O CIRC HEAT UNIT REPLCMT ONLY                 | PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY | No Auth Required       |     |  |                      |
| E0250 | HOS BED FIX HT W/RAIL W/MATRSS                      | HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATRSS   | No Auth Required       |     |  |                      |
| E0251 | HOS BED FIX HT W/RAIL W/O MATRSS                    | HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATRSS  | No Auth Required       |     |  |                      |
| E0255 | HOS BED VARIBL HT W/RAIL W/MATRSS                   | HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATRSS  | No Auth Required       |     |  |                      |
| E0256 | HOS BED VARIBL HT W/RAIL NO MATRSS                  | HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATRSS  | No Auth Required       |     |  |                      |
| E0260 | HOS BED SEMI-ELEC W/RAIL W/MATRSS                   | HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATRSS  | Authorization Required | DME |  | Full Clinical Review |
| E0261 | HOS BED SEMI-ELEC W/RAIL NO MATRSS                  | HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATRSS  | Authorization Required | DME |  | Full Clinical Review |
| E0271 | MATTRESS INNER SPRING                               | MATTRESS INNER SPRING                            | No Auth Required       |     |  |                      |
| E0272 | MATTRESS FOAM RUBBER                                | MATTRESS FOAM RUBBER                             | No Auth Required       |     |  |                      |
| E0275 | BED PAN STANDARD METAL OR PLASTIC                   | BED PAN STANDARD METAL OR PLASTIC                | No Auth Required       |     |  |                      |
| E0276 | BED PAN FRACTURE METAL OR PLASTIC                   | BED PAN FRACTURE METAL OR PLASTIC                | No Auth Required       |     |  |                      |
| E0277 | POWER PRESSURE-REDUCING AIR MATRSS                  | POWERED PRESSURE-REDUCING AIR MATRRESS           | No Auth Required       |     |  |                      |
| E0280 | BED CRADLE ANY TYPE                                 | BED CRADLE ANY TYPE                              | No Auth Required       |     |  |                      |
| E0290 | HOS BED FIX HT W/O RAIL W/MATRSS                    | HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATRSS  | No Auth Required       |     |  |                      |
| E0291 | HOS BED FIX HT W/O RAIL W/O MATRSS                  | HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATRSS    | No Auth Required       |     |  |                      |
| E0292 | HOS BED VARIBL HT NO RAIL W/MATRSS                  | HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATRSS  | No Auth Required       |     |  |                      |
| E0293 | HOS BED VARIBL HT W/O RAIL/MATRSS                   | HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATRSS  | No Auth Required       |     |  |                      |
| E0294 | HOS BED SEMI-ELEC NO RAIL W/MATRSS                  | HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATRSS   | Authorization Required | DME |  | Full Clinical Review |
| E0295 | HOS BED SEMI-ELEC W/O RAIL/MATRSS                   | HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATRSS     | Authorization Required | DME |  | Full Clinical Review |
| E0300 | PED CRIB HOS GRADE ENC W/WO TOP ENC                 | PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC        | Authorization Required | DME |  | Full Clinical Review |
| E0301 | HOS BED HEVY DUTY W/WT CAP >350 PDS                 | HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS | Authorization Required | DME |  | Full Clinical Review |
| E0302 | HOS BED WT CAP>600 W/O MATRRESS                     | HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTRRSS | Authorization Required | DME |  | Full Clinical Review |
| E0303 | HOS BED HEVY DUTY WT CAP >350<=600 PDS</=TO 600 PDS | HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS | Authorization Required | DME |  | Full Clinical Review |
| E0304 | HOS BED XTRA HD WT CAP>600 MTRRSS                   | HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATRRESS | Authorization Required | DME |  | Full Clinical Review |
| E0305 | BEDSIDE RAILS HALF-LENGTH                           | BEDSIDE RAILS HALF-LENGTH                        | No Auth Required       |     |  |                      |
| E0310 | BEDSIDE RAILS FULL-LENGTH                           | BEDSIDE RAILS FULL-LENGTH                        | No Auth Required       |     |  |                      |
| E0316 | SFTY ENCLOS FRME/CANOPY W/HOSP BED                  | SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE  | No Auth Required       |     |  |                      |
| E0325 | URINAL; MALE JUG-TYPE ANY MATERIAL                  | URINAL; MALE JUG-TYPE ANY MATERIAL               | No Auth Required       |     |  |                      |
| E0326 | URINAL; FE JUG-TYPE ANY MATERIAL                    | URINAL; FEMALE JUG-TYPE ANY MATERIAL             | No Auth Required       |     |  |                      |
| E0328 | HOSP BED PED MANUAL INCL MATRRESS                   | HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATRRESS  | Authorization Required | DME |  | Full Clinical Review |
| E0329 | HOSP BED PED ELECTRIC INCL MATRRESS                 | HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATRRESS | Authorization Required | DME |  | Full Clinical Review |
| E0350 | CNTRL U ELEC BOWEL IRRIG/EVAC SYS                   | CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM   | No Auth Required       |     |  |                      |
| E0352 | DISPBL PACK W/ELEC BOWEL IRRIG/EVAC                 | DISPBL PACK USE W/THE ELEC BOWEL IRRIG/EVAC SYS  | No Auth Required       |     |  |                      |
| E0370 | AIR PRESSURE ELEVATOR FOR HEEL                      | AIR PRESSURE ELEVATOR FOR HEEL                   | No Auth Required       |     |  |                      |
| E0371 | NONPWR PRSS RDOC OVRLAY MATRSS STD                  | NONPWR ADV PRSS RDOC OVRLAY MATRSS STD LEN&WDTH  | No Auth Required       |     |  |                      |
| E0372 | PWR AIR OVRLAY MATRSS STD LEN&WDTH                  | PWR AIR OVRLAY MATRSS STD MATRSS LENGTH&WIDTH    | No Auth Required       |     |  |                      |
| E0373 | NONPWR ADVD PRESS REDUCING MATRRESS                 | NONPOWERED ADVANCED PRESSURE REDUCING MATRRESS   | No Auth Required       |     |  |                      |
| E0424 | STATION COMPRS GASOUS O2 SYS RENT;                  | STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR | No Auth Required       |     |  |                      |
| E0425 | STATION COMPRS GAS SYS PURCHASE;                    | STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB | No Auth Required       |     |  |                      |
| E0430 | PRTBLE GASEOUS O2 SYS PURCHASE;                     | PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK | Authorization Required | DME |  | Full Clinical Review |
| E0431 | PRTBLE GASEOUS O2 SYS RENTAL;                       | PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK  | Authorization Required | DME |  | Full Clinical Review |
| E0433 | PORTBL LIQ O2 SYS RENT; HOME LIQUIF                 | PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER | Authorization Required | DME |  | Full Clinical Review |
| E0434 | PRTBLE LIQUID O2 SYS RENTAL;                        | PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR   | Authorization Required | DME |  | Full Clinical Review |
| E0435 | PRTBLE LIQUID O2 SYS PURCHASE;                      | PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR  | No Auth Required       |     |  |                      |
| E0439 | STATION LIQUID O2 SYS RENTAL;                       | STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULZR  | No Auth Required       |     |  |                      |
| E0440 | STATION LIQUID O2 SYS PURCHASE;                     | STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR | No Auth Required       |     |  |                      |
| E0441 | STATIONARY O2 CONT GAS 1 MO SPL=1 U                 | STATIONARY O2 CONTENTS GAS 1 MO SUPPLY=1 UNIT    | No Auth Required       |     |  |                      |
| E0442 | STATIONARY O2 CONT LQD 1 MO SPL=1 U                 | STATIONARY O2 CONTENTS LQD 1 MO SUPPLY = 1 UNIT  | No Auth Required       |     |  |                      |
| E0443 | PORTBL O2 CONTENT GAS 1 MO SPL= 1 U                 | PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY=1 UNIT  | No Auth Required       |     |  |                      |
| E0444 | PORTBL O2 CONTENT LIQ 1 MO SPL=1 U                  | PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY =1 UNIT  | No Auth Required       |     |  |                      |
| E0445 | OXIMETER MSR BLD O2 LEVL NON- INVASV                | OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV      | No Auth Required       |     |  |                      |
| E0446 | TOPICAL OXYGEN DELIVERY SYSTEM NOS                  | TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES | Authorization Required |     |  | Full Clinical Review |

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| E0447 | P O C L 1M SPL=1U PRSC R/N XCD 4LPM     | PRTB O C QLD 1 MO SPL=1 U PRSC<br>AMT R/N EXCD 4LPM  | No Auth Required       |     |  |                      |
| E0455 | O2 TENT EXCLD CROUP/PEDIATRIC TENTS     | OXYGEN TENT EXCLUDING CROUP OR<br>PEDIATRIC TENTS    | No Auth Required       |     |  |                      |
| E0462 | ROCKING BED W/WO SIDE RAILS             | ROCKING BED WITH OR WITHOUT<br>SIDE RAILS            | No Auth Required       |     |  |                      |
| E0465 | HOME VENT ANY TYPE USED INVASV<br>INTF  | HOME VENTILATOR ANY TYPE USED<br>W/INVASIVE INTF     | Authorization Required | DME |  | Full Clinical Review |
| E0466 | HOME VENT TYPE USED NON-INVASV<br>INTF  | HOME VENTILATOR ANY TYPE USED<br>W/NON-INVASV INTF   | Authorization Required | DME |  | Full Clinical Review |
| E0467 | HOME VENTILATOR MULTI-FUNC RESP<br>DVC  | HOME VENTILATOR MULTI-FUNCTION<br>RESPIRATORY DEVC   | No Auth Required       |     |  |                      |
| E0470 | RESP ASST DEVC BI-LEVL PRSS CAPABIL     | RESP ASST DEVC BI-LEVL PRSS<br>CAPABILITY W/O BACKU  | No Auth Required       |     |  |                      |
| E0471 | RESP ASST DEVC BI-LEVL PRSS CAPABIL     | RESP ASST DEVC BI-LEVL PRSS<br>CAPABILITY W/BACK-UP  | No Auth Required       |     |  |                      |
| E0472 | RESP ASST DEVC BI-LEVL PRSS CAPABIL     | RESP ASST DEVC BI-LEVL PRSS<br>CAPABILITY W/BACKUP   | No Auth Required       |     |  |                      |
| E0480 | PERCUSSOR ELEC/PNEUMAT HOME<br>MODEL    | PERCUSSOR ELECTRIC OR PNEUMATIC<br>HOME MODEL        | No Auth Required       |     |  |                      |
| E0482 | COUGH STIM DEVC ALTRNAT POS&NEG         | COUGH STIM DEVICE ALTRNAT<br>POS&NEG ARWAY PRESS     | No Auth Required       |     |  |                      |
| E0483 | HIGH FREQ CHEST WALL OSC SYS EACH       | HIGH FREQUENCY CHEST WALL<br>OSCILLATION SYSTEM EA   | Authorization Required | DME |  | Full Clinical Review |
| E0484 | OSCILLAT POS EXPIRTORY PRSS NO-ELEC     | OSCILLATORY POS EXPIRATORY PRSS<br>DEVC NON-ELEC EA  | No Auth Required       |     |  |                      |
| E0485 | ORL DEVC/APPL RDUC UA COLLAPS<br>PRFAB  | ORL DEVC/APPL RDUC UP ARWAY<br>COLLAPSIBILITY PRFAB  | Authorization Required | DME |  | Full Clinical Review |
| E0486 | ORL DEVC/APPL RDUC UA COLLAPS CSTM      | ORL DEVC/APPL RDUC UP AIRWAY<br>COLLAPSIBILITY CSTM  | Authorization Required | DME |  | Full Clinical Review |
| E0487 | SPIROMETER ELECTRONIC INCL ACCESS       | SPIROMETER ELECTRONIC INCLUDES<br>ALL ACCESSORIES    | No Auth Required       |     |  |                      |
| E0500 | IPPB MACH BUILT-IN<br>NEBULZ;VALVS;PWR  | IPPB MACH W/BUILT-IN<br>NEBULIZATION; VALVS; PWR     | No Auth Required       |     |  |                      |
| E0550 | HUMDIFR EXT SUPLMNTL DUR IPPB<br>TX/O2  | HUMDIFIR DURBLE EXT SUPLMNTL<br>DUR IPPB TX/O2 DEL   | No Auth Required       |     |  |                      |
| E0555 | HUMDIFR GLASS/AUTOCLVBL PLSTC<br>BOTTL  | HUMDIFIR DURABLE<br>GLASS/AUTOCLAVABLE PLSTC BOTTLE  | No Auth Required       |     |  |                      |
| E0560 | HUMDIFIR SUPLMNTL DUR IPPB TX/O2        | HUMDIFIR DURABLE SUPLMNTL DUR<br>IPPB TX/O2 DEL      | No Auth Required       |     |  |                      |
| E0561 | HUMDIFIR NON-HEAT USED W/POS<br>AIRWAY  | HUMDIFIR NON-HEATED USED W/POS<br>AIRWAY PRESS DEVC  | No Auth Required       |     |  |                      |
| E0562 | HUMDIFIR HEAT USED W/POS ARWAY<br>PRSS  | HUMDIFIR HEATED USED W/POS<br>ARWAY PRESSURE DEVICE  | No Auth Required       |     |  |                      |
| E0565 | COMPRS AIR PWR EQP NOT SLF-<br>CONTAIND | COMPRS AIR PWR EQP NOT SLF-<br>CONTAIND/CYL DRIVN    | No Auth Required       |     |  |                      |
| E0570 | NEBULIZER WITH COMPRESSOR               | NEBULIZER WITH COMPRESSOR                            | No Auth Required       |     |  |                      |
| E0572 | AROSL COMPRS ADJSTBL PRSS INTERMIT      | AROSL COMPRS ADJSTBL PRSS LGHT<br>DUTY INTERMIT USE  | No Auth Required       |     |  |                      |
| E0574 | US/ELEC AROSL GEN W/SM VOLUME<br>NEB    | ULTRASONIC/ELEC AROSL GEN<br>W/SMALL VOLUME NEB      | No Auth Required       |     |  |                      |
| E0575 | NEBULIZER ULTRASONIC LARGE VOLUME       | NEBULIZER ULTRASONIC LARGE<br>VOLUME                 | No Auth Required       |     |  |                      |
| E0580 | NEBULIZR GLASS/AUTOCLVBL PLST<br>BOTTL  | NEBULIZR DURABLE<br>GLASS/AUTOCLAVABLE PLSTC BOTTLE  | No Auth Required       |     |  |                      |
| E0585 | NEBULIZER W/COMPRESSOR AND<br>HEATER    | NEBULIZER WITH COMPRESSOR AND<br>HEATER              | No Auth Required       |     |  |                      |
| E0600 | RESP SUCTN PUMP HOME MODEL ELEC         | RESP SUCTION PUMP HOME MODEL<br>PRTBLE/STATION ELEC  | No Auth Required       |     |  |                      |
| E0601 | CONTINUOUS POS AIRWAY PRESSURE<br>DEVC  | CONTINUOUS POSITIVE AIRWAY<br>PRESSURE DEVICE        | No Auth Required       |     |  |                      |
| E0602 | BREAST PUMP MANUAL ANY TYPE             | BREAST PUMP MANUAL ANY TYPE                          | No Auth Required       |     |  |                      |
| E0603 | BREAST PUMP ELECTRIC ANY TYPE           | BREAST PUMP ELECTRIC ANY TYPE                        | No Auth Required       |     |  |                      |
| E0604 | BREAST PUMP HEVY DUTY HOSP GRADE        | BREAST PUMP HEVY DUTY HOSP<br>GRADE PISTON OP        | No Auth Required       |     |  |                      |
| E0605 | VAPORIZER ROOM TYPE                     | VAPORIZER ROOM TYPE                                  | No Auth Required       |     |  |                      |
| E0606 | POSTURAL DRAINAGE BOARD                 | POSTURAL DRAINAGE BOARD                              | No Auth Required       |     |  |                      |
| E0607 | HOME BLOOD GLUCOSE MONITOR              | HOME BLOOD GLUCOSE MONITOR                           | No Auth Required       |     |  |                      |
| E0610 | PACEMKR MON CHCK BATTRY<br>AUDBL&VISBL  | PACEMKR MON CHECKS BATTERY<br>DEPLET W/AUDIBL&VISIBL | No Auth Required       |     |  |                      |
| E0615 | PACEMKR MON CHCK BATTRY<br>DIGTL/VISBL  | PACEMKR MON CHECKS BATTERY<br>DEPLET W/DIGTL/VISIBL  | Authorization Required | DME |  | Full Clinical Review |
| E0616 | IMPL CARD EVNT REC MEM<br>ACTVTR&PRGMR  | IMPL CARD EVENT RECORDER W/MEM<br>ACTIVATOR&PROGMMER | No Auth Required       |     |  |                      |
| E0617 | EXT DEFIB W/INTEGRATED ECG ANALY        | EXTERNAL DEFIB W/INTEGRATED ECG<br>ANALY             | No Auth Required       |     |  |                      |
| E0618 | APNEA MONITOR W/O RECORDING<br>FEATURE  | APNEA MONITOR WITHOUT<br>RECORDING FEATURE           | No Auth Required       |     |  |                      |
| E0619 | APNEA MONITOR W/RECORDING<br>FEATURE    | APNEA MONITOR WITH RECORDING<br>FEATURE              | No Auth Required       |     |  |                      |
| E0620 | SKN PIERC DEVC CLCT CAPLRY BLD LASR     | SKIN PIERCING DEVICE CLCT<br>CAPILLARY BLD LASER EA  | No Auth Required       |     |  |                      |
| E0621 | SLING/SEAT PT LIFT CANVAS/NYLON         | SLING OR SEAT PATIENT LIFT CANVAS<br>OR NYLON        | No Auth Required       |     |  |                      |
| E0627 | SEAT LIFT MECH COMB LIFT-CHAIR MECH     | SEAT LIFT MECHANISM ELECTRIC ANY<br>TYPE             | No Auth Required       |     |  |                      |
| E0629 | SEAT LIFT MECH NON-ELECTRIC ANY TYP     | SEAT LIFT MECHANISM NON-ELECTRIC<br>ANY TYPE         | No Auth Required       |     |  |                      |
| E0630 | PATIENT LIFT HYRAULIC/MECH              | PATIENT LIFT HYDRAULIC/MECH INCL<br>SEAT SLING/PAD   | Authorization Required | DME |  | Full Clinical Review |
| E0635 | PATIENT LIFT ELECTRIC W/SEAT/SLING      | PATIENT LIFT ELECTRIC WITH SEAT OR<br>SLING          | Authorization Required | DME |  | Full Clinical Review |
| E0636 | MX PSTN PT SUPP SYS LIFT PT CNTRL       | MX PSTN PT SUPP SYS INTGR LIFT PT<br>ACSSIBLE CNTRL  | Authorization Required | DME |  | Full Clinical Review |
| E0639 | PT LIFT MOVEABLE<br>DISASSMBL&REASSMBL  | PT LIFT MOVEABLE ROOM-ROOM<br>W/DISSASSMBL&REASSMBL  | No Auth Required       |     |  |                      |
| E0640 | PT LIFT FIX SYS ALL CMPNTS/ACCESS       | PATIENT LIFT FIX SYS INCLUDES ALL<br>CMPNTS/ACCESS   | No Auth Required       |     |  |                      |
| E0650 | PNEUMAT COMPRS NONSEG HOME<br>MODEL     | PNEUMATIC COMPRESSOR<br>NONSEGMENTAL HOME MODEL      | Authorization Required | DME |  | Full Clinical Review |
| E0651 | PNEUMAT COMPRS NO CALBRT GRDNT<br>PRSS  | PNEUMAT COMPRS SEG HOM MDL NO<br>CALBRD GRDNT PRSS   | Authorization Required | DME |  | Full Clinical Review |



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| E0652 | PNEUMAT COMPRS W/CALBRT GRADNT PRSS  | PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0655 | NONSEG PNEUMAT APPLINC HALF ARM      | NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM  | No Auth Required       |  |   |                      |  |
| E0656 | SEG PNEUMAT APPLINC W/COMPRS TRUNK   | SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK  | No Auth Required       |  |   |                      |  |
| E0657 | SEG PNEUMAT APPLINC W/COMPRS CHEST   | SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST  | No Auth Required       |  |   |                      |  |
| E0660 | NONSEG PNEUMAT APPLINC FULL LEG      | NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG  | No Auth Required       |  |   |                      |  |
| E0665 | NONSEG PNEUMAT APPLINC FULL ARM      | NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM  | No Auth Required       |  |   |                      |  |
| E0666 | NONSEG PNEUMAT APPLINC HALF LEG      | NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG  | No Auth Required       |  |   |                      |  |
| E0667 | SEG PNEUMAT APPLINC COMPRS FULL LEG  | SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG     | No Auth Required       |  |   |                      |  |
| E0668 | SEG PNEUMAT APPLINC COMPRS FULL ARM  | SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM     | No Auth Required       |  |   |                      |  |
| E0669 | SEG PNEUMAT APPLINC COMPRS HALF LEG  | SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG     | No Auth Required       |  |   |                      |  |
| E0670 | SEG PNEU APPL P C INT 2 F LEG TRNK   | SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0671 | SEG GRAD PRSS PNUMAT APPLNC FUL LEG  | SEGMENTAL GRADIENT PRESS PNEUMAT APPLINC FULL LEG | No Auth Required       |  |   |                      |  |
| E0672 | SEG GRAD PRSS PNUMAT APPLNC FUL ARM  | SEGMENTAL GRADIENT PRESS PNEUMAT APPLINC FULL ARM | No Auth Required       |  |   |                      |  |
| E0673 | SEG GRAD PRSS PNUMAT APPLNC HLF LEG  | SEGMENTAL GRADIENT PRESS PNEUMAT APPLINC HALF LEG | No Auth Required       |  |   |                      |  |
| E0675 | PNEUMAT COMPRS DEVC HI PRESS RAPID   | PNEUMAT COMPRS DEVC HI PRESS RAPID INFLATION/DEFL | No Auth Required       |  |   |                      |  |
| E0676 | INTERMITT LIMB COMPRESSION DEVC NOS  | INTERMITTENT LIMB COMPRESSION DEVC NOS            | No Auth Required       |  |   |                      |  |
| E0691 | UV LIGHT TX BULB/LAMP; TX 2 SQ FT/<  | UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0692 | UV LT TX SYS PANL W/LAMP 4 FT PANEL  | UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL    | Authorization Required | DME  |   | Full Clinical Review |  |
| E0693 | UV LT TX SYS PANL W/LAMP 6 FT PANEL  | UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0694 | UV MX DIR LT TX SYS 6 FT CABINET     | UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0700 | SAFETY EQP DEVICE/ACCESSRY ANY TYPE  | SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE     | No Auth Required       |  |   |                      |  |
| E0705 | TRANSFER DEVICE ANY TYPE EACH        | TRANSER DEVICE ANY TYPE EACH                      | No Auth Required       |  |   |                      |  |
| E0710 | RESTRAINT ANY TYPE                   | RESTRAINT ANY TYPE                                | No Auth Required       |  |   |                      |  |
| E0720 | TENS DEVICE 2 LEAD LOCALIZED STIM    | TENS DEVICE TWO LEAD LOCALIZED STIMULATION        | No Auth Required       |  |   |                      |  |
| E0730 | TENS DEVICE 4/> LEADS MX NERVE STIM  | TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  | No Auth Required       |  |   |                      |  |
| E0731 | FORM FIT CONDUCT GARM TENS/NMES      | FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES   | No Auth Required       |  |   |                      |  |
| E0740 | N-IMPL PELV FLR ELEC STIM CMPL SYS   | NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS  | No Auth Required       |  |   |                      |  |
| E0744 | NEUROMUSCULAR STIMULATOR SCOLIOSIS   | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS            | No Auth Required       |  |   |                      |  |
| E0745 | NEUROMUSC STIM ELEC SHOCK UNIT       | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT    | No Auth Required       |  |   |                      |  |
| E0746 | ELECTROMYOGRAPHY BIOFEEDBACK DEVICE  | ELECTROMYOGRAPHY BIOFEEDBACK DEVICE               | No Auth Required       |  |   |                      |  |
| E0747 | OSTOGNS STIM NONINVASV NOT SP APPLIC | OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC    | Authorization Required | Wound Therapy                                    | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| E0748 | OSTOGNS STIM NONINVASV SP APPLIC     | OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC   | Authorization Required | Wound Therapy                                    | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| E0749 | OSTOGNS STIM ELEC SURGICALLY IMPL    | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL      | Authorization Required | Wound Therapy                                    | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| E0755 | ELEC SALIVARY REFLEX STIMULATOR      | ELECTRONIC SALIVARY REFLEX STIMULATOR             | No Auth Required       |  |   |                      |  |
| E0760 | OSTOGNS STIM LW INTENS US NONINVASV  | OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV     | Authorization Required | Wound Therapy                                    | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| E0761 | NON-THRML PULS RADIOWAVE ELECMAGNET  | NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC  | Authorization Required | General Medicine - other services and procedures |   | Full Clinical Review |  |
| E0762 | TRANSCUT ELEC JOINT STIM DEVC SYS    | TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS  | No Auth Required       |  |   |                      |  |
| E0764 | FUNC NEUROMUSC STIM CMPT SC INJ      | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0765 | FDA APPRVD NRV STIM TX NAUSA&VOMIT   | FDA APPRVD NRV STIM W/REPL BATTERY TX NAUSA&VOMIT | No Auth Required       |  |   |                      |  |
| E0766 | ELEC STM DVC CA TX ALL ACC ANY TYPE  | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE   | No Auth Required       |  |   |                      |  |
| E0769 | ESTIM/ELECMAGNET WOUND TX DEVC NOC   | ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC    | Authorization Required | DME  |   | Full Clinical Review |  |
| E0770 | FES TRANSQ STIM NERV&/MUSC CMPL NOS  | FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS       | No Auth Required       |  |   |                      |  |
| E0776 | IV POLE                              | IV POLE   | No Auth Required       |  |   |                      |  |
| E0779 | AMB INFUS PUMP MECH INFUS 8 HR/>     | AMB INFUS PUMP MECH REUSABLE INFUS 8 HOURS/GT     | No Auth Required       |  |   |                      |  |
| E0780 | AMB INFUS PUMP MECH INFUS < 8 HR     | AMB INFUS PUMP MECH REUSABLE INFUS < 8 HOURS      | No Auth Required       |  |   |                      |  |
| E0781 | AMB INFUS PUMP 1/MX CHANNL W/ADMIN   | AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT  | No Auth Required       |  |   |                      |  |
| E0782 | INFUS PUMP IMPL NON-PROGMMABLE       | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE        | Authorization Required | DME  |   | Full Clinical Review |  |
| E0783 | INFUS PUMP SYSTEM IMPL PROGMMABLE    | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE     | Authorization Required | DME  |   | Full Clinical Review |  |
| E0784 | EXTERNAL AMB INFUSION PUMP INSULIN   | EXTERNAL AMBULATORY INFUSION PUMP INSULIN         | Authorization Required | DME  |   | Full Clinical Review |  |
| E0785 | IMPLANT INTRASPINL CATH PUMP-REPL    | IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL  | Authorization Required | DME  |   | Full Clinical Review |  |
| E0786 | IMPLNT PROGRAM INFUSION PUMP-REPL    | IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL       | Authorization Required | DME  |   | Full Clinical Review |  |

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| E0787 | EXT AMB INFUS PUMP INSULIN D R ADJ   | EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ     | No Auth Required       | DME  |  |                      |
| E0791 | PAR INFUS PUMP STAT SINGLE/MXCHANNEL | PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL | No Auth Required       |  |  |                      |
| E0830 | AMB TRACTION DEVICE ALL TYPES EACH   | AMBULATORY TRACTION DEVICE ALL TYPES EACH        | No Auth Required       |  |  |                      |
| E0840 | TRACTION FRAME HEADBOARD CERV TRACT  | TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION  | No Auth Required       |  |  |                      |
| E0849 | TRAC EQP CERV FREESTND FRME PNEUMAT  | TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC | No Auth Required       |  |  |                      |
| E0850 | TRACT STAND FREESTAND CERV TRACT     | TRACTION STAND FREESTANDING CERVICAL TRACTION    | No Auth Required       |  |  |                      |
| E0855 | CERV TRACT EQUIP NOT RQR ADD STAND   | CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME  | No Auth Required       |  |  |                      |
| E0856 | CERVICAL TRAC DEVC INFL AIR BLADDER  | CERVICAL TRACTION DEVICE INFLATABLE AIR BLADDER  | No Auth Required       |  |  |                      |
| E0860 | TRACTION EQUIPMENT OVERDOOR CERV     | TRACTION EQUIPMENT OVERDOOR CERVICAL             | No Auth Required       |  |  |                      |
| E0870 | TRACT FRAME FOOTBOARD EXTREM TRACT   | TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN  | No Auth Required       |  |  |                      |
| E0880 | TRACT STAND FREESTAND EXTREM TRACT   | TRACTION STAND FREESTANDING EXTREMITY TRACTION   | No Auth Required       |  |  |                      |
| E0890 | TRAC FRAME ATTCH FOOTBRD PELV TRAC   | TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION   | No Auth Required       |  |  |                      |
| E0900 | TRACT STAND FREESTAND PELV TRACT     | TRACTION STAND FREESTANDING PELVIC TRACTION      | No Auth Required       |  |  |                      |
| E0910 | TRAPEZ BAR PT HLPR ATTCH BED W/GRAB  | TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR | No Auth Required       |  |  |                      |
| E0911 | TRAPEZ BAR PT WT >250 LBS BED GRAB   | TRAPEZ BAR HEVY DUTY PT WT >250 LBS BED GRAB BAR | No Auth Required       |  |  |                      |
| E0912 | TRAPEZ BAR PT WT >250 LBS FREE STND  | TRAPEZ BAR HEVY DUTY PT WT > 250 LBS FREE STAND  | No Auth Required       |  |  |                      |
| E0920 | FX FRAME ATTCH BED INCL WEIGHTS      | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS  | No Auth Required       |  |  |                      |
| E0930 | FX FRAME FREESTANDING INCL WEIGHTS   | FRACTURE FRAME FREESTANDING INCLUDES WEIGHTS     | No Auth Required       |  |  |                      |
| E0935 | CONT PSV MOT EXER DEVC KNEE ONLY     | CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY   | No Auth Required       |  |  |                      |
| E0940 | TRAPEZ BAR FREESTND Cmpl W/GRAB BAR  | TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR  | No Auth Required       |  |  |                      |
| E0941 | GRAVITY ASSTD TRAC DEVICE ANY TYPE   | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE        | No Auth Required       |  |  |                      |
| E0942 | CERVICAL HEAD HARNESS/HALTER         | CERVICAL HEAD HARNESS/HALTER                     | No Auth Required       |  |  |                      |
| E0944 | PELVIC BELT/HARNESS/BOOT             | PELVIC BELT/HARNESS/BOOT                         | No Auth Required       |  |  |                      |
| E0945 | EXTREMITY BELT/HARNESS               | EXTREMITY BELT/HARNESS                           | No Auth Required       |  |  |                      |
| E0946 | FX FRAM DUAL CROSS BARS ATTACH BED   | FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED | No Auth Required       |  |  |                      |
| E0947 | FX FRAME ATTCH Cmpl PELV TRAC        | FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION     | Authorization Required | DME  |  | Full Clinical Review |
| E0948 | FX FRAME ATTCH Cmpl CERV TRAC        | FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION   | Authorization Required | DME  |  | Full Clinical Review |
| E0950 | WHEELCHAIR ACCESSORY TRAY EACH       | WHEELCHAIR ACCESSORY TRAY EACH                   | No Auth Required       |  |  |                      |
| E0951 | HEEL LOOP/HOLDER ANY TYPE EACH       | HEEL LOOP/HOLDER TYPE W/NO ANKLE STRAP EACH      | No Auth Required       |  |  |                      |
| E0952 | TOE LOOP/HOLDER ANY TYPE EACH        | TOE LOOP/HOLDER ANY TYPE EACH                    | No Auth Required       |  |  |                      |
| E0953 | WC AC LAT THIGH/KNEE SUPP ANY TY EA  | WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA    | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| E0954 | WHEELCHAIR AC FOOT BOX ANY TY EA FT  | WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| E0955 | WC ACSS HEADREST CUSHND HARDWARE EA  | WC ACSS HEADREST CUSHND FIX MOUNT HARDWARE EA    | No Auth Required       |  |  |                      |
| E0956 | WC ACSS LAT TRNK/HIP HARDWARE EA     | WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA  | No Auth Required       |  |  |                      |
| E0957 | WC ACSS MED THI SUPP HARDWARE EA     | WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA       | No Auth Required       |  |  |                      |
| E0958 | MNL WC ACCESS 1-ARM DRIVE ATTCH EA   | MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA | No Auth Required       |  |  |                      |
| E0959 | MNL WC ACCSS ADAPTER FOR AMPUTEE EA  | MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA  | No Auth Required       |  |  |                      |
| E0960 | WC ACSS SHLDR HRNSS/STRAPS/CHST STR  | WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYP MOU  | No Auth Required       |  |  |                      |
| E0961 | MNL WC ACCESS WHL LOCK BRAKE EXT EA  | MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA | No Auth Required       |  |  |                      |
| E0966 | MNL WC ACCESS HEADREST EXTENSION EA  | MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA   | No Auth Required       |  |  |                      |
| E0967 | MNL WC AC HND RIM PROJ REPL ONL EA   | MNL WHLCHR AC HND RIM PROJ ANY TYP REPL ONLY EA  | No Auth Required       |  |  |                      |
| E0968 | COMMODE SEAT WHEELCHAIR              | COMMODE SEAT WHEELCHAIR                          | No Auth Required       |  |  |                      |
| E0969 | NARROWING DEVICE WHEELCHAIR          | NARROWING DEVICE WHEELCHAIR                      | No Auth Required       |  |  |                      |
| E0971 | MNL WC ACSS ANTI-TIPPING DEVC EA     | MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH  | No Auth Required       |  |  |                      |
| E0973 | WC ACCSS ADJ HT DTACH ARMST EA       | WC ACCSS ADJUSTBL HT DTACH ARMST Cmpl ASSMBL EA  | No Auth Required       |  |  |                      |
| E0974 | MNL WC ACCESS ANTI-ROLLBACK DEVC EA  | MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA | No Auth Required       |  |  |                      |
| E0978 | WC ACSS PSTN/SFTY BELT/PELV STRP EA  | WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA  | No Auth Required       |  |  |                      |
| E0980 | SAFETY VEST WHEELCHAIR               | SAFETY VEST WHEELCHAIR                           | No Auth Required       |  |  |                      |
| E0981 | WC ACSS SEAT UPHLSTR REPL ONLY EA    | WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA   | No Auth Required       |  |  |                      |
| E0982 | WC ACSS BACK UPHLSTR REPL ONLY EA    | WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA   | No Auth Required       |  |  |                      |
| E0983 | MNL WC ACSS PWR ADD-ON CNVRT MNL WC  | MNL WC ACSS PWR ADD-ON CNVRT MNL WC MOTRIZD WC   | No Auth Required       |  |  |                      |
| E0984 | MNL WC ACSS PWR ADD-ON CNVRT MNL WC  | MNL WC ACSS PWR ADD-ON CNVRT MNL WC MOTRIZD WC   | No Auth Required       |  |  |                      |
| E0985 | WHEELCHAIR ACCESS SEAT LIFT MECH     | WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM         | No Auth Required       |  |  |                      |

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| E0986 | MNL WC ACSS PSH-RM ACT PWR ASST SYS | MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS  | Authorization Required | DME |  | Full Clinical Review |  |
| E0988 | MNL WC ACSS LEVR-ACT WHL DRIVE PAIR | MANUAL WC ACCESSORY LEVR-ACTVATD WHL DRIVE PAIR  | No Auth Required       |     |  |                      |  |
| E0990 | WC ACSS ELEV LEG REST CMPL ASSMBL   | WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA   | No Auth Required       |     |  |                      |  |
| E0992 | MNL WHLCHAIR ACSS SOLID SEAT INSRT  | MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT    | No Auth Required       |     |  |                      |  |
| E0994 | ARMREST EACH                        | ARMREST EACH                                     | No Auth Required       |     |  |                      |  |
| E0995 | WC AC CALF REST/PAD REPL ONLY EA    | WHEELCHAIR ACCESSORY CALF REST/PAD REPL ONLY EA  | No Auth Required       |     |  |                      |  |
| E1002 | WC ACSS PWR SEATING SYS TILT ONLY   | WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY | No Auth Required       |     |  |                      |  |
| E1003 | WC ACSS RECLINE ONLY NO SHEAR RDUC  | WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC      | No Auth Required       |     |  |                      |  |
| E1004 | WC ACSS RECLINE W/MECH SHEAR RDUC   | WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC   | No Auth Required       |     |  |                      |  |
| E1005 | WC ACSS RECLINE W/PWR SHEAR RDUC    | WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC    | Authorization Required | DME |  | Full Clinical Review |  |
| E1006 | WC ACSS TILT&RECLINE NO SHEAR RDUC  | WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC  | Authorization Required | DME |  | Full Clinical Review |  |
| E1007 | WC ACSS TILT&RECLIN MECH SHEAR RDUC | WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC    | Authorization Required | DME |  | Full Clinical Review |  |
| E1008 | WC ACSS TILT&RECLINE PWR SHEAR RDUC | WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC   | Authorization Required | DME |  | Full Clinical Review |  |
| E1009 | WC ACSS MECH LINKD LEG ELEV EA      | WC ACSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA  | No Auth Required       |     |  |                      |  |
| E1010 | WC ACSS PWR LEG ELEV SYS PAIR       | WC ACSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR   | No Auth Required       |     |  |                      |  |
| E1011 | MOD PED SIZE WC WIDTH ADJ PACKAGE   | MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE   | No Auth Required       |     |  |                      |  |
| E1012 | WC ACCESS PWR SEAT SYS CNTR MNT EA  | WC ACSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA    | Authorization Required | DME |  | Full Clinical Review |  |
| E1014 | RECLIN BACK ADD PED SIZE WHLCHAIR   | RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR   | No Auth Required       |     |  |                      |  |
| E1015 | SHOCK ABSORBER MANUAL WHEELCHAIR EA | SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH        | No Auth Required       |     |  |                      |  |
| E1016 | SHOCK ABSORBER POWER WHEELCHAIR EA  | SHOCK ABSORBER FOR POWER WHEELCHAIR EACH         | No Auth Required       |     |  |                      |  |
| E1017 | HEAVY DUTY SHOCK ABSORBR MNL WC EA  | HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA | No Auth Required       |     |  |                      |  |
| E1018 | HEAVY DUTY SHOCK ABSORBR PWR WC EA  | HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA | No Auth Required       |     |  |                      |  |
| E1020 | RES LIMB SUP SYS WHEELCHAIR ANY TYP | RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE | No Auth Required       |     |  |                      |  |
| E1028 | WC ACSS MANL SWINGAWAY OTH CNTRL    | WC ACSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN    | No Auth Required       |     |  |                      |  |
| E1029 | WHEELCHAIR ACCESS VENT TRAY FIX     | WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED       | No Auth Required       |     |  |                      |  |
| E1030 | WHLCHAIR ACCESS VENT TRAY GIMBALED  | WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED    | No Auth Required       |     |  |                      |  |
| E1031 | ROLLABOUT CHAIR W/CASTRS 5 IN/GT    | ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT  | No Auth Required       |     |  |                      |  |
| E1035 | MX-PSTN PT TRNSF SYS PT </= 300 LBS | MULTI-PSTN PT TRNSF SYS W/SEAT PT WT </= 300 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| E1036 | MX-PSTN PT TRNSF SYS PT > 300 LBS   | MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS   | Authorization Required | DME |  | Full Clinical Review |  |
| E1037 | TRANSPORT CHAIR PEDIATRIC SIZE      | TRANSPORT CHAIR PEDIATRIC SIZE                   | No Auth Required       |     |  |                      |  |
| E1038 | TRNSPRT CHAIR PT WT CAP TO&= 300 LB | TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS  | No Auth Required       |     |  |                      |  |
| E1039 | TRNSPRT CHAIR ADLT PT WT CAP>300 LB | TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB | No Auth Required       |     |  |                      |  |
| E1050 | FULL RECLINE WC FIX ARM DETACH LEGS | FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1060 | FULL RECLN WHLCHAR;DTACH ARM LEGRST | FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS     | Authorization Required | DME |  | Full Clinical Review |  |
| E1070 | FULL RECLN WHLCHR;DTACH ARM FOOTRST | FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS   | Authorization Required | DME |  | Full Clinical Review |  |
| E1083 | HEMI-W/C; FIXED ARM DETACH LEGREST  | HEMI-W/C; FIXED FULL-LEN ARMS DETACHBLE LEGREST  | Authorization Required | DME |  | Full Clinical Review |  |
| E1084 | HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST | HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1087 | HI-STRGTH WHLCHAIR; FIX ARMS LEGRST | HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST | Authorization Required | DME |  | Full Clinical Review |  |
| E1088 | HI-STRGTH WHLCHAIR;DTACH ARM LEGRST | HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1092 | WIDE HEVY-DUT WHLCHR; DTACH ARM LEG | WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1093 | WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT | WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1100 | SEMI-RECLN WHLCHR;FIX ARM DTACH LEG | SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1110 | SEMI-RECLN WHLCHR; DTACH ARM LEGRST | SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST | Authorization Required | DME |  | Full Clinical Review |  |
| E1150 | WHLCHAIR; DTACHBLE ARMS LEGRESTS    | WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS   | Authorization Required | DME |  | Full Clinical Review |  |
| E1160 | WHLCHAIR; FIX ARMS DTACHBL LEGRESTS | WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1161 | MANUAL ADLT SZ WC INCL TILT SPACE   | MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE | Authorization Required | DME |  | Full Clinical Review |  |
| E1170 | AMP WHLCHAIR; FIX ARM DTACH LEGREST | AMPUTE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1171 | AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST | AMPUTE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGRST   | Authorization Required | DME |  | Full Clinical Review |  |
| E1172 | AMP WHLCHR;DTACH ARM NO FOOT/LEGRST | AMPUTE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRSTS   | Authorization Required | DME |  | Full Clinical Review |  |
| E1180 | AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS | AMPUTE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1190 | AMP WHLCHAIR; DTACHBL ARMS LEGRESTS | AMPUTE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS   | Authorization Required | DME |  | Full Clinical Review |  |
| E1195 | HVY DUT WHLCHR;FIX ARM DTACH LEGRST | HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST | Authorization Required | DME |  | Full Clinical Review |  |
| E1200 | AMP WHLCHAIR; FIX ARM DTACH FOOTRST | AMPUTE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS  | Authorization Required | DME |  | Full Clinical Review |  |

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| E1220 | WHEELCHAIR; SPCL SIZED/CONSTRUCTED   | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED       | Authorization Required | DME |  | Full Clinical Review |  |
| E1221 | WHEELCHAIR WITH FIXED ARM FOOTRESTS  | WHEELCHAIR WITH FIXED ARM FOOTRESTS              | Authorization Required | DME |  | Full Clinical Review |  |
| E1222 | WHEELCHAIR W/FIX ARM ELEV LEGRESTS   | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS     | Authorization Required | DME |  | Full Clinical Review |  |
| E1223 | WHLCHAIR W/DETACHBLE ARMS FOOTRESTS  | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS        | Authorization Required | DME |  | Full Clinical Review |  |
| E1224 | WHLCHAIR W/DTACHBL ARMS ELEV LEGRST  | WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1225 | WC ACCESS MNL SEMIRECLINING BACK EA  | WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH   | No Auth Required       |     |  |                      |  |
| E1226 | WC ACCESS MNL FULL RECLIN BACK EA    | WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH  | No Auth Required       |     |  |                      |  |
| E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR   | SPECIAL HEIGHT ARMS FOR WHEELCHAIR               | No Auth Required       |     |  |                      |  |
| E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR   | SPECIAL BACK HEIGHT FOR WHEELCHAIR               | No Auth Required       |     |  |                      |  |
| E1229 | WHEELCHAIR PEDIATRIC SIZE NOS        | WHEELCHAIR PEDIATRIC SIZE NOS                    | Authorization Required | DME |  | Full Clinical Review |  |
| E1230 | PWR OP VEH SPEC BRAND&MODEL NUMBER   | PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER  | Authorization Required | DME |  | Full Clinical Review |  |
| E1231 | WC PED SZ TILT-IN-SPACE RIGD W/SEAT  | WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS | Authorization Required | DME |  | Full Clinical Review |  |
| E1232 | WC PED SZ TILT-IN-SPACE FOLD W/SEAT  | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS | Authorization Required | DME |  | Full Clinical Review |  |
| E1233 | WC PED SZ TILT-IN-SPCE RIGD NO SEAT  | WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT   | Authorization Required | DME |  | Full Clinical Review |  |
| E1234 | WC PED SZ TILT-IN-SPCE FOLD NO SEAT  | WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT   | Authorization Required | DME |  | Full Clinical Review |  |
| E1235 | WC PED SZ RIGD ADJUSTBL W/SEAT SYS   | WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM | Authorization Required | DME |  | Full Clinical Review |  |
| E1236 | WC PED SZ FOLD ADJUSTBL W/SEAT SYS   | WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM | Authorization Required | DME |  | Full Clinical Review |  |
| E1237 | WC PED SZ RIGD ADJUSTBL NO SEAT SYS  | WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM | Authorization Required | DME |  | Full Clinical Review |  |
| E1238 | WC PED SZ FOLD ADJUSTBL NO SEAT SYS  | WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM | No Auth Required       |     |  |                      |  |
| E1239 | POWER WHEELCHAIR PEDIATRIC SIZE NOS  | POWER WHEELCHAIR PEDIATRIC SIZE NOS              | Authorization Required | DME |  | Full Clinical Review |  |
| E1240 | LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS  | LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST  | Authorization Required | DME |  | Full Clinical Review |  |
| E1270 | LGHTWT WHLCHR; FIX ARM DTACH LEGRST  | LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS | Authorization Required | DME |  | Full Clinical Review |  |
| E1280 | HEVY-DUTY WHLCHR; DTACH ARMS LEGRST  | HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1295 | HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST  | HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS  | Authorization Required | DME |  | Full Clinical Review |  |
| E1296 | SPECIAL WHEELCHAIR SEAT HT FROM FLR  | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR        | Authorization Required | DME |  | Full Clinical Review |  |
| E1297 | SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR  | SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY      | Authorization Required | DME |  | Full Clinical Review |  |
| E1298 | SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR  | SPECIAL WHLCHAIR SEAT DEPTH & OR WIDTH CONSTRUCT | Authorization Required | DME |  | Full Clinical Review |  |
| E1310 | WHIRLPOOL NONPORTABLE                | WHIRLPOOL NONPORTABLE                            | Authorization Required | DME |  | Full Clinical Review |  |
| E1352 | OXYGEN ACC FLW REG CPBL POS INSP PR  | OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS   | No Auth Required       |     |  |                      |  |
| E1353 | REGULATOR                            | REGULATOR  | No Auth Required       |     |  |                      |  |
| E1354 | O2 ACCESS CART PRTBLE CYL/CONC REPL  | O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA   | No Auth Required       |     |  |                      |  |
| E1355 | STAND/RACK                           | STAND/RACK                                       | No Auth Required       |     |  |                      |  |
| E1356 | O2 ACCESS BTRY PACK/CRTRDGE REPL     | O2 ACCESS BTRY PACK/CRTRDGE PRTBLE CONC REPL EA  | No Auth Required       |     |  |                      |  |
| E1357 | O2 ACCESS BATTERY CHARGER REPL EA    | O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA    | No Auth Required       |     |  |                      |  |
| E1358 | O2 ACCESS DC POWER ADAPTER REPL EA   | O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA   | No Auth Required       |     |  |                      |  |
| E1372 | IMMERSION EXTERNAL HEATER NEBULIZER  | IMMERSION EXTERNAL HEATER FOR NEBULIZER          | No Auth Required       |     |  |                      |  |
| E1390 | O2 CONC 85%/>O2 CONC PRSC FLW RATE   | O2 CONC 1 DEL PORT 85%/>O2 CONC AT PRSC FLW RATE | No Auth Required       |     |  |                      |  |
| E1391 | O2 CONC 2 DEL 85%/>O2 CONC FLW RATE  | O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA | No Auth Required       |     |  |                      |  |
| E1392 | PORTABLE OXYGEN CONCENTRATOR RENTAL  | PORTABLE OXYGEN CONCENTRATOR RENTAL              | No Auth Required       |     |  |                      |  |
| E1399 | DME MISCELLANEOUS                    | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS          | Authorization Required |     |  | Full Clinical Review |  |
| E1405 | O2&WATR VAPR ENRICH SYS W/HEAT DEL   | OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV  | No Auth Required       |     |  |                      |  |
| E1406 | O2&WATR VAPR ENRCH SYS NO HEAT DEL   | OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV | No Auth Required       |     |  |                      |  |
| E1500 | CENTRIFUGE FOR DIALYSIS              | CENTRIFUGE FOR DIALYSIS                          | No Auth Required       |     |  |                      |  |
| E1510 | KIDNEY DIALYSAT DEL SYS KIDNEY MACH  | KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC | No Auth Required       |     |  |                      |  |
| E1520 | HEPARIN INFUSION PUMP HEMODIALYSIS   | HEPARIN INFUSION PUMP FOR HEMODIALYSIS           | No Auth Required       |     |  |                      |  |
| E1530 | AIR BUBBLE DETECTR HEMODIAL EA REPL  | AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT  | No Auth Required       |     |  |                      |  |
| E1540 | PRESSURE ALARM HEMODIAL EA REPL      | PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT | No Auth Required       |     |  |                      |  |
| E1550 | BATH CONDUCTIVITY METER HEMODIAL EA  | BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH    | No Auth Required       |     |  |                      |  |
| E1560 | BLD LEAK DETECTOR HEMODIAL EA REPL   | BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT  | No Auth Required       |     |  |                      |  |
| E1570 | ADJUSTABLE CHAIR FOR ESRD PATIENTS   | ADJUSTABLE CHAIR FOR ESRD PATIENTS               | No Auth Required       |     |  |                      |  |
| E1575 | TRNSDUCCR PRTCTR/BARR HEMODIAL SZ-10 | TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10 | No Auth Required       |     |  |                      |  |
| E1580 | UNIPUNCTURE CONTROL SYSTEM HEMODIAL  | UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS      | No Auth Required       |     |  |                      |  |
| E1600 | DEL &OR INSTL CHARGES HEMODIAL EQP   | DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT       | No Auth Required       |     |  |                      |  |

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| E1610 | RVRS OSMOSIS H2O PURIF SYS HEMODIAL  | RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL     | No Auth Required       |  |  |                      |
| E1615 | DEIONIZER H2O PURIF SYS HEMODIAL     | DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS  | No Auth Required       |  |  |                      |
| E1620 | BLOOD PUMP HEMODIALYSIS REPLACEMENT  | BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT           | No Auth Required       |  |  |                      |
| E1625 | WATER SOFTENING SYSTEM HEMODIALYSIS  | WATER SOFTENING SYSTEM FOR HEMODIALYSIS           | No Auth Required       |  |  |                      |
| E1634 | PERITONEAL DIALYSIS CLAMPS EACH      | PERITONEAL DIALYSIS CLAMPS EACH                   | No Auth Required       |  |  |                      |
| E1636 | SORBENT CARTRIDGES HEMODIAL PER 10   | SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10        | No Auth Required       |  |  |                      |
| E1637 | HEMOSTATS EACH                       | HEMOSTATS EACH                                    | No Auth Required       |  |  |                      |
| E1639 | SCALE EACH                           | SCALE EACH  | No Auth Required       |  |  |                      |
| E1699 | DIALYSIS EQUIPMENT NOS               | DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED        | No Auth Required       |  |  |                      |
| E1700 | JAW MOTION REHABILITATION SYSTEM     | JAW MOTION REHABILITATION SYSTEM                  | Authorization Required | Temporomandibular Joint Dysfunction treatment    |  | Full Clinical Review |
| E1701 | REPL CUSHNS JAW MOT REHAB SYS PKG 6  | REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX       | Authorization Required | Temporomandibular Joint Dysfunction treatment    |  | Full Clinical Review |
| E1702 | REPL MSR SCLS JAW MOT REHAB SYS 200  | REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200     | Authorization Required | Temporomandibular Joint Dysfunction treatment    |  | Full Clinical Review |
| E1800 | DYN ADJUSTABLE ELB EXT/FLX DEVC      | DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL  | No Auth Required       |  |  |                      |
| E1801 | STATIC PROGRESSV STRETCH ELBOW DEVC  | STATIC PROGRESSIVE STRETCH ELBOW DEVC             | No Auth Required       |  |  |                      |
| E1802 | DYN ADJUSTBL FORARM PRON/SUPIN DEVC  | DYN ADJUSTBL FORARM PRON/SUPIN DEVC INTRFCE MATL  | No Auth Required       |  |  |                      |
| E1805 | DYN ADJUSTABLE WRIST EXT/FLX DEVC    | DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL   | No Auth Required       |  |  |                      |
| E1806 | STATIC PROGRESSV STRETCH WRIST DEVC  | STATIC PROGRESSIVE STRETCH WRIST DEVC             | No Auth Required       |  |  |                      |
| E1810 | DYN ADJUSTABLE KNEE EXT/FLX DEVC     | DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL    | No Auth Required       |  |  |                      |
| E1811 | STATIC PROGRESSV STRETCH KNEE DEVC   | STATIC PROGRESSIVE STRETCH KNEE DEVC              | No Auth Required       |  |  |                      |
| E1812 | DYN KNEE EXT/FLEX DEVC RESIST CNTRL  | DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL  | No Auth Required       |  |  |                      |
| E1815 | DYN ADJ ANK EXT/FLX DVC W/INTF MATL  | DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL   | No Auth Required       |  |  |                      |
| E1816 | STATIC PROGRESSV STRETCH ANKLE DEVC  | STATIC PROGRESSIVE STRETCH ANKLE DEVC             | No Auth Required       |  |  |                      |
| E1818 | STATIC PROGRSV STRETCH FOREARM DEVC  | STATIC PROGRESSIVE STRETCH FOREARM DEVC           | No Auth Required       |  |  |                      |
| E1820 | REPL SFT INTERFCE MATL DYN EXT/FLX   | REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC  | No Auth Required       |  |  |                      |
| E1821 | REPL SFT INTERFCE MATL/CUFF BI-DIR   | REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC      | No Auth Required       |  |  |                      |
| E1825 | DYN ADJUSTABLE FINGER EXT/FLX DEVC   | DYN ADJUSTBL FNGR EXT/FLX DEVC W/SFT INTRFCE MAT  | No Auth Required       |  |  |                      |
| E1830 | DYN ADJUSTABLE TOE EXT/FLX DEVC      | DYN ADJUSTBL TOE EXT/FLX DEVC W/SFT INTRFCE MATL  | No Auth Required       |  |  |                      |
| E1831 | STATIC PROGRESSIVE STRETCH TOE DEVC  | STATIC PROGRESSIVE STRETCH TOE DEVC               | No Auth Required       |  |  |                      |
| E1840 | DYN ADJUST SHLDR FLX/ABDUCT/ROT DVC  | DYN ADJUSTBL SHLDR FLX/ABDCT/ROT DEVC SFT MATL    | No Auth Required       |  |  |                      |
| E1841 | STATIC PROGRS STRETCH SHOULDER DEVC  | STATIC PROGRESSIVE STRETCH SHOULDER DEVC          | Authorization Required | DME  |  | Full Clinical Review |
| E1902 | CMNCT BD NON-ELEC AUG/ALTERN TV DEVC | CMNCT BD NON-ELEC AUG/ALTERN TV CMNCT DEVC        | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2000 | GASTR SUCTN PUMP HOME MODEL ELEC     | GASTR SUCTION PUMP HOM MODEL PRTBLE/STATION ELEC  | No Auth Required       |  |  |                      |
| E2100 | BLD GLU MON INTEGRT VOICE SYNTHESZR  | BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER    | Authorization Required | DME  |  | Full Clinical Review |
| E2101 | BLD GLU MON INTGRT LANCING/BLD SAMP  | BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE   | No Auth Required       |  |  |                      |
| E2120 | PULSE GEN SYS TYMPANIC TX INNR EAR   | PULSE GEN SYS TYMPANIC TX INNR EAR ENDOLYMPH FL   | Authorization Required | Hearing Aids                                     |  | Full Clinical Review |
| E2201 | MNL WC ACSS SEAT WTH >/=20 IN &<24   | MNL WC ACSS NONSTD SEAT WTH >/= 20 IN & < 24 IN   | No Auth Required       |  |  |                      |
| E2202 | MNL WC ACSS SEAT WIDTH 24-27 IN      | MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN    | No Auth Required       |  |  |                      |
| E2203 | MNL WC ACSS SEAT DEPTH 20 < 11 IN    | MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN  | No Auth Required       |  |  |                      |
| E2204 | MNL WC ACSS SEAT DEPTH 22-25 IN      | MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN    | Authorization Required | DME  |  | Full Clinical Review |
| E2205 | MNL WC HANDRIM W/O PROJ REPL EACH    | MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH  | No Auth Required       |  |  |                      |
| E2206 | MANL WC AC WL ASM CMPL REPL ONLY EA  | MANUAL WHEELCHAIR AC WL ASM CMPL REPL ONLY EA     | No Auth Required       |  |  |                      |
| E2207 | WHLCHAIR ACCESS CRUTCH&CANE HLDR EA  | WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH  | No Auth Required       |  |  |                      |
| E2208 | WHEELCHAIR ACCESS CYL TANK CARR EA   | WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH   | No Auth Required       |  |  |                      |
| E2209 | ARM TROUGH W/WO HAND SUPPORT EACH    | ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH      | No Auth Required       |  |  |                      |
| E2210 | WC ACCESS BEARINGS ANY TYPE REPL EA  | WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA  | No Auth Required       |  |  |                      |
| E2211 | MNL WC ACCESS PNEUMAT PROPULSN TIRE  | MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ  | No Auth Required       |  |  |                      |
| E2212 | MNL WC TUBE PNEUMAT PROPULSION TIRE  | MNL WC ACCESS TUBE PNEUMAT PROPULSION TIRE ANY SZ | No Auth Required       |  |  |                      |
| E2213 | MNL WC INSRT PNEUMAT PROPULSN TIRE   | MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ  | No Auth Required       |  |  |                      |
| E2214 | MNL WC ACCESS PNEUMAT CASTER TIRE    | MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE  | No Auth Required       |  |  |                      |
| E2215 | MNL WC ACSS TUBE PNEUMAT CASTR TIRE  | MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ  | No Auth Required       |  |  |                      |
| E2216 | MNL WC ACSS FOAM FILL PROPULSN TIRE  | MNL WC ACCESS FOAM FILL PROPULSION TIRE ANY SZ    | No Auth Required       |  |  |                      |

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| E2217 | MNL WC ACCSS FOAM FILL CASTER TIRE   | MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE  | No Auth Required       |     |  |                      |
| E2218 | MNL WC ACCSS FOAM PROPULSION TIRE    | MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE  | No Auth Required       |     |  |                      |
| E2219 | MNL WC ACCS FOAM CASTER TIRE ANY SZ  | MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA  | No Auth Required       |     |  |                      |
| E2220 | MNL WC AC SLD PROP T SZ RPL ONLY EA  | MNL WC ACCS SLD PROPULSION TIRE SZ REPL ONLY EA   | No Auth Required       |     |  |                      |
| E2221 | MNL WC AC SLD C TIR SZ REPL ONLY EA  | MNL WC AC SOLID CASTER TIRE ANY SZ REPL ONLY EA   | No Auth Required       |     |  |                      |
| E2222 | MNL WC AC SLD C TIRE I WHL SZ RPL E  | MNL WC AC SLD C TIRE I WHL SZ RPL E               | No Auth Required       |     |  |                      |
| E2224 | MNL WC AC P WHL EXCL T SZ RPL ONL E  | MNL WC ACCS PROP WHL EXCLD TIRE SZ REPL ONLY EA   | No Auth Required       |     |  |                      |
| E2225 | MNL WC CASTR WHL EXCLD TIRE REPL     | MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA  | No Auth Required       |     |  |                      |
| E2226 | MNL WC ACCS CASTR FORK REPL ONLY     | MNL WHLCHAIR ACCS CASTR FORK ANY SZ REPL ONLY EA  | No Auth Required       |     |  |                      |
| E2227 | MNL WC GEAR RED DRIVE WHEEL EACH     | MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH  | No Auth Required       |     |  |                      |
| E2228 | MNL WC WHL BRAKE SYS&LOCK COMPL EA   | MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA  | No Auth Required       |     |  |                      |
| E2230 | MNL WHEELCHAIR ACCESS MNL STAND SYS  | MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS   | No Auth Required       |     |  |                      |
| E2231 | MNL WC ACCESS SOLID SEAT SUPP BASE   | MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE  | No Auth Required       |     |  |                      |
| E2291 | BACK PLANR PED WC FIX ATTCH HARDWRE  | BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE  | No Auth Required       |     |  |                      |
| E2292 | SEAT PLANR PED WC FIX ATTCH HARDWRE  | SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE  | No Auth Required       |     |  |                      |
| E2293 | BACK CONTRD PED WC ATTCH HARDWARE    | BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE     | Authorization Required | DME |  | Full Clinical Review |
| E2294 | SEAT CONTRD PED WC ATTCH HARDWARE    | SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE     | Authorization Required | DME |  | Full Clinical Review |
| E2295 | MNL WC ACCESS PED SIZE WC SEAT FRME  | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME   | No Auth Required       |     |  |                      |
| E2300 | WC ACC PWR SEAT ELEV SYS ANY TYPE    | WHEELCHAIR ACC PWR SEAT ELEVATION SYS ANY TYPE    | No Auth Required       |     |  |                      |
| E2301 | WHEELCHAIR ACC PWR STND SYS ANY TYP  | WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE  | No Auth Required       |     |  |                      |
| E2310 | PWR WC ACCS ELEC CNCT BETWN WC CNTR  | PWR WC ACCS ELEC CNCT BETWN WC CNTRLLER&ONE PWR   | No Auth Required       |     |  |                      |
| E2311 | PWR WC ACCS ELEC CNCT BETWN WC CNTR  | PWR WC ACCS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE  | No Auth Required       |     |  |                      |
| E2312 | POWER WC HAND/CHIN CONTRL INTERFACE  | POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE    | No Auth Required       |     |  |                      |
| E2313 | POWER AC HARNESS UPGRD EXP CONTRLLR  | POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA  | No Auth Required       |     |  |                      |
| E2321 | PWR WC ACCS HND CNTRL NO PRPRTNL     | PWR WC ACCS HND CNTRL REMOT JOYSTCK NO PRPRTNL    | No Auth Required       |     |  |                      |
| E2322 | PWR WC ACCS MX MECH SWTCH NOPRPTNL   | PWR WC ACCS HND CNTRL MX MECH SWTCH NO PRPRTNL    | No Auth Required       |     |  |                      |
| E2323 | PWR WC ACCS SPCLTY JOYSTCK HND PRFB  | PWR WC ACCS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB  | No Auth Required       |     |  |                      |
| E2324 | PWR WC ACCS CHIN CUP CHIN CNTRL INT  | POWER WHLCHAIR ACCS CHIN CUP CHIN CNTRL INTERFCE  | No Auth Required       |     |  |                      |
| E2325 | PWR WC ACCS SIP&PUFF NONPRPTNAL      | PWR WC ACCS SIP&PUFF INTERFCE NONPROPRTNAL        | No Auth Required       |     |  |                      |
| E2326 | PWR WC ACCS BREATH TUBE KIT SIP&PUF  | PWR WC ACCS BREATH TUBE KIT SIP&PUFF INTERFCE     | No Auth Required       |     |  |                      |
| E2327 | PWR WC ACCS HEAD CNTRL MECH PRPRTNL  | PWR WC ACCS HEAD CNTRL INTERFCE MECH PROPRTNAL    | No Auth Required       |     |  |                      |
| E2328 | PWR WC ACCS HEAD/EXT ELEC PRPRTNL    | PWR WC ACCS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL     | No Auth Required       |     |  |                      |
| E2329 | PWR WC ACCS CNTC SWTCH NOPRPTNL      | PWR WC ACCS HEAD CNTRL CNTC SWTCH MECH NOPRPTNL   | No Auth Required       |     |  |                      |
| E2330 | PWR WC ACCS PROX SWTCH NOPRPTNL      | PWR WC ACCS HEAD PROX SWITCH MECH NONPRPTNL       | No Auth Required       |     |  |                      |
| E2331 | PWR WC ACCS ATDANT CNTRL PROPRTNAL   | PWR WC ACCS ATTENDANT CONTROL PROPRTIONAL         | No Auth Required       |     |  |                      |
| E2340 | POWER WC NONSTAND SEAT WD 20-23 IN   | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN   | No Auth Required       |     |  |                      |
| E2341 | PWR WC ACCS NONSTD SEAT W 24-27 IN   | PWR WC ACCS NONSTD SEAT FRME WIDTH 24-27 IN       | Authorization Required | DME |  | Full Clinical Review |
| E2342 | PWR WC NONSTD SEAT DEPTH 20/21 IN    | PWR WC ACCS NONSTD SEAT FRME DEPTH 20/21 IN       | No Auth Required       |     |  |                      |
| E2343 | PWR WC NONSTD SEAT DEPTH 22-25 IN    | PWR WC ACCS NONSTD SEAT FRME DEPTH 22-25 IN       | Authorization Required | DME |  | Full Clinical Review |
| E2351 | PWR WC ACCS ELEC OP SPCH GEN DEVC    | PWR WC ACCS ELEC INTERFCE OPERATE SPCH GEN DEVC   | Authorization Required | DME |  | Full Clinical Review |
| E2358 | PWR WC GRP 34 NONSEALED LA BATT EA   | PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA  | No Auth Required       |     |  |                      |
| E2359 | PWR WC GRP 34 SEALED LA BATT EA      | PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA  | No Auth Required       |     |  |                      |
| E2360 | PWR WC ACCS 22 NF NON-SEALED BATTERY | PWR WC ACCS 22 NF NON-SEALED LEAD ACID BATTERY EA | No Auth Required       |     |  |                      |
| E2361 | PWR WC ACCS 22NF SEALED LEAD BATTERY | PWR WC ACCS 22NF SEALED LEAD ACID BATTERY EA      | No Auth Required       |     |  |                      |
| E2362 | PWR WC ACCS GRP 24 NON-SEALED BATT   | PWR WC ACCS GRP 24 NON-SEALED LEAD ACID BATT EA   | No Auth Required       |     |  |                      |
| E2363 | PWR WC ACCS GRP 24 SEALED BATTERY    | PWR WC ACCS GRP 24 SEALED LEAD ACID BATTERY EA    | No Auth Required       |     |  |                      |
| E2364 | PWR WC ACCS U-1 NON-SEALED BATTERY   | PWR WC ACCS U-1 NON-SEALED LEAD ACID BATTERY EA   | No Auth Required       |     |  |                      |
| E2365 | PWR WC ACCS U-1 SEALED BATTERY       | PWR WHLCHAIR ACCS U-1 SEALED LEAD ACID BATTERY EA | No Auth Required       |     |  |                      |
| E2366 | PWR WC ACCS BATTERY CHARGER 1 MODE   | PWR WC ACCS BATTERY CHRGR 1 MODE W/ONLY 1 BATTERY | No Auth Required       |     |  |                      |
| E2367 | PWR WC ACCS BATTERY CHARGER DUL MODE | PWR WC ACCS BATT CHRGR DUL MODE W/EITHER BATT EA  | No Auth Required       |     |  |                      |
| E2368 | PWR WC CMPNT DR WHEEL MTR REPL ONLY  | POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY     | No Auth Required       |     |  |                      |
| E2369 | PWR WC CMPNNT DR WHL GR BX RPL ONLY  | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY    | No Auth Required       |     |  |                      |

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| E2370 | P WC CMP INT DR WHL MTR&GB CMB RPL  | PWR WC COMP INT DR WHL MTR&GR BOX COMB REPL ONLY  | No Auth Required       |  |  |                      |
| E2371 | PWR WC GRP 27 SEALED LEAD ACID BATT | POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA  | No Auth Required       |  |  |                      |
| E2372 | PWR WC GRP 27 NONSEAL LED ACID BATT | PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA | No Auth Required       |  |  |                      |
| E2373 | PWR WC MINI COMPACT REMOTE JOYSTICK | PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK  | No Auth Required       |  |  |                      |
| E2374 | PWR WC STANDRD REMOTE JOYSTICK REPL | PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY  | No Auth Required       |  |  |                      |
| E2375 | PWR WC NONEXPANDBLE CONTROLLER REPL | PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY   | No Auth Required       |  |  |                      |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPL   | PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY     | No Auth Required       |  |  |                      |
| E2377 | PWR WC EXPANDBL CONTROLLER UPGRADE  | PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE   | No Auth Required       |  |  |                      |
| E2378 | POWER WC CMPNT ACTUATOR REPL ONLY   | POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY  | No Auth Required       |  |  |                      |
| E2381 | PWR WC PNEUMATIC WHEEL TIRE REPL EA | PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH  | No Auth Required       |  |  |                      |
| E2382 | PWR WC TUBE WHEEL TIRE REPL EA      | PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH  | No Auth Required       |  |  |                      |
| E2383 | PWR WC INSERT WHEEL TIRE REPL EA    | PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA   | No Auth Required       |  |  |                      |
| E2384 | PWR WC PNEUMATIC CASTR TIRE REPL EA | PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH       | No Auth Required       |  |  |                      |
| E2385 | PWR WC TUBE CASTER TIRE REPL EA     | PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH  | No Auth Required       |  |  |                      |
| E2386 | PWR WC FOAM FILL WHEEL TIRE REPL EA | PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA  | No Auth Required       |  |  |                      |
| E2387 | PWR WC FOAM FILL CASTR TIRE REPL EA | PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH     | No Auth Required       |  |  |                      |
| E2388 | PWR WC FOAM WHEEL TIRE REPL ONLY EA | PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH       | No Auth Required       |  |  |                      |
| E2389 | PWR WC FORM CASTER TIRE REPL EACH   | PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH     | No Auth Required       |  |  |                      |
| E2390 | PWR WC SOLID WHEEL TIRE REPL EACH   | PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH      | No Auth Required       |  |  |                      |
| E2391 | PWR WC SOLID CASTER TIRE REPL EACH  | PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH    | No Auth Required       |  |  |                      |
| E2392 | PWR WC S CASTR TIRE INTEGRT REPL EA | PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA  | No Auth Required       |  |  |                      |
| E2394 | PWR WC DRIVE WHEEL EXCL TIRE REPL   | PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH   | No Auth Required       |  |  |                      |
| E2395 | PWR WC CASTER WHEEL EXCL TIRE REPL  | PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH  | No Auth Required       |  |  |                      |
| E2396 | PWR WC CASTER FORK REPL ONLY EACH   | PWR WC CASTER FORK REPLACEMENT ONLY EACH          | No Auth Required       |  |  |                      |
| E2397 | POWER WC LITHIUM BASED BATTERY EACH | POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA | No Auth Required       |  |  |                      |
| E2398 | WHEELCHAIR AC DYN POS HARDWARE BACK | WHEELCHAIR ACCESSORY DYNAMIC POS HARDWARE BACK    | No Auth Required       |  |  |                      |
| E2402 | NEG PRSS WND TX PUMP STATN/PRTBL    | NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE  | Authorization Required | DME  |  | Full Clinical Review |
| E2500 | SPEECH GEN DEV DIGTIZD<=/8 MINS REC | SPEECH GEN DEVC DIGITIZED <=/ 8 MINS REC TIME     | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2502 | SPCH GEN DEVC DGTZD>8<= 20 MINS REC | SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2504 | SPCH GEN DEVC DGTZD>20<=/40 MIN REC | SPCH GEN DEVC DIGTIZD>20 MINS<=/40 MINS REC TIME  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2506 | SPCH GEN DEVC DIGTIZD>40 MINS REC   | SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME     | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS    | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT    | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2510 | SPCH GEN DVC SYNTHSIZD MX METH MESS | SPCH GEN DEVC SYNTHSIZD MX METH MESS&DEVC ACSS    | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM  | SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2512 | ACSS SPCH GEN DEVICE MOUNTING SYS   | ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM   | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2599 | ACCESS SPEECH GENERATING DEVICE NOC | ACCESSORY FOR SPEECH GENERATING DEVICE NOC        | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| E2601 | GEN WC SEAT CUSHN WIDTH < 22 DEPTH  | GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH   | No Auth Required       |  |  |                      |
| E2602 | GEN WC SEAT CSHN WPTH 22 IN/GT DPTH | GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH  | No Auth Required       |  |  |                      |
| E2603 | SKN PROTCT WC SEAT WPTH<22IN DPTH   | SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH  | No Auth Required       |  |  |                      |
| E2604 | SKN PROTECT WC SEAT WPTH 22 IN/GT   | SKN PROTECTION WC SEAT CUSHN WPTH 22 IN/GT DEPTH  | No Auth Required       |  |  |                      |
| E2605 | PSTN WC SEAT CUSHN WIDTH < 22 DEPTH | PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH    | No Auth Required       |  |  |                      |
| E2606 | PSTN WC SEAT CSHN WPTH 22IN/GT DPTH | PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH   | No Auth Required       |  |  |                      |
| E2607 | SKN PROTCT&PSTN WC SEAT WPTH <22IN  | SKN PROTECT&PSTN WC SEAT CUSHN WPTH <22 IN DEPTH  | No Auth Required       |  |  |                      |
| E2608 | SKN PROTCT&PSTN WC SEAT WPTH 22IN/> | SKN PROTECT&PSTN WC SEAT CUSHN WPTH 22 IN/GT DPTH | No Auth Required       |  |  |                      |
| E2609 | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE    | No Auth Required       |  |  |                      |
| E2610 | WHEELCHAIR SEAT CUSHION POWERED     | WHEELCHAIR SEAT CUSHION POWERED                   | No Auth Required       |  |  |                      |
| E2611 | GEN WC BACK CUSHN WIDTH < 22 IN HT  | GEN WC BACK CUSHN WPTH < 22 IN HT MOUNT HARDWARE  | No Auth Required       |  |  |                      |
| E2612 | GEN WC BACK CUSHN WIDTH 22 IN/GT HT | GEN WC BACK CUSHN WPTH 22 IN/GT HT MOUNT HARDWRE  | No Auth Required       |  |  |                      |

|       |                                      |  |                        |     |  |                      |
|-------|--------------------------------------|--|------------------------|-----|--|----------------------|
| E2613 | PSTN WC BACK CUSHN POST WIDTH <22 IN | PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT | No Auth Required       |     |  |                      |
| E2614 | PSTN WC BACK CUSHN POST WD 22 IN/>   | PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT | Authorization Required | DME |  | Full Clinical Review |
| E2615 | PSTN WC BACK CUSHN POSTLAT WD<22 IN  | PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT  | No Auth Required       |     |  |                      |
| E2616 | PSTN WC BACK CUSH POSTLAT WD 22IN/>  | PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT  | Authorization Required | DME |  | Full Clinical Review |
| E2617 | CSTM FAB WC BACK CUSHION ANY SIZE    | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE | No Auth Required       |     |  |                      |
| E2619 | REPL COVER WC SEAT/BACK CUSHN EA     | REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA   | No Auth Required       |     |  |                      |
| E2620 | PSTN WC BACK CUSHN PLANAR WD <22 IN  | PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN <22 IN   | Authorization Required | DME |  | Full Clinical Review |
| E2621 | PSTN WC BACK CUSHN PLANAR WD 22IN/>  | PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN 22 IN/>  | Authorization Required | DME |  | Full Clinical Review |
| E2622 | SKIN PROTECT WC CUSH WIDTH <22 IN    | SKIN PROTECT WC SEAT CUSH WIDTH <22 IN ANY DEPTH | No Auth Required       |     |  |                      |
| E2623 | SKIN PROTECT WC CUSH WIDTH 22 IN/>   | SKIN PROTCT WC SEAT CUSH WIDTH 22 IN/> ANY DEPTH | No Auth Required       |     |  |                      |
| E2624 | SKIN PROTCT&POSITION WC CUSH WD <22  | SKIN PROTECT & POSITIONING WC CUSH WIDTH < 22 IN | No Auth Required       |     |  |                      |
| E2625 | SKIN PROTCT&POSITION WC CUSH W 22/>  | SKIN PROTECT & POSITIONING WC CUSH WIDTH 22 IN/> | No Auth Required       |     |  |                      |
| E2626 | WC SHLDR ELB MOBL ARM SUPP ADJUSTBL  | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE  | Authorization Required | DME |  | Full Clinical Review |
| E2627 | WC SHLDR ELB M SUPP ADJUSTBL RANCHO  | WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO   | Authorization Required | DME |  | Full Clinical Review |
| E2628 | WC SHLDR ELB MOBIL SUPP RECLINING    | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING  | Authorization Required | DME |  | Full Clinical Review |
| E2629 | WC SHLDR ELB M SUPP FRICTN ARM SUPP  | WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP | Authorization Required | DME |  | Full Clinical Review |
| E2630 | WC SHLDR ELB M SUP MONOSUSP ARM HND  | WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP | Authorization Required | DME |  | Full Clinical Review |
| E2631 | WC ADD MOBIL ARM SUPP ELEV PROX ARM  | WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM   | No Auth Required       |     |  |                      |
| E2632 | WC ADD MOBIL SUP OFFSET/LAT RCKR ARM | WC ACCESS ADD MOBIL ARM SUPP OFFSET/LAT RCKR ARM | No Auth Required       |     |  |                      |
| E2633 | WC ACSS ADD MOBIL ARM SUPP SUPINATR  | WC ACCESS ADD MOBILE ARM SUPPORT SUPINATOR       | No Auth Required       |     |  |                      |
| G0008 | ADMINISTRATION INFLUENZA VIRUS VACC  | ADMINISTRATION OF INFLUENZA VIRUS VACCINE        | No Auth Required       |     |  |                      |
| G0009 | ADMINISTRATION PNEUMOCOCCAL VACC     | ADMINISTRATION OF PNEUMOCOCCAL VACCINE           | No Auth Required       |     |  |                      |
| G0010 | ADMINISTRATION HEPATITIS B VACCINE   | ADMINISTRATION OF HEPATITIS B VACCINE            | No Auth Required       |     |  |                      |
| G0068 | PS ADM ANTI-INF PM ADM CD H E 15M    | PROF SRVC ADM ANTI-INFEC PM ADM CD IND HM E 15 M | No Auth Required       |     |  |                      |
| G0069 | PROF SRVC ADM SQ IMT ADM CD H E 15M  | PROF SRVC ADM SUBQ IMT ADM CAL DA IND HM EA 15 M | No Auth Required       |     |  |                      |
| G0070 | PROF SRVC ADM CHEMO ADM CD H E 15 M  | PROF SRVC ADM CHEMO ADM CAL DA IND HOME EA 15 M  | No Auth Required       |     |  |                      |
| G0071 | PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY  | PMT CMNCT TECH-BASED SERVICES; RHC OR FQHC ONLY  | No Auth Required       |     |  |                      |
| G0076 | BRIEF CARE MGMT HOME VISIT NEW PT    | BRIEF CARE MANAGEMENT HOME VISIT NEW PATIENT     | No Auth Required       |     |  |                      |
| G0077 | LIMITED CARE MGM HOME VISIT NEW PT   | LIMITED CARE MANAGEMENT HOME VISIT NEW PATIENT   | No Auth Required       |     |  |                      |
| G0078 | MODERATE CARE MGMT HOME VST NEW PT   | MODERATE CARE MANAGEMENT HOME VISIT FOR NEW PT   | No Auth Required       |     |  |                      |
| G0079 | COMP CARE MGMT HOME VISIT NEW PT     | COMPREHENSIVE CARE MGMT HOME VISIT NEW PATIENT   | No Auth Required       |     |  |                      |
| G0080 | EXTENSIVE CARE MGMT HOME VST NEW PT  | EXTENSIVE CARE MANAGEMENT HOME VISIT FOR NEW PT  | No Auth Required       |     |  |                      |
| G0081 | BRIEF CARE MGM HOME VISIT EXIST PT   | BRIEF CARE MANAGEMENT HOME VISIT FOR EXISTING PT | No Auth Required       |     |  |                      |
| G0082 | LIMITED CARE MGMT HOME VST EXIST PT  | LIMITED CARE MANAGEMENT HOME VISIT FOR EXIST PT  | No Auth Required       |     |  |                      |
| G0083 | MODERATE CARE MGMT HOME VST EXST PT  | MODERATE CARE MANAGEMENT HOME VISIT FOR EXIST PT | No Auth Required       |     |  |                      |
| G0084 | COMP CARE MGMT HOME VISIT EXIST PT   | COMPREHENSIVE CARE MGMT HOME VISIT FOR XST PT    | No Auth Required       |     |  |                      |
| G0085 | EXTENSIVE CARE MGM HOME VST EXST PT  | EXTENSIVE CARE MANAGEMENT HOME VISIT FOR EXST PT | No Auth Required       |     |  |                      |
| G0086 | LMTD CARE MGMT HOME CARE PLAN OVER   | LIMITED CARE MANAGEMENT HOME CARE PLAN OVERSIGHT | No Auth Required       |     |  |                      |
| G0087 | COMP CARE MGMT HOME CARE PLAN OVER   | COMPREHENSIVE CARE MGMT HOME CARE PLAN OVERSIGHT | No Auth Required       |     |  |                      |
| G0101 | CERV/VAG CANCR SCR;PELV&CLN BRST EX  | CERV/VAGINAL CANCER SCR; PELV&CLIN BREAST EXAM   | No Auth Required       |     |  |                      |
| G0102 | PROS CANCER SCR; DIGTL RECTAL EXAM   | PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION  | No Auth Required       |     |  |                      |
| G0103 | PROSTATE CANCER SCREENING; PSA TEST  | PROSTATE CANCER SCREENING; PSA TEST              | No Auth Required       |     |  |                      |
| G0104 | COLOREC CANCER SCREENING; FLEXSIG    | COLORECTAL CANCER SCREENING; FLEXSIG             | No Auth Required       |     |  |                      |
| G0105 | COLOREC CANCR SCR; COLNSCPY HI RISK  | COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK | No Auth Required       |     |  |                      |
| G0106 | COLOREC CANCR SCR; SIGMOIDSCOPY      | COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA | No Auth Required       |     |  |                      |
| G0108 | DM OP SLF-MGMT TRN SRVC IND-30 MIN   | DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN | No Auth Required       |     |  |                      |
| G0109 | DM SLF-MGMT TRN SRVC GRP-30 MIN      | DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN | No Auth Required       |     |  |                      |
| G0117 | GLAUC SCR HI RISK BY OPT/OPHTHLGIST  | GLAUC SCR HI RISK BY OPTOMETRST/OPHTHALMOLOGIST  | No Auth Required       |     |  |                      |
| G0118 | GLAUC SCR HI RISK UND DIR SUP DR     | GLAUC SCR HI RSK UND DIR SUP OPTMTRST/OPHTHLGIST | No Auth Required       |     |  |                      |
| G0120 | COLOREC CANCR SCR;COLNSCPY BA ENEMA  | COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA   | No Auth Required       |     |  |                      |
| G0121 | COLOREC CNCR SCR;COLNSCPY NO HI RSK  | COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK     | No Auth Required       |     |  |                      |
| G0123 | SCR CERV/VAG THIN LAY W/PHYS SUP     | SCR CYTOPATH CERV/VAG SCR CYTOTECH UND PHYS SUPV | No Auth Required       |     |  |                      |



|       |                                      |  |                        |                      |  |  |  |
|-------|--------------------------------------|--|------------------------|----------------------|--|--|--|
| G0124 | SCR CERV/VAG THIN LAY PHYS INTERP    | SCR CYTOPATH CERV/VAG THIN LAY PREP INTEPR PHYS  | No Auth Required       |                      |  |  |  |
| G0127 | TRIM DYSTROPHIC NAILS ANY NUMBER     | TRIMMING OF DYSTROPHIC NAILS ANY NUMBER          | No Auth Required       |                      |  |  |  |
| G0128 | DIR SKLED SERV RN OP REHAB EA 10MIN  | DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5  | No Auth Required       |                      |  |  |  |
| G0129 | OCCUP TX REQ QUAL TRPST PER SESSION  | OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION | No Auth Required       |                      |  |  |  |
| G0130 | SEXA BN DNSITY STDY 1/>; APPNDICULR  | SEXA BN DNSITY STDY 1/> SITE; APPNDICULR SKEL    | No Auth Required       |                      |  |  |  |
| G0141 | SCR CERV/VAG MNL RSCR PHYS INTERP    | SCR CYTOPATH SMER CERV/VAG MNL RSCR INTEPR PHYS  | No Auth Required       |                      |  |  |  |
| G0143 | SCR CERV/VAG MNL SCR/RSCR UND PHYS   | SCR CYTOPATH CERV/VAG MNL SCR&RSCR UND PHYS      | No Auth Required       |                      |  |  |  |
| G0144 | SCR CERV/VAG SCR AUTO UND PHYS       | SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS | No Auth Required       |                      |  |  |  |
| G0145 | SCR CERV/VAG AUTO&MNL RSCR PHYS      | SCR CYTOPATH CERV/VAG SCR AUTO&MNL RSCR PHYS     | No Auth Required       |                      |  |  |  |
| G0147 | SCR SMEARS CERV/VAG AUTO UND PHYS    | SCR CYTOPATH SMERS CERV/VAG AUTO UND PHYS SUPV   | No Auth Required       |                      |  |  |  |
| G0148 | SCR SMEARS CERV/VAG MNL RESCR        | SCR CYTOPATH SMERS CERV/VAG AUTO SYS W/MNL RESCR | No Auth Required       |                      |  |  |  |
| G0151 | SRVC PT HOM HLTH/HOSPICE EA 15 MIN   | SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN  | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0152 | SRVC OT HOM HLTH/HOSPICE EA 15 MIN   | SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0153 | SRVC SPCH&LANG PATH HH/HOSPICE EA 15 | SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN  | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0155 | SRVC CLINICAL SW HH/HOSPICE EA 15    | SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0156 | SRVC HH/HOSPICE AIDE EA 15 MIN       | SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0157 | SRVC PT ASSIST HH/HOSPICE EA 15 MIN  | SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0158 | SRVC OT ASSIST HH/HOSPICE EA 15 MIN  | SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN  | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0159 | SRVC PT HH EST/DEL PT MP EA 15 MINS  | SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0160 | SRVC OT HH EST/DEL OT MP EA 15 MIN   | SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0161 | SRVC SLP HH EST/DEL SLP TX MP 15 MN  | SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0162 | SKILLED SRVC RN M&E POC; EA 15 MINS  | SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS  | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0166 | EXT COUNTERPULSATION-TX SESSION      | EXTERNAL COUNTERPULSATION PER TREATMENT SESSION  | No Auth Required       |                      |  |  |  |
| G0168 | WOUND CLOS UTIL TISSUE ADHES ONLY    | WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY     | No Auth Required       |                      |  |  |  |
| G0175 | SCHED INTRDISCIPLN TEAM CONF PT PRS  | SCHED INTERDISCIPLINARY TEAM CONF W/PT PRESENT   | No Auth Required       |                      |  |  |  |
| G0176 | ACTV TX PTS DISABL MENTL HLTH-SESS   | ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS   | No Auth Required       |                      |  |  |  |
| G0177 | TRN&ED PTS DISABL MENTL HLTH-SESS    | TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS    | No Auth Required       |                      |  |  |  |
| G0179 | PHYS RE-CERT MCR-COVR HOM HLTH SRVC  | PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD  | No Auth Required       |                      |  |  |  |
| G0180 | PHYS CERT MCR-COVR HOM HLTH SRVC     | PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD    | No Auth Required       |                      |  |  |  |
| G0181 | PHYS SUPV PT RECV MCR-COVR HOM HLTH  | PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY    | No Auth Required       |                      |  |  |  |
| G0182 | PHYS SUPV PT UND MCR-APPRVD HOSPICE  | PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE     | Authorization Required | Home Health Services |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0186 | DESTRUC LES CHOROID; PHOTOCOAG FEDR  | DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH | No Auth Required       |                      |  |  |  |
| G0237 | MUSCLES FACE FACE 1 ON 1 EA 15 MIN   | MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES  | No Auth Required       |                      |  |  |  |
| G0238 | TX PROC IMPRV RESP NOT G0237 15 MIN  | TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN | No Auth Required       |                      |  |  |  |
| G0239 | TX PROC IMPRV RESP FUNCT 2/> IND     | TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2/> IND  | No Auth Required       |                      |  |  |  |
| G0245 | INIT PHYS E&M DIABETIC PT W/LOPS     | INITIAL PHYS E&M DIABETIC NEUROPATHY W/LOPS      | No Auth Required       |                      |  |  |  |
| G0246 | F/U EVAL DIABETIC PT W/LOPS          | FOLLOWUP EVAL DIABETIC PT NEUROPATHY W/LOPS      | No Auth Required       |                      |  |  |  |
| G0247 | ROUTINE FT CARE PHYS DIAB PT W/LOPS  | ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W/LOPS  | No Auth Required       |                      |  |  |  |
| G0248 | DEMONSTRATION HOME INR MONITOR       | DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE     | No Auth Required       |                      |  |  |  |
| G0249 | PRVS TST MATL&EQUIP HM INR MON;Q WK  | PRVS TEST MATL & EQUIP HOME INR MON; ONCE A WEEK | No Auth Required       |                      |  |  |  |

|       |                                      |  |                        |   |   |  |  |
|-------|--------------------------------------|--|------------------------|---|---|--|--|
| G0250 | PHYS REV INTEPR HOME INR MON; Q WK   | PHYS REV INTEPR & PT MGMT HOME INR MON; 1 A WEEK | No Auth Required       |   |   |  |  |
| G0257 | UNSCHD/EMRG DIALYS HOS OP NOT CERT   | UNSCHD/EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT | No Auth Required       |   |   |  |  |
| G0259 | INJECTION PROC SI JNT; ARTHROGRAPY   | INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY      | No Auth Required       |   |   |  |  |
| G0260 | INJ SI JNT; ANES &/TX AGT &ARTHROG   | INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH  | No Auth Required       |   |   |  |  |
| G0268 | REMV IMP CERUMN SAME DATE FUNCT TST  | REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST  | No Auth Required       |   |   |  |  |
| G0269 | PLCMT OCCL DEVC POST SURG/INTRVNL    | PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC | No Auth Required       |   |   |  |  |
| G0270 | MED NUT TX; REASSESS W/PT EA 15 MIN  | MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN | No Auth Required       |   |   |  |  |
| G0271 | MED NUT TX REASSESS GRP EA 30 MIN    | MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN   | No Auth Required       |   |   |  |  |
| G0276 | PILD/PLACEBO CONTROL CLIN TR         | PILD/PLACEBO CONTROL CLIN TR                     | No Auth Required       |   |   |  |  |
| G0277 | HPO UND PRSS FULL B CHMBR PER 30 MN  | HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT     | Authorization Required | Hyperbaric Oxygen   |   | Full Clinical Review   |  |
| G0278 | ILIAC&/FEM ART ANGIO TIME CARD CATH  | ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH    | No Auth Required       |   |   |  |  |
| G0279 | DX DIGTL BRST TOMOSYNTHESIS UNI/BIL  | DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL  | No Auth Required       |   |   |  |  |
| G0281 | E-STIM 1/> CHRN STAGE III&IV ULCRS   | E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS     | Authorization Required | Radiology - diagnostic radiology  |   | Full Clinical Review   |  |
| G0283 | E-STIM 1/>NOT WND CARE PART TX PLAN  | E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN  | No Auth Required       |   |   |  |  |
| G0288 | RECON CT ANGIO AORTA PLAN VASC SURG  | RECON CT ANGIO AORTA SURG PLANNING VASC SURG     | No Auth Required       |   |   |  |  |
| G0289 | SCOPE KNEE REMV FB TM SURG DIFF COMP | SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT | No Auth Required       |   |   |  |  |
| G0293 | NONCOVR SURG SEDAT ANES-MCR QUAL     | NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY | Authorization Required | Surgery   |   | Full Clinical Review   |  |
| G0294 | NONCOVR PROC NO ANES/LOC-MCR QUAL    | NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY | Authorization Required | Surgery   |   | Full Clinical Review   |  |
| G0296 | CNSL VST DISCUSS LDCT LW DS CT SCAN  | CNSL VISIT DISCUSS LDCT USING LOW DOSE CT SCAN   | No Auth Required       |   |   |  |  |
| G0297 | LOW DOSE CT SCAN FOR LUNG CANCR SCR  | LOW DOSE CT SCAN FOR LUNG CANCER SCREENING       | Authorization Required | Radiology - diagnostic radiology  |   | Full Clinical Review   |  |
| G0299 | DIR SNS RN HH/HOSPICE SET EA 15 MIN  | DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN  | Authorization Required | Home Health Services  |   | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0300 | DIR SNS LPN HH/HOSPICE SET EA 15 MIN | DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN   | Authorization Required | Home Health Services  |   | Full Clinical Review<br><b>Effective Jan. 2021</b><br><b>Temporary Change: Network Validation Review</b> |  |
| G0302 | PRE-OP PULM SURG SRVC PREP LVRS CMP  | PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC | No Auth Required       |   |   |  |  |
| G0303 | PRE-OP PULM SURG PREP LVRS 10-15 DA  | PRE-OP PULM SURG SRVC PREP LVRS 10-15 DA SRVC    | No Auth Required       |   |   |  |  |
| G0304 | PRE-OP PULM SURG PREP LVRS 1-9 DA    | PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC           | No Auth Required       |   |   |  |  |
| G0305 | POST-D/C PULM SURG SRVC AFTER LVRS   | POST-D/C PULM SURG AFTER LVRS MINI 6 DAYS SRVC   | No Auth Required       |   |   |  |  |
| G0306 | CMPL CBC AUTO&AUTO WBC DIFF COUNT    | COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT  | No Auth Required       |   |   |  |  |
| G0307 | COMPLETE CBC AUTOMATED               | COMPLETE CBC AUTOMATED                           | No Auth Required       |   |   |  |  |
| G0328 | COLOREC CA SCR; FOB TST IMMUNO 1-3   | COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS  | No Auth Required       |   |   |  |  |
| G0329 | EM TX ULCERS NOT HEALING 30 DA CARE  | ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE    | Authorization Required | Wound Therapy   | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review   |  |
| G0333 | PHRM DISPEN FEE INHL RX;1ST 30-DAY   | PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY | No Auth Required       |   |   |  |  |
| G0337 | HOSPICE EVAL&CNSL SRVC PREELECTION   | HOSPICE EVALUATION & CNSL SERVICES PREELECTION   | No Auth Required       |   |   |  |  |
| G0339 | IMAGE GUID ROBOT ACCL SRS TX 1 SESS  | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS | Authorization Required | Surgery   |   | Full Clinical Review   |  |
| G0340 | IMAGE GUID ROB SRS FRAC TX 2-5 SESS  | IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS | Authorization Required | Surgery   |   | Full Clinical Review   |  |
| G0341 | PERQ ISLET CELL TPLNT PV CATH&INFUS  | PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |   | Full Clinical Review   |  |
| G0342 | LAP ISLET CELL TPLNT PV CATH&INFUS   | LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |   | Full Clinical Review   |  |
| G0343 | LAPROT ISLET CELL TPLNT PV CATH&INF  | LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS | Authorization Required | Transplants and transplant related services (including pre and post transplant testing) |   | Full Clinical Review   |  |
| G0372 | PHYS EST & DOC NEED PWR MOBIL DEVC   | PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC   | No Auth Required       |   |   |  |  |
| G0378 | HOSPITAL OBSERVATN SERVICE PER HOUR  | HOSPITAL OBSERVATION SERVICE PER HOUR            | No Auth Required       |   |   |  |  |
| G0379 | DIRECT ADMISSION PT HOSP OBS CARE    | DIRECT ADMISSION PATIENT HOSPITAL OBSERV CARE    | No Auth Required       |   |   |  |  |
| G0380 | LEVEL 1 HOSP ED VISIT TYPE B ED;     | LEVEL 1 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED; | No Auth Required       |   |   |  |  |
| G0381 | LEVEL 2 HOSP ED VISIT TYPE B ED;     | LEVEL 2 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED; | No Auth Required       |   |   |  |  |
| G0382 | LEVEL 3 HOSP ED VISIT TYPE B ED;     | LEVEL 3 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED; | No Auth Required       |   |   |  |  |
| G0383 | LEVEL 4 HOSP ED VISIT TYPE B ED;     | LEVEL 4 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED; | No Auth Required       |   |   |  |  |
| G0384 | LEVEL 5 HOSP ED VISIT TYPE B ED;     | LEVEL 5 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED; | No Auth Required       |   |   |  |  |
| G0390 | TRAUMA RESPONSE TEAM W/HOSP CC SERV  | TRAUMA RESPONSE TEAM ASSOC W/HOSP CC SERVICE     | No Auth Required       |   |   |  |  |

|       |                                     |   |                        |               |  |  |
|-------|-------------------------------------|---|------------------------|---------------|--|--|
| G0396 | ALC &/ SUBSTNC ABUSE ASSESS 15-30 M | ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT 15-30 MIN    | No Auth Required       |               |  |  |
| G0397 | ALC &/ SUBSTNC ABUSE ASSESS >30 MIN | ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT >30 MIN      | No Auth Required       |               |  |  |
| G0398 | HST W/TYPE II PRTBLE MON MIN 7 CH   | HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH      | Authorization Required | Sleep Studies |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| G0399 | HST TYPE III PRTBLE MON MIN 4 CH    | HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH     | Authorization Required | Sleep Studies |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| G0400 | HST TYPE IV PRTBLE MON MIN 3 CH     | HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH      | Authorization Required | Sleep Studies |  | Full Clinical Review<br><b>Effective Jan. 2021</b><br><i>Temporary Change: Network Validation Review</i> |
| G0402 | INIT PREV PE LTD DUR 1ST 12 MOS MCR | INIT PREV PE LTD NEW BENEF DUR 1ST 12 MOS MCR     | No Auth Required       |               |  |  |
| G0403 | ECG RTN ECG 12 LEADS 1ST PREV PE    | ECG RTN ECG W/12 LEADS SCR INIT PREVENTV PE W/I&R | No Auth Required       |               |  |  |
| G0404 | ECG RTN ECG W/12 LEADS TRACING ONLY | ECG RTN ECG W/12 LEADS TRACING ONLY W/O I&R       | No Auth Required       |               |  |  |
| G0405 | ECG RTN ECG W/12 LEADS I&R ONLY     | ECG RTN ECG W/12 LEADS INTERPR & REPORT ONLY      | No Auth Required       |               |  |  |
| G0406 | FU IP CNSLT LTD 15 MIN VIA TELEHLTH | F/U IP CNSLT LTD PHYS 15 MIN W/PT VIA TELEHEALTH  | No Auth Required       |               |  |  |
| G0407 | FU IP CNSLT INTRMD 25 MIN TELEHLTH  | F/U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH  | No Auth Required       |               |  |  |
| G0408 | FU IP CNSLT CMLPX 35 MIN/>TELEHLTH  | F/U IP CNSLT CMLPX PHYS 35 MIN/>PT VIA TELEHLTH   | No Auth Required       |               |  |  |
| G0409 | SW & PSYCH SRVC EA 15 MIN F/F IND   | SOCL WRK & PSYCH SRVC EA 15 MIN FACE-TO-FACE IND  | No Auth Required       |               |  |  |
| G0410 | GRP PSYCH NOT FAM PAR HOS 45-50 MIN | GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN    | No Auth Required       |               |  |  |
| G0411 | INTRACTV GRP PSYCH PAR HOS 45-50 MN | INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN      | No Auth Required       |               |  |  |
| G0412 | OPN TX ILIAC SPINE/ILIAC WING FX    | OPN TX ILIAC SPINE TUBEROSITY AVUL/ILIAC WING FX  | No Auth Required       |               |  |  |
| G0413 | PERQ SKEL FIX POST PELV BONE FX     | PERQ SKEL FIX POST PELV BONE FX&/DISLOC UNI/BIL   | No Auth Required       |               |  |  |
| G0414 | OPN TX ANT PELV BONE FX &/ DISLOC   | OPN TX ANT PELV BONE FX &/ DISLOC UNI/BIL         | No Auth Required       |               |  |  |
| G0415 | OPN TX POST PELV BONE FX &/ DISLOC  | OPN TX POST PELV BONE FX &/ DISLOC UNI/BIL        | No Auth Required       |               |  |  |
| G0416 | SURG PATH PROS NEEDLE BX ANY METHOD | SURGICAL PATH PROSTATE NEEDLE BIOPSY ANY METHOD   | No Auth Required       |               |  |  |
| G0420 | F/F EDU SRVC CKD; IND PER SESS 1 HR | FACE TO FACE EDU SRVC OF CKD; IND PER SESS 1 HR   | No Auth Required       |               |  |  |
| G0421 | F/F EDU SRVC CKD; GRP PER SESS 1 HR | FACE TO FACE EDU SRVC OF CKD; GRP PER SESS 1 HR   | No Auth Required       |               |  |  |
| G0422 | INTENS CARD REHAB; W/WO ECG W/EXER  | INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER    | No Auth Required       |               |  |  |
| G0423 | INTENS CARD REHAB; W/WO ECG W/O EX  | INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER  | No Auth Required       |               |  |  |
| G0424 | PULM REHAB EXER 1 HR SESS 2 PER DAY | PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY   | No Auth Required       |               |  |  |
| G0425 | TELEHEALTH CONSULT ED/IP 30 MIN PT  | TELEHEALTH CONSULT ED/IP 30 MIN W/PT TELEHLTH     | No Auth Required       |               |  |  |
| G0426 | TELEHEALTH CONSULT ED/IP 50 MIN PT  | TELEHEALTH CONSULT ED/IP 50 MIN W/PT TELEHLTH     | No Auth Required       |               |  |  |
| G0427 | TELEHEALTH CONSULT ED/IP 70 MIN/>PT | TELEHEALTH CONSULT ED/IP 70 MIN/>PT TELEHEALTH    | No Auth Required       |               |  |  |
| G0428 | COLL MENISC IMPL FIL MENISCAL DEFEC | COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS  | Authorization Required |               |  | Full Clinical Review   |
| G0429 | DERMAL FILLER INJ TREATMENT LDS     | DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME  | No Auth Required       |               |  |  |
| G0432 | INF AB EIA TECH HIV-1 &/OR HIV-2    | INF AGT AB DETECT EIA TECH HIV-1&/HIV-2 SCR       | No Auth Required       |               |  |  |
| G0433 | INF AB ELISA TECH HIV-1 &/OR HIV-2  | INF ANTIBODY ELISA TECH HIV-1 &/OR HIV-2 SCREEN   | No Auth Required       |               |  |  |
| G0435 | INF AGT ANTIG DETECT RPD AB TST OMT | INF AGT ANTIG DETECT RPD AB TST OMT HIV-1/-2 SCR  | No Auth Required       |               |  |  |
| G0438 | ANNUAL WELLNES VST; PERSNL PPS INIT | ANNUAL WELLNESS VISIT; PERSONALIZ PPS INIT VISIT  | No Auth Required       |               |  |  |
| G0439 | ANNUAL WELLNESS VST; PPS SUBSQT     | ANNUAL WELLNESS VST; PERSONALIZED PPS SUBSQT VST  | No Auth Required       |               |  |  |
| G0442 | ANNUAL ALCOHOL MISUSE SCREEN 15 MIN | ANNUAL ALCOHOL MISUSE SCREENING 15 MINUTES        | No Auth Required       |               |  |  |
| G0443 | BRF F/F BHVR CNSL ALC MISUSE 15 MIN | BRIEF FACE-FACE BEHAV CNSL ALCOHL MISUSE 15 MIN   | No Auth Required       |               |  |  |
| G0444 | ANNUAL DEPRESSION SCREENING 15 MIN  | ANNUAL DEPRESSION SCREENING 15 MINUTES            | No Auth Required       |               |  |  |
| G0445 | HI INTNS BHV CNSL PREV STI; IND ED; | HIGH INTENS BHV CNSL PREV STI; IND ED SEX BHV;    | No Auth Required       |               |  |  |
| G0446 | ANN F2F INT BEHV TX CV DZ IND 15 MN | ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN  | No Auth Required       |               |  |  |
| G0447 | FCE-FCE BEHAVRL CNSL OBESITY 15 MIN | FACE--FACE BEHAVIORAL COUNSELING OBESITY 15 MIN   | No Auth Required       |               |  |  |
| G0448 | INS/RPL PRM CV-DFIB TV LEADS PACE E | INS/RPL PRM CV-DFIB TV LEADS INSRT PACE ELECTRODE | No Auth Required       |               |  |  |
| G0451 | DVLPMNT TEST I&R STANDRD INSTR FORM | DEVELPMNT TESTING I&R STANDARDIZD INSTRUMNT FORM  | No Auth Required       |               |  |  |
| G0452 | MOLECULAR PATH PROC;PHYS INTEPR REP | MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT   | No Auth Required       |               |  |  |
| G0453 | C IO NEUROPHYS MON OUTSD OR EA 15 M | CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN    | Authorization Required | Surgery       |  | Full Clinical Review   |
| G0454 | PHYS DOC F2F DME DET PRF NP PA/CNS  | PHYS DOC FACE--FACE VST DME DETRM PERF NP PA/CNS  | No Auth Required       |               |  |  |
| G0455 | PREP IT FEC MICROBIOTA ASMT D SPEC  | PREP IT FEC MICROBIOTA ANY METH ASMT DONOR SPEC   | No Auth Required       |               |  |  |
| G0458 | LDR PROSTATE BT SERVICE COMPOS RATE | LOW DOSE RATE PROSTATE BRACHYTX SRVC COMPOS RATE  | No Auth Required       |               |  |  |
| G0459 | INPATIENT TELEHEALTH PHARMACOL MGMT | INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT     | No Auth Required       |               |  |  |

|       |                                      |  |                        |                   |  |                      |
|-------|--------------------------------------|--|------------------------|-------------------|--|----------------------|
| G0460 | AUTOLOGOUS PLATELET-RICH PLASMA      | AUTOLOGOUS PLATELET-RICH PLASMA                  | No Auth Required       |                   |  |                      |
| G0463 | HOS OP CLIN VISIT ASSESS & MGMT PT   | HOSPITAL OUTPATIENT CLIN VISIT ASSESS & MGMT PT  | No Auth Required       |                   |  |                      |
| G0466 | FQHC VISIT NEW PATIENT;              | FEDERALLY QUALIFIED HEALTH CENTER VISIT NEW PT;  | No Auth Required       |                   |  |                      |
| G0467 | FQHC VISIT ESTABLISHED PATIENT       | FEDERALLY QUALIFIED HEALTH CENTER VISIT ESTAB PT | No Auth Required       |                   |  |                      |
| G0468 | FQHC VISIT IPPE OR AWV;              | FEDERALLY QUALIFIED HEALTH CENTER VST IPPE/AWV;  | No Auth Required       |                   |  |                      |
| G0469 | FQHC VISIT MENTAL HEALTH NEW PT;     | FEDERALLY QUALIFIED HEALTH CENTER VST MH NEW PT; | No Auth Required       |                   |  |                      |
| G0470 | FQHC VISIT MENTAL HEATH ESTAB PT;    | FEDERALLY QUALIFIED HEALTH CNTR VST MH ESTAB PT; | No Auth Required       |                   |  |                      |
| G0471 | COLL V BLD VP/URN SMP CATH IND SNF   | COLL V BLD VP/URN SMP CATH IND SNF/LAB BHALF HHA | No Auth Required       |                   |  |                      |
| G0472 | HEP C ABO SC IND HI RSK&OTH COV IND  | HEPATITIS C ABO SC IND HIGH RISK&OTH CVRD INDIC  | No Auth Required       |                   |  |                      |
| G0473 | FTF BEHAV CNSL OBESITY GRP 30 MIN    | FACE-TO-FACE BEHAV COUNSELING OBESITY GRP 30 MIN | No Auth Required       |                   |  |                      |
| G0475 | HIV ANTIGEN/ANTIBODY COMB ASSAY SCR  | HIV ANTIGEN/ANTIBODY COMBINATION ASSAY SCREENING | No Auth Required       |                   |  |                      |
| G0476 | INF AGT DTCT DNA/RNA; HPV ADD PAP T  | INF AGT DETECT DNA/RNA; HPV PERF ADD TO PAP TEST | No Auth Required       |                   |  |                      |
| G0480 | DR TST DEFIN DR ID M P D 1-7 DR CL   | DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL  | No Auth Required       |                   |  |                      |
| G0481 | DR TST DEFIN DR ID M P D 8-14 DR CL  | DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL | No Auth Required       |                   |  |                      |
| G0482 | DR TST DEFN DR ID M P D 15-21 DR CL  | DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL  | No Auth Required       |                   |  |                      |
| G0483 | DR TST DEFIN DR ID M P D 22/M DR CL  | DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL | No Auth Required       |                   |  |                      |
| G0490 | FTF HHN VST RHC/FQHC AREA SHTG HHA   | FACE-TO-FACE HH NSG VST RHC/FQHC AREA SHTG HHA   | No Auth Required       |                   |  |                      |
| G0491 | DIALYSIS MC ESRD AC KID INJ NO ESRD  | DIALYSIS MCARE CERT ESRD FAC AC KID INJ W/O ESRD | No Auth Required       |                   |  |                      |
| G0492 | DIALY 1 EVL PHYS AC KID INJ NO ESRD  | DIALYSIS 1 EVAL PHYSICIAN AC KID INJ W/O ESRD    | No Auth Required       |                   |  |                      |
| G0493 | SKD SRVC RN OBV&ASMT PT C EA 15 MIN  | SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN | No Auth Required       |                   |  |                      |
| G0494 | SKD SRVC LPN OBS&ASMT PT C E 15 MIN  | SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN    | No Auth Required       |                   |  |                      |
| G0495 | SKD SRVC RN T&E PT/F HH/HSPC E 15M   | SKD SRVC RN TRAIN&EDU PT/FAM HH/HOSPC EA 15 MIN  | No Auth Required       |                   |  |                      |
| G0496 | SKD SVC LPN T&E PT/F HH/HSPC E 15M   | SKD SRVC LPN TRAIN&EDU PT/FAM HH/HOSPC E 15 MIN  | No Auth Required       |                   |  |                      |
| G0498 | CTX IV INF T; INI INF OFC/CLIN SET   | CHEMOTX ADM IV INF TECH; INI INF OFFICE/CLIN SET | No Auth Required       |                   |  |                      |
| G0499 | HEP B SCR IN NON-PREG HIGH RISK IND  | HEPATITIS B SCREENING IN NON-PREG HIGH RISK IND  | No Auth Required       |                   |  |                      |
| G0500 | MOD SED SVC PRV SM PHYS PER GI ENDO  | MODERATE SEDAT SRVC PROV SAME PHYS PERF GI ENDO  | No Auth Required       |                   |  |                      |
| G0501 | RES-INT SVC PT SPZ M-ASST TECH MN    | RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC     | No Auth Required       |                   |  |                      |
| G0506 | CMP ASMT & C PLN PT RQR CC MGMT SVC  | COMP ASMT OF & CARE PLNG PT RQR CC MGMT SRVC     | No Auth Required       |                   |  |                      |
| G0508 | TH C CC INT PHYS 60 M CMNCT PT&PROV  | TH CONSULT CC INIT PHYS 60 MIN CMNCT PT & PROV   | No Auth Required       |                   |  |                      |
| G0509 | TH C CC SB PHYS 50 M CMNCT PT&PROV   | TH CNSLT CC SUBSQT PHYS 50 MIN CMNCT PT & PROV   | No Auth Required       |                   |  |                      |
| G0511 | RHC/FQHC G C MGMT 20 M/>C T-CAL MO   | RHC/FQHC ONLY GEN CARE MGMT 20 M/>CLIN TM-CAL MO | No Auth Required       |                   |  |                      |
| G0512 | RHC/FQHC PS COCM 60 M/>C TM-CAL MO   | RHC/FQHC ONLY PSYCHIATRIC COCM 60 M/>C TM-CAL MO | No Auth Required       |                   |  |                      |
| G0513 | PRLNG PREV SVC OFC/OTH O/P;1ST 30 M  | PRLNG PREV SRVC OFC/OTH O/P RQR DIR CTC;1ST 30 M | No Auth Required       |                   |  |                      |
| G0514 | PRLNG PRV SVC OFC/O/P;EA ADD 30 M    | PRLNG PREV SRVC OFC/OTH O/P DIR CTC;EA ADD 30 M  | No Auth Required       |                   |  |                      |
| G0516 | INSRT NON-BIODEGRAD RX DEL IMPL 4/>  | INSERTION NON-BIODEGRADABLE RX DELIVERY IMPL 4/> | No Auth Required       |                   |  |                      |
| G0517 | REMV NON-BIODEGRAD RX DEL IMPL 4/>   | REMOVAL NON-BIODEGRADABLE DRUG DEL IMPLANTS 4/>  | No Auth Required       |                   |  |                      |
| G0518 | REMV REINS NON-BIODEG RX D IMPL 4/>  | REMV REINS NON-BIODEGRADABLE DRUG DEL IMPL 4/>   | No Auth Required       |                   |  |                      |
| G0659 | DRUG TST DEFIN DR ID M ANY # DR CLS  | DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| G0913 | IMPRV VF ACHV IN 90 DA FLW CAT SURG  | IMPROV VISUAL FUNCT ACHV W/I 90 DAY FLW CAT SURG | No Auth Required       |                   |  |                      |
| G0914 | PT CARE SURVEY WAS NOT COMPLETED PT  | PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT | No Auth Required       |                   |  |                      |
| G0915 | IMPRV VF NOT IN 90 DA FLW CAT SURG   | IMPROV VISUAL FUNCT NOT ACHV 90 DAY FLW CAT SURG | No Auth Required       |                   |  |                      |
| G0916 | SATISFACTN CARE IN 90 D FLW CAT SRG  | SATISFACTION W/CARE ACHV W/I 90 DAY FLW CAT SURG | No Auth Required       |                   |  |                      |
| G0917 | PT SATISFACTION SURVEY NOT CMPL PT   | PATIENT SATISFACTION SURVEY NOT COMPLETE PATIENT | No Auth Required       |                   |  |                      |
| G0918 | SATISFACTN CARE NOT 90 D FLW CAT SRG | SATISFACTION W/CARE NOT ACHV 90 DAY FLW CAT SURG | No Auth Required       |                   |  |                      |
| G1000 | CDS MECH APPL P/W DEFINED MCR AUC    | CDS MECH APPL P/W DFND MCR APPROP USE CRITERIA   | No Auth Required       |                   |  |                      |
| G1001 | CDS MECH EVICORE DFIND MCR AUC PROG  | CLIN DEC SUPP MECH EVICORE DFIND MCR AUC PROG    | No Auth Required       |                   |  |                      |
| G1002 | CDSM MEDCURRENT DFIND MCR AUC PROG   | CLIN DEC SUPP MECH MEDCURRENT DFIND MCR AUC PROG | No Auth Required       |                   |  |                      |
| G1003 | CDSM MEDICALIS DEFINED MCR AUC PROG  | CLIN DEC SUPP MECH MEDICALIS DFIND MCR AUC PROG  | No Auth Required       |                   |  |                      |
| G1004 | CDSM NDSC DEFINED MEDICARE AUC PROG  | CLINICAL DEC SUPP MECH NDSC DEFINED MCR AUC PROG | No Auth Required       |                   |  |                      |
| G1005 | CDSM NIA DEFINED MCR AUC PROG        | CLINICAL DEC SUPP MECH NIA DEFINED MCR AUC PROG  | No Auth Required       |                   |  |                      |
| G1006 | CDSM TEST APPROP DEFINED MCR AUC     | CLINICAL DEC SUPP MECH TEST APPROP DFIND MCR AUC | No Auth Required       |                   |  |                      |
| G1007 | CDSM AIM DEFINED MEDICARE AUC PROG   | CLINICAL DEC SUPP MECH AIM DEFINED MCR AUC PROG  | No Auth Required       |                   |  |                      |

|       |                                      |   |                  |  |  |  |  |
|-------|--------------------------------------|---|------------------|--|--|--|--|
| G1008 | CDSM CRANBERRY PEAK DEFINED MCR AUC  | CLIN DEC SUPP MECH CRANBERRY PEAK DEFINED MCR AUC | No Auth Required |  |  |  |  |
| G1009 | CDSM SAGE HMS DEFINED MCR AUC PROG   | CLIN DEC SUPP MECH SAGE HMS DEFINED MCR AUC PROG  | No Auth Required |  |  |  |  |
| G1010 | CDSM STANSON DEFINED MCR AUC PROG    | CLIN DEC SUPP MECH STANSON DEFINED MCR AUC PROG   | No Auth Required |  |  |  |  |
| G1011 | CDSM QUAL TOOL NOS DEFINED MCR AUC   | CLIN DEC SUPP MECH QUAL TOOL NOS DFIND MCR AUC    | No Auth Required |  |  |  |  |
| G2000 | BLINDED ADMN OF CONVULSIVE TX PROC   | BLINDED ADMINISTRATION OF CONVULSIVE TX PROC      | No Auth Required |  |  |  |  |
| G2001 | BRF 20 MINS IH VST NEW PT PST-D/C.   | BRIEF 20 MINUTES IN-HOME VISIT NEW PT POST-D/C.   | No Auth Required |  |  |  |  |
| G2002 | LTD 30 MINS IH VISIT NEW PT PST-D/C  | LIMITED 30 MINUTES IN-HOME VISIT NEW PT POST-D/C  | No Auth Required |  |  |  |  |
| G2003 | MOD 45 MINS IH VISIT NEW PT PST-D/C  | MODERATE 45 MINS IN-HOME VISIT NEW PT POST-D/C    | No Auth Required |  |  |  |  |
| G2004 | COMP 60 MINS IH VST NEW PT POST-D/C  | COMP 60 MINUTES IN-HOME VISIT NEW PT POST-D/C     | No Auth Required |  |  |  |  |
| G2005 | EXTSV 75 MINS IH VST NEW PT PST-D/C  | EXTENSIVE 75 MINS IN-HOME VISIT NEW PT POST-D/C   | No Auth Required |  |  |  |  |
| G2006 | BRIEF 20 MINS IH VST XST PT PST-D/C  | BRIEF 20 MINUTES IN-HOME VISIT EXIST PT POST-D/C  | No Auth Required |  |  |  |  |
| G2007 | LTD 30 MINS IH VISIT XST PT PST-D/C  | LIMITED 30 MINS IN-HOME VISIT EXIST PT POST-D/C   | No Auth Required |  |  |  |  |
| G2008 | MOD 45 MINS IH VISIT XST PT PST-D/C  | MODERATE 45 MINS IN-HOME VISIT EXIST PT POST-D/C  | No Auth Required |  |  |  |  |
| G2009 | COMP 60 MINS IH VST XST PT POST-D/C  | COMP 60 MINS IN-HOME VISIT EXIST PT POST-D/C      | No Auth Required |  |  |  |  |
| G2010 | RMT EVAL REC VIDEO &/ IMG SB EST PT  | REMOTE EVAL RECORDED VIDEO &/ IMAGES SB ESTAB PT  | No Auth Required |  |  |  |  |
| G2011 | ALC&/SA STRCT ASMT & BRF INT 5-14 M  | ALC&/SA STRCT ASSESS & BRIEF INTERVENT 5-14 MIN   | No Auth Required |  |  |  |  |
| G2012 | BRIEF COM TBS; 5-10 MIN MED DISCUSS  | BRIEF COMMUNICATION TBS; 5-10 MIN MED DISCUSSION  | No Auth Required |  |  |  |  |
| G2013 | EXTSV 75 MINS IH VST XST PT PST-D/C  | EXTSV 75 MINS IN-HOME VISIT EXIST PT POST-D/C     | No Auth Required |  |  |  |  |
| G2014 | LIMITED 30 MINS CARE PLAN OVERSIGHT  | LIMITED 30 MINUTES CARE PLAN OVERSIGHT            | No Auth Required |  |  |  |  |
| G2015 | COMP 60 MINS HOME CARE PLAN OVRSGHT  | COMPREHENSIVE 60 MINS HOME CARE PLAN OVERSIGHT    | No Auth Required |  |  |  |  |
| G2021 | HEALTH CARE PRACTITION RENDRING TIP  | HEALTH CARE PRACTITIONERS RENDERING TIP           | No Auth Required |  |  |  |  |
| G2022 | MDL PRTCP BNEF RFS SRVC CVR UND MDL  | MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL   | No Auth Required |  |  |  |  |
| G2058 | CCM SRVC EA A 20 M CS TM DIR CA MO   | CCM SRVC EA ADD 20 MIN CLIN STF TM DIR HCP CA MO  | No Auth Required |  |  |  |  |
| G2061 | Q NP HCP ONL E PT 7D CT DR 7D;5-10M  | Q NP HCP ONL ASNT EST PT 7D CUM TM DUR 7D;5-10 M  | No Auth Required |  |  |  |  |
| G2062 | Q NP HCP OL E PT 7D CT DR 7D;11-20M  | Q NP HCP ONL ASMT EST PT 7D CUM T DUR 7D;11-20 M  | No Auth Required |  |  |  |  |
| G2063 | Q NP HCP ONL E PT 7D CT DR 7D;21/>M  | Q NOMD HCP ONL AST EST PT 7D CUM TM DUR 7D;21/>M  | No Auth Required |  |  |  |  |
| G2064 | CCM 1 HR DZ AL 30 M PHYS T CA MO     | CCM SRVC 1 HR DZ AL 30 M PHYS/HCP TIME CA MO      | No Auth Required |  |  |  |  |
| G2065 | CCM 1 HOUR DZ SRVC PCM AL 30 MIN CM  | CCM 1 HOUR DZ SRVC PCM AT LEAST 30 MIN CAL MONTH  | No Auth Required |  |  |  |  |
| G2066 | INTG DVC E R 30 D;REC TRANS & TR     | INTG DVC EVAL RMT TO 30 D;RCPT TRANS & TECH RVW   | No Auth Required |  |  |  |  |
| G2067 | MED ASST TX METHADONE;WEEKLY BUNDLE  | MEDICATION ASSISSTED TX METHADONE; WEEKLY BUNDLE  | No Auth Required |  |  |  |  |
| G2068 | MAT BUPRENORPHINE ORAL; WKLY BUNDLE  | MED ASST TX BUPRENORPHINE ORAL; WEEKLY BUNDLE     | No Auth Required |  |  |  |  |
| G2069 | MAT BUPRENORPHINE INJ;WEEKLY BUNDLE  | MED ASST TX BUPRENORPHINE INJ; WEEKLY BUNDLE      | No Auth Required |  |  |  |  |
| G2070 | MAT BUPRENORPHINE IMPL INSRT;WKLY BD | MAT BUPRENORPHINE IMPLANT INSRT; WEEKLY BUNDLE    | No Auth Required |  |  |  |  |
| G2071 | MAT BUPRENORPHINE IMPL REMV;WKLY BD  | MAT BUPRENORPHINE IMPL REMOVAL; WEEKLY BUNDLE     | No Auth Required |  |  |  |  |
| G2072 | MAT BUPRENORPHINE IMPL I&R;WKLY BD   | MAT BUPRENORPHINE IMPLANT I & R; WEEKLY BUNDLE    | No Auth Required |  |  |  |  |
| G2073 | MED ASST TX NALTREXONE;WKLY BUNDLE   | MEDICATION ASSIST TX NALTREXONE; WEEKLY BUNDLE    | No Auth Required |  |  |  |  |
| G2074 | MED ASST WKLY BUNDLE NOT INCL DRUG   | MEDICATION ASSIST WEEKLY BUNDLE NOT INCL DRUG     | No Auth Required |  |  |  |  |
| G2075 | MAT MEDICATION NOS; WEEKLY BUNDLE    | MEDICATION ASST TX MEDICATION NOS; WEEKLY BUNDLE  | No Auth Required |  |  |  |  |
| G2076 | INTK ACT MED EX CMPL DOC P EVL&ASMT  | INTK ACT INCL INT MED EX CMPL DOC P EVL&INT ASMT  | No Auth Required |  |  |  |  |
| G2077 | PA;PRD Q PERS DET APPR COMB SRVC&TX  | PA;ASSESS PRD Q PERS DET MOST APPR COMB SRVC&TX   | No Auth Required |  |  |  |  |
| G2078 | TH SUP METHADONE;TO 7 ADD D SUP;     | TAKE HOME SUP METHADONE; UP TO 7 ADD DAY SUP;     | No Auth Required |  |  |  |  |
| G2079 | TH SUP BPN ORAL;TO 7 ADD D SUP;      | TAKE HOME SUP BUPRENORPHINE ORAL;TO 7 ADD D SUP;  | No Auth Required |  |  |  |  |
| G2080 | EA ADD 30 MIN CNSL WK MED ASST TX;   | EA ADD 30 MIN CNSL WK MED ASSISTED TREATMENT;     | No Auth Required |  |  |  |  |
| G2082 | OFF/OT OP E&M E PT 56MG ESKTMN N SA  | OFF/OTH OP E&M EST PT PROV 56 MG ESKETAMINE N SA  | No Auth Required |  |  |  |  |
| G2083 | OFF/OT OP E&M E PT>56MG ESKTMN N SA  | OFF/OTH OP E&M EST PT PROV>56 MG ESKETAMINE N SA  | No Auth Required |  |  |  |  |
| G2086 | OFF-BASED TX ODU;AL 70 M 1ST CA MO   | OFF-BASED TX OPIOID USE D/O; AL 70 MIN 1ST CA MO  | No Auth Required |  |  |  |  |
| G2087 | OFF-BSD TX OUD;AL 60 M SUBSEQ CA MO  | OFF-BASED TX OUD; AL 60 MIN SUBSEQ CALENDAR MO    | No Auth Required |  |  |  |  |
| G2088 | OFF-B TX OUD;EA ADD 30M BYD 1ST120M  | OFF-BASED TX OUD;EA ADD 30 MIN BYD 1ST 120 MIN    | No Auth Required |  |  |  |  |
| G2089 | MOST RECENT HBA1C LVL 7.0% TO 9.0%   | MOST RECENT HEMOGLOBIN A1C LEVEL 7.0% TO 9.0%     | No Auth Required |  |  |  |  |
| G2090 | PT 66 Y&>1 CLM FRLTY&D MED DMNT MP   | PT 66 Y&>1 CLM FRLTY & DIS MED DMNT MP/YR PRI MP  | No Auth Required |  |  |  |  |
| G2091 | PT 66&>CLM FRLTY&1 AC IP ADV ILL MP  | PT 66&>CLM FRLTY & 1 AC IP ADV ILL MP/YR PR MP    | No Auth Required |  |  |  |  |
| G2092 | ACE I/ARB/ARNI TH PRSC/CUR BNG TKN   | ACE INHIB/ARB/ARNI TH PRSC/CURRENTLY BEING TAKEN  | No Auth Required |  |  |  |  |

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| G2093 | DC MD RSN N PRSC ACE<br>INHIB/ARB/ARNIX | DOC MED REASN NO PRSC ACE<br>INHIB/ARB/ARNI TH      | No Auth Required |  |  |  |  |
| G2094 | DOC PT RSN N PRSC ACE INHB/ARB/ARNI     | DOC PT REASON NO PRSC ACE<br>INHIB/ARB/ARNI THERAPY | No Auth Required |  |  |  |  |
| G2095 | DC SYS RSN N PRSC ACE INHB/ARB/ARNI     | DOC SYS RSN NOT PRSC ACE<br>INHIB/ARB/ARNI THERAPY  | No Auth Required |  |  |  |  |
| G2096 | ACE INHB/ARB/ARNI TH NO PRSC NO<br>RSN  | ACE INHB/ARB/ARNI TH WAS NOT<br>PRSC RSN NOT GIVEN  | No Auth Required |  |  |  |  |
| G2097 | CHILD COMP UR INF W/I 3 DAYS DX PHY     | CHILD COMP DX UR INF W/I 3 DAYS DX<br>PHARYNGITIS   | No Auth Required |  |  |  |  |
| G2098 | PT 66 Y&>1 CLM FRLTY&D MED DMNT<br>MP   | PT 66 Y&>1 CLM FRLTY & DIS MED<br>DMNT MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2099 | PT 66&>1 CLM FRLTY & DUR/YR PRI MSR     | PT 66&>1 CLM FRLTY DUR MSR &<br>DUR/YR PRI MSR PRD  | No Auth Required |  |  |  |  |
| G2100 | PT 66 Y&>1 CLM FRLTY&D MED DMNT<br>MP   | PT 66 Y&>1 CLM FRLTY & DIS MED<br>DMNT MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2101 | PT 66&>1 CLM FRLTY&1 AC IP ADV ILL      | PT 66&>1 CLM FRLTY&1 AC IP ADV ILL<br>DR/YR PRI MSR | No Auth Required |  |  |  |  |
| G2102 | DIL RET EYE EX OPH/OPTOM DOC & REV      | DILAT RET EYE EXAM INTERPR<br>OPH/OPTOM DOC & REV   | No Auth Required |  |  |  |  |
| G2103 | 7 STD FLD STREO PH OPH/OPTM<br>DOC&REV  | 7 STD FIELD STEREO PH INTERPR<br>OPH/OPTM DOC & REV | No Auth Required |  |  |  |  |
| G2104 | EYE IMG V 7SD FLD STEREO P RSL D&R      | EYE IMG VAL DX 7 SD FLD STEREO<br>PHOTOS RSLT DOC&R | No Auth Required |  |  |  |  |
| G2105 | PT 66/>INST SNP/RSD LTC>90 D DR MSR     | PT AGE 66/> INST SNP/RESID LTC >90<br>D DUR MSR PRD | No Auth Required |  |  |  |  |
| G2106 | PT 66 Y&>1 CLM FRLTY&D MED DMNT<br>MP   | PT 66 Y&>1 CLM FRILITY & D MED<br>DMNT MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2107 | PT 66 &>CLM FRLTY&1 AC IP ADV IL MP     | PT 66 &>CLM FRLTY & 1 AC IP ADV ILL<br>MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2108 | PT 66/> INST SNP/RES LTC >90 D MSR      | PT 66/OLDR INST SNP/RES LTC >90 D<br>DUR MSR PRD    | No Auth Required |  |  |  |  |
| G2109 | PT 66 &>CLM FRLTY&1 AC IP ADV IL MP     | PT 66 &>CLM FRLTY & 1 AC IP ADV ILL<br>MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2110 | PT 66 &>CLM FRLTY&1 AC IP ADV IL MP     | PT 66 &>1 CLM FRLTY&1 AC IP ADV ILL<br>MP/YR PRI MP | No Auth Required |  |  |  |  |
| G2112 | PT RCV<=5 MG D PR/RA AC WRS/GC<6<br>MO  | PT RCV <=5 MG DA PDN/RA ACT<br>WORSE/GCC <6 MO      | No Auth Required |  |  |  |  |
| G2113 | PT RCV>5MG D PR>6MO&IMP/NO CHG<br>D AC  | PT RCV >5 MG DA PRD>6 MO &<br>IMP/NO CHNGE DZ ACT   | No Auth Required |  |  |  |  |
| G2114 | PT 66-80 1 CL FRLTY&DIS MED DMNT MP     | PT 66-80 1 CLAIM FRILITY & DIS MED<br>DEMENTIA DUR  | No Auth Required |  |  |  |  |
| G2115 | PT 66 &>1 CLM FRLTY&D MED DMNT MP       | PT 66 &>1 CLM FRLTY & DISP MED<br>DEMENT MP/YR MP   | No Auth Required |  |  |  |  |
| G2116 | PT 66&>CLM FRLTY & 1 IP ADV ILL DUR MP  | PT 66&>1 CLM FRLTY & 1 IP ADV ILL<br>DUR/YR PRI MP  | No Auth Required |  |  |  |  |
| G2117 | PT 66-80 CLM FRLTY&1 AC IP AD IL MP     | PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC<br>ADV ILL MP  | No Auth Required |  |  |  |  |
| G2118 | PT 81 YR & > EVID FRILITY DUR MSR       | PT 81 YEARS & > EVID FRILITY DUR<br>MSR PERIOD      | No Auth Required |  |  |  |  |
| G2119 | W/ PST 2 Y CA &/ VITD OPT ORD/PERF      | W/I PAST 2 YR CALCIUM &/ VITD OPT<br>ORDERED/PERF   | No Auth Required |  |  |  |  |
| G2120 | W/I PST 2 Y CA&/VITD OPT NO ORD/PER     | W/I PAST 2 YR CALCIUM &/ VIT D OPT<br>NOT ORD/PERF  | No Auth Required |  |  |  |  |
| G2121 | PSY DEPR ANXIETY APATHY & ICD ASSESS    | PSYCHOSIS DEPRESSION ANXIETY<br>APATHY & ICD ASSESS | No Auth Required |  |  |  |  |
| G2122 | PSY DEPR ANXTY APATHY&ICD NO<br>ASSESS  | PSYCHOSIS DEPR ANXIETY APATHY &<br>ICD NOT ASSESSED | No Auth Required |  |  |  |  |
| G2123 | PT 66-80 YR/&AL 1 CLM FRLTY DUR MSR     | PT 66-80 YR /& AL 1 CLAIM FRILITY<br>DUR MSR PERIOD | No Auth Required |  |  |  |  |
| G2124 | PT 66-80 & 1 CL FRLTY MP&D DMNT<br>MED  | PT 66-80 Y&AL 1 CLM FRILITY MP &<br>DIS DEMENT MED  | No Auth Required |  |  |  |  |
| G2125 | PT 81 YR&OLDR EVID FRILITY MSR PRD      | PT 81 YR AGE & OLDR EVIDENCE<br>FRILITY DUR MSR PRD | No Auth Required |  |  |  |  |
| G2126 | PT 66 YR/OLDR&AL 1 CLM FRILITY MSR      | PT 66 YR AGE/OLDR & AL 1 CLM<br>FRILITY DUR MSR PRD | No Auth Required |  |  |  |  |
| G2127 | PT 66/>&CLM FRLTY DUR MP&D DMNT<br>MED  | PT 66/> & 1 CLAIM FRILITY DUR MP &<br>DIS DMNT MED  | No Auth Required |  |  |  |  |
| G2128 | DOC MED RSN NOT ON DAILY ASP/OTH<br>AP  | DOC MED RSN NOT ON DAILY<br>ASP/OTH ANTIPLATELET    | No Auth Required |  |  |  |  |
| G2129 | PROC REL BP'S NOT TAKEN DUR OP VST      | PROC RELATED BP'S NOT TAKEN<br>DURING AN OP VISIT   | No Auth Required |  |  |  |  |
| G2130 | PT 66/> INST SNP/RES LTC >90 DA MSR     | PT 66/OLDR INST SNP/RESID LT CARE<br>>90 DAYS MSR   | No Auth Required |  |  |  |  |
| G2131 | PATIENTS 81 YEARS & OLDR DX FRILITY     | PATIENTS 81 YEARS AND OLDER WITH<br>A DX FRILITY    | No Auth Required |  |  |  |  |
| G2132 | PT 66-80 CLM FRLTY&DIS MED DMNT MP      | PT 66-80 1 CLM FRILITY & DIS MED<br>DEMENTIA DUR MP | No Auth Required |  |  |  |  |
| G2133 | PT 66-80 CLM FRLTY&1 AC IP ADV I MP     | PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC<br>ADV ILL MP  | No Auth Required |  |  |  |  |
| G2134 | PT 66< W/1+ FRILITY MED DEMENTIA YR     | PT 66< W/1+ FRILITY DISP MED<br>DEMENTIA DUR/YR PRI | No Auth Required |  |  |  |  |
| G2135 | PT 66< W/1+ ENC FRILITY ADV ILNS YR     | PT 66< W/1+ FRILITY 1+ ENCNT ADV<br>ILLNS DUR/YR PR | No Auth Required |  |  |  |  |
| G2136 | BCK PAIN VAS 3 MON PO<=3.0 IMPRV5/<     | BACK PAIN MEAS VAS 3 MON PO<=3.0<br>IMPRV 5.0 PNT/< | No Auth Required |  |  |  |  |
| G2137 | BACK PAIN VAS 3 MNTH PO>3.0 CHG<5       | BACK PAIN MEAS VAS 3 MON PO>3.0<br>CHG IMPV 5 PNT/< | No Auth Required |  |  |  |  |
| G2138 | BCK PN MEAS VAS 1 YR PO>3.0 CHG 5/>     | BACK PAIN MEAS VAS 1 YR PO>3.0<br>DEMS CHNG 5 PNT/> | No Auth Required |  |  |  |  |
| G2139 | BACK PN MEAS VAS 1 YR PO>3.0 CHG <5     | BACK PAIN MEAS VAS 1 YR PO>3.0<br>DEMS CHNG <5 PNTS | No Auth Required |  |  |  |  |
| G2140 | LEG PN MEAS VAS 3 MO PO<=3.0 CHG 5>     | LEG PAIN MEAS VAS 3 MNT PO<=3.0<br>DEM CHNG 5 PNT/> | No Auth Required |  |  |  |  |
| G2141 | LEG PAIN MEAS VAS 3MO PO>3.0 CHG<br><5  | LEG PAIN MEAS VAS 3 MNT PO>3.0<br>DEMS CHNG <5 PNTS | No Auth Required |  |  |  |  |
| G2142 | ODI 1YR PO<=22 ODI 3 MN PREO PO 30>     | FUNC ST ODI 1YR PO<=22 ODI 3 MN<br>PREO 1YR PO 30>  | No Auth Required |  |  |  |  |
| G2143 | ODI 1YR PO >22 ODI 3 MN PREO PO 30>     | FUNC ST ODI 1YR PO >=22 ODI 3 MN<br>PREO 1YR PO 30> | No Auth Required |  |  |  |  |
| G2144 | ODI 3MO PO<=22 ODI 3 MN PREO PO<br>30>  | FUNC ST ODI 3MO PO <=22 ODI 3 MN<br>PREO 1YR PO 30> | No Auth Required |  |  |  |  |
| G2145 | ODI 3MO PO >22 ODI 3 MN PREO PO 30>     | FUNC ST ODI 3MO PO >=22 ODI 3 MN<br>PREO 1YR PO 30> | No Auth Required |  |  |  |  |

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| G2146 | LEG PN MEAS VAS 1 YR PO>=3.0 CHG 5>     | LEG PAIN MEAS VAS 1 YR PO>=3.0<br>DEM CHNG 5 PNT/>   | No Auth Required |  |  |  |  |
| G2147 | LEG PN MEAS VAS 1 YR PO >3.0 CHG <5     | LEG PAIN MEAS VAS 1 YR PO>3.0<br>DEMS CHNG <5 PNTS   | No Auth Required |  |  |  |  |
| G2148 | PERFORM MET MULTIMODL PAIN MGT<br>USED  | PERFORMANCE MET MULTIMODAL<br>PAIN MGMNT WAS USED    | No Auth Required |  |  |  |  |
| G2149 | DOCUM MED REASON NOT USE MU             | DOCUMENT MEDICAL REASON NOT<br>USNG MULTIMODAL PAIN  | No Auth Required |  |  |  |  |
| G2150 | PERFRM MET MULTIMDL PN MGT NOT<br>USED  | PERFORM MET MULTIMODAL PAIN<br>MGMNT WAS NOT USED    | No Auth Required |  |  |  |  |
| G2151 | PT W DX DEGEN NEURO ANY TIME B4<br>EPI  | PT W DX DEGEN NEURO COND ANY<br>TIME B4/DURING EPIS  | No Auth Required |  |  |  |  |
| G2152 | PERF MET RESIDUAL CHNG = TO OR > 0      | PERFORMANCE MET RESIDUAL CHNG<br>SCORE = TO OR > 0   | No Auth Required |  |  |  |  |
| G2153 | IN HOSPICE/USNG HOSPICE DUR MSR<br>PER  | IN HOSPICE/ USING HOSPICE DURING<br>MEASUREMENT PER  | No Auth Required |  |  |  |  |
| G2154 | PT REC 1TD VAC OR/1TDAP BTW 9YR<br>MEA  | PT REC1 TD VAC OR/1 TDAP BTW 9YR<br>PRI START MEASR  | No Auth Required |  |  |  |  |
| G2155 | PT HX 1+ CNTR ANAPH TDAP ANAP TD EN     | PT HX 1+ CONTR ANAPH TDAP VAC<br>ANAP TD ENCPH TDAP  | No Auth Required |  |  |  |  |
| G2156 | PT NOT REC 1TD VAC OR/1TDAP BTW<br>9YR  | PT NOT RECD 1 TD VAC OR/1 TDAP<br>BTW 9YR PRI START  | No Auth Required |  |  |  |  |
| G2157 | PT REC 13-VAL PNEUM CONJ& 23-<br>VAL>60 | PT REC 13-VALENT PNEUM CONJ& 23-<br>VAL POLYS12 M>60 | No Auth Required |  |  |  |  |
| G2158 | PT PRIOR PNEUM VAC ADV REAC B4<br>MEAS  | PT PRIOR PNEUM VAC ADV REAC ANY<br>TIME DUR/B4 MEAS  | No Auth Required |  |  |  |  |
| G2159 | PT NOT REC 13-VAL CONJ & 23-VAL >60     | PT NOT REC 13-VALENT PNEUM<br>CONJ& 23-VAL12 MNT>60  | No Auth Required |  |  |  |  |
| G2160 | PT LST 1DS HRP ZOST LIV OR 2DS =>50     | PT REC AT LEAST 1DS HERP ZOST LIV<br>OR 2DS RCM=>50  | No Auth Required |  |  |  |  |
| G2161 | PT PRIOR ADVS REACT ZOSTER ANY TIME     | PT PRIOR ADV REAC ZOSTER VA ANY<br>TIME DUR/B4 MEAS  | No Auth Required |  |  |  |  |
| G2162 | PT NOT REC 1DS HRP ZOST OR 2DS =>50     | PT NOT REC AT LEAST 1DS HERP ZOST<br>OR 2DS RCM=>50  | No Auth Required |  |  |  |  |
| G2163 | PT RC INFLUENZA ON/BTW JUL1 YR JN30     | PT REC INFLUENZA VAC ON/BTW<br>JULY1 YR PRI &JUN30   | No Auth Required |  |  |  |  |
| G2164 | PT PRIOR INFLU ADVS REACT ANY TIME      | PT HAD PRIOR INFLUENZA ADVS<br>REACT ANY TIME        | No Auth Required |  |  |  |  |
| G2165 | PT NOT RECV IV 7/1 YR PRI&6/30 MSR;     | PT NOT RECV FLU VAC 7/1 YR PRI<br>MSR&6/30 MSR;      | No Auth Required |  |  |  |  |
| G2166 | PT REFUSED PARTICIPATE ADM &/ D/C;      | PATIENT REFUSED PARTICIPATE<br>ADMISSION &/ D/C;     | No Auth Required |  |  |  |  |
| G2167 | PERF NOT MET:RESIDUAL CHG SCORE < 0     | PERFORMANCE NOT MET: RESIDUAL<br>CHANGE SCORE < 0    | No Auth Required |  |  |  |  |
| G6001 | U/S GUID PLCMT RADIATION TX FIELDS      | ULTRASONIC GUID PLACEMENT<br>RADIATION TX FIELDS     | No Auth Required |  |  |  |  |
| G6002 | STEREO X-R GUID LOC TRG VOL DEL RT      | STEREOSCOPIC X-RAY GUID LOCALIZ<br>TRG VOL DEL RT    | No Auth Required |  |  |  |  |
| G6003 | RT D 2 TX AR PT/PL OPP PT:TO 5 MEV      | RAD TX DEL 2 TX AREA PORT/PL OPP<br>PORTS:TO 5 MEV   | No Auth Required |  |  |  |  |
| G6004 | RT D 1 TX AR PT/PL OPP PT: 6-10 MEV     | RAD TX DEL 1 TX AREA PORT/PL OPP<br>PORTS: 6-10 MEV  | No Auth Required |  |  |  |  |
| G6005 | RT D 1 TX AR PT/PL OPP PT:11-19 MEV     | RAD TX DEL 1 TX AREA PORT/PL OPP<br>PORTS: 11-19 ME  | No Auth Required |  |  |  |  |
| G6006 | RT D 1 TX AR PT/PL OPP PT:20 MEV/>      | RAD TX DEL 1 TX AREA PORT/PL OPP<br>PORTS: 20 ME/>   | No Auth Required |  |  |  |  |
| G6007 | RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV     | RT DEL 2 SEP AR 3/> PT 1 TX AR MX<br>BLKS:TO 5 MEV   | No Auth Required |  |  |  |  |
| G6008 | RT DEL 2 SEP AR 3/>PT 1 AR:6-10 MEV     | RT DEL 2 SEP AR 3/> PT 1 TX AR MX<br>BLKS:6-10 MEV   | No Auth Required |  |  |  |  |
| G6009 | RT DEL 2 S AR 3/>PT 1 AR:11-19 MEV      | RT DEL 2 SEP AR 3/> PT 1 TX AR MX<br>BLKS:11-19 MEV  | No Auth Required |  |  |  |  |
| G6010 | RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>     | RT DEL 2 SEP AR 3/> PT 1 TX AR MX<br>BLKS:20 MEV/>   | No Auth Required |  |  |  |  |
| G6011 | RT D 3/> S TX AR CSTM BLK;TO 5 MEV      | RAD TX DEL 3/> SEP TX AR CSTM<br>BLOCKING; TO 5 MEV  | No Auth Required |  |  |  |  |
| G6012 | RT D 3/> S TX AR CSTM BLK;6-10 MEV      | RAD TX DEL 3/> SEP TX AR CSTM<br>BLOCKING; 6-10 MEV  | No Auth Required |  |  |  |  |
| G6013 | RT D 3/> S TX AR CSTM BLK;11-19 MEV     | RAD TX DEL 3/> SEP TX AR CSTM<br>BLOCKING;11-19 MEV  | No Auth Required |  |  |  |  |
| G6014 | RT D 3/> S TX AR CSTM BLK;20 MEV/>      | RAD TX DEL 3/> SEP TX AR CSTM<br>BLOCKING;20 MEV/>   | No Auth Required |  |  |  |  |
| G6015 | INTENS MOD TX DEL 1/MX FLDS TX SESS     | INTENSITY MODULATED TX DEL 1/MX<br>FLDS PER TX SESS  | No Auth Required |  |  |  |  |
| G6016 | CMP-B BM MD TX DEL I PLND TX P TX S     | COMP-BASED BEAM MOD TX DEL I<br>PLND TX 3 > HR SESS  | No Auth Required |  |  |  |  |
| G6017 | INTRA-F LOC&TRCK TRGT/PT M EA F TX      | INTRA-FRAC LOC & TRACKING<br>TARGET/PT M EA FRAC TX  | No Auth Required |  |  |  |  |
| G8395 | LVEF >=40% OR NORMAL/MILD DEPR<br>LVS   | LVEF >=40% OR DOC NORMAL/MILD<br>DEPRESSED LVS FUNC  | No Auth Required |  |  |  |  |
| G8396 | LVEF NOT PERFORMED OR<br>DOCUMENTED     | LEFT VENTRICULAR EJECT FRACTION<br>NOT PERFORM/DOC   | No Auth Required |  |  |  |  |
| G8397 | DILATED MACULAR/FUNDUS EXAM<br>PERFORM  | DILATED MACULAR OR FUNDUS EXAM<br>PERFORMED          | No Auth Required |  |  |  |  |
| G8398 | DILAT MACULAR/FUNDUS EXAM NOT<br>PRFRM  | DILATED MACULAR OR FUNDUS EXAM<br>NOT PERFORMED      | No Auth Required |  |  |  |  |
| G8399 | PT DOC RSLT CENTRAL DXA EVER PERF       | PATIENT W/DOC RESULTS CENTRL DXA<br>EVER BEING PERF  | No Auth Required |  |  |  |  |
| G8400 | PT W/CNTRL DXA RSLTS NOT<br>DOCUMENTED  | PATIENT W/CENTRAL DXA RESULTS<br>NOT DOCUMENTED      | No Auth Required |  |  |  |  |
| G8404 | LOWER EXTREM NEURO EXAM<br>PERFORM&DOC  | LOWER EXTREMITY NEUROLOGICAL<br>EXAM PERFORMED&DOC   | No Auth Required |  |  |  |  |
| G8405 | LOWER EXTREM NEURO EXAM NOT<br>PRFRM    | LOWER EXTREM NEUROLOGICAL<br>EXAM NOT PERFORMED      | No Auth Required |  |  |  |  |
| G8410 | FOOTWEAR EVAL PERFORMED AND DOC         | FOOTWEAR EVALUATION PERFORMED<br>AND DOCUMENTED      | No Auth Required |  |  |  |  |
| G8415 | FOOTWEAR EVAL WAS NOT PERFORMED         | FOOTWEAR EVALUATION WAS NOT<br>PERFORMED             | No Auth Required |  |  |  |  |
| G8416 | CLIN DOC PT NOT ELIG FOOTWEAR EVAL      | CLIN DOC PT NOT ELIG FOOTWEAR<br>EVALUATION MEASURE  | No Auth Required |  |  |  |  |
| G8417 | BMI DOC ABV NML PARAM & F/U PLN<br>DOC  | BMI DOC ABOVE NORMAL PARAM &<br>F/U PLAN DOCUMENTED  | No Auth Required |  |  |  |  |
| G8418 | BMI DOC BLW NML PARAM & F/U PLN<br>DOC  | BMI DOC BLW NML PARAM & A F/U<br>PLAN IS DOCUMENTED  | No Auth Required |  |  |  |  |

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| G8419 | BMI DOC OUT NL PARM NO F/U DOC NO R  | BMI DOC OUT NML PARAM NO F/U PLN DOC NO RSN GVN  | No Auth Required       |  |  |                      |
| G8420 | BMI DOC NML PARAM & NO F/U PLAN RQR  | BMI DOC W/I NORMAL PARAM & NO F/U PLAN REQUIRED  | No Auth Required       |  |  |                      |
| G8421 | BMI NOT DOCUMENTED & NO REASON GVN   | BMI NOT DOCUMENTED AND NO REASON IS GIVEN        | No Auth Required       |  |  |                      |
| G8422 | BMI NOT DOC DOC PT NOT ELG BMI CALC  | BMI NOT DOC DOC PT NOT ELIGIBLE BMI CALCULATION  | No Auth Required       |  |  |                      |
| G8427 | ELIG CLIN DOC M UPDTD REC PT MEDS    | ELIG CLIN ATTSTS DOC M REC OBDT UPD/REV PT MEDS  | No Auth Required       |  |  |                      |
| G8428 | CUR MEDS NO DOC ELG CLN RSN NOT GVN  | CUR MEDS NO DOC OBDT UPD/REV ELIG CLIN RSN N GVN | No Auth Required       |  |  |                      |
| G8430 | ELIG CLIN DOC PT NOT ELIG MEDS REV   | ELIG CLIN DOC MR PT NOT ELIG CUR MEDS UPDATE/REV | No Auth Required       |  |  |                      |
| G8431 | SCR CLIN DEPR DOC POS & F/U PLN DOC  | SCR CLIN DEPR DOC POS & F/U PLAN IS DOCUMENTED   | No Auth Required       |  |  |                      |
| G8432 | DEPRESSION SCR NOT DOC RSN NOT GVN   | DEPRESSION SCR NOT DOCUMENTED REASON NOT GIVEN   | No Auth Required       |  |  |                      |
| G8433 | SCR DEPR NOT COMPL DOCUMENTED RSN    | SCREENING FOR DEPR NOT COMPL DOCUMENTED REASON   | No Auth Required       |  |  |                      |
| G8442 | PA NO DOC PRF DOC PT NOT ELG PA ENC  | PA NOT DOC PERF DOC PT NOT ELIG PA TIME OF ENC   | No Auth Required       |  |  |                      |
| G8450 | BETA-BLOCKER THERAPY PRESCRIBED      | BETA-BLOCKER THERAPY PRESCRIBED                  | No Auth Required       |  |  |                      |
| G8451 | BB TX LVEF<40% NOT PRSC RSN DOC CLN  | BETA-BLOCKER TX LVEF <40% NOT PRSCR RSN DOC CLIN | No Auth Required       |  |  |                      |
| G8452 | BETA-BLOCKER THERAPY NOT PRESCRIBED  | BETA-BLOCKER THERAPY NOT PRESCRIBED              | No Auth Required       |  |  |                      |
| G8465 | HIGH/VERY HIGH RISK RECURR PROS CA   | HIGH/VERY HIGH RISK RECURRENCE PROSTATE CANCER   | No Auth Required       |  |  |                      |
| G8473 | ACE INHIBITOR/ARB THERAPY PRESCRIBED | ACE INHIBITOR/ARB THERAPY PRESCRIBED             | No Auth Required       |  |  |                      |
| G8474 | ACE I/ARB TX NOT PRSC RSNS DOC CLIN  | ACE INHIBITOR/ARB TX NOT PRSC RSNS DOC BY CLIN   | No Auth Required       |  |  |                      |
| G8475 | ACE INH/ARB TX NOT PRSC RSN NOT GVN  | ACE INHIBITOR/ARB TX NOT PRESCRIBED RSN NOT GVN  | No Auth Required       |  |  |                      |
| G8476 | MOST RECENT BP SYST <140 & DIAS <90  | MOST RECENT BP SYST <140 MM HG & DIAS <90 MM HG  | No Auth Required       |  |  |                      |
| G8477 | MOST RECENT BP SYST ≥140 & DIAS ≥90  | MOST RECENT BP SYST ≥140 MM HG & DIAS ≥90 MM HG  | No Auth Required       |  |  |                      |
| G8478 | BP MSR NOT PERF/DOC RSN NOT GIVEN    | BLOOD PRESSURE MSR NOT PERF/DOC REASON NOT GIVEN | No Auth Required       |  |  |                      |
| G8482 | INFLUENZA IMMUN ADMIN/PREV RECV      | INFLUENZA IMMUNIZATION ADMIN/PREVIOUSLY RECEIVED | No Auth Required       |  |  |                      |
| G8483 | FLU IMMUN NOT ADMIN RSN DOC CLIN     | INFLUENZA IMMUNIZATION NOT ADMIN RSN DOC CLIN    | No Auth Required       |  |  |                      |
| G8484 | FLU IMMUN NOT ADM REASON NOT GIVEN   | INFLUENZA IMMUN NOT ADMINISTERED RSN NOT GIVEN   | No Auth Required       |  |  |                      |
| G8506 | PATIENT RECV ACE INHIBITOR/ARB TX    | PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY      | No Auth Required       |  |  |                      |
| G8509 | PN ASMT DOC POS F/U PLN NO DOC NO R  | PN ASMT DOC STD TOOL POS F/U PLN NOT DOC NO RSN  | No Auth Required       |  |  |                      |
| G8510 | SCR DEPR DOC NEG A F/U PLAN NOT RQR  | SCREENING DEPRESSION DOC NEG A F/U PLAN NOT RQR  | No Auth Required       |  |  |                      |
| G8511 | SCR DEP DOC POS F/U PLN NO DOC NO R  | SCREEN DEPR DOC POS F/U PLN NOT DOC RSN NOT GVN  | No Auth Required       |  |  |                      |
| G8535 | EM SCR NO D;D PT NOT ELG EM SCR ENC  | EM SCR NOT DOC;DOC PT NOT ELIG EM SCR TIME ENC   | No Auth Required       |  |  |                      |
| G8536 | NO DOC ELDER MALT SCR RSN NOT GVN    | NO DOC ELDER MALTREATMNT SCREEN REASON NOT GIVEN | No Auth Required       |  |  |                      |
| G8539 | FNC OUTCM ASMT DOC POS CARE PLN DOC  | FNC OUTCOME ASSESSMENT DOC POS CARE PLAN IS DOC  | Authorization Required | General Medicine - other services and procedures |  | Full Clinical Review |
| G8540 | FNC OC ASMT NO D P D PT NOT ELG ENC  | FUNC O/C ASMT NOT DOC PRF DOC PT NOT ELIG TM ENC | No Auth Required       |  |  |                      |
| G8541 | FUNC OUTCOME ASSESS NOT DOC NO RSN   | FCN OUTCOME ASMT STD TOOL NOT DOC RSN NOT GIVEN  | No Auth Required       |  |  |                      |
| G8542 | FCN OC ASMT; NO DEFICT PLN NOT RQR   | FCN OUTCOME ASMT DOC; NO DEFICT ID PLAN NOT RQR  | No Auth Required       |  |  |                      |
| G8543 | DOC P FCN ASMT STD;PLN NOT DOC NO R  | DOC POS FCN ASMT STD T;PLN NOT DOC RSN NOT GVN   | No Auth Required       |  |  |                      |
| G8559 | PT REF TO PHYS FOR OTOLOGIC EVAL     | PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL  | No Auth Required       |  |  |                      |
| G8560 | PT HX ACTIVE DRAIN EAR PREV 90 DAYS  | PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS | No Auth Required       |  |  |                      |
| G8561 | PT NOT ELIG REF OTO EVAL HX DRAIN    | PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR  | No Auth Required       |  |  |                      |
| G8562 | PT NO HX DRAINAGE EAR PREV 90 DAYS   | PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS   | No Auth Required       |  |  |                      |
| G8563 | PT NOT REF PHYS OTO EVAL RSN NOT GVN | PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN | No Auth Required       |  |  |                      |
| G8564 | PT REF OTO EVAL REASON NOT SPEC      | PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC   | No Auth Required       |  |  |                      |
| G8565 | VEIFICATION & DOC SUDDEN HEAR LOSS   | VERIFICATION & DOC SUDDEN/RAPIDLY PROG HEAR LOSS | No Auth Required       |  |  |                      |
| G8566 | PT NOT ELIG REF OTO HEAR LOSS MSR    | PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR | No Auth Required       |  |  |                      |
| G8567 | PT NO VERIFICATION SUDDEN HEAR LOSS  | PT NO VERIFICATION & DOC SUDDEN HEARING LOSS     | No Auth Required       |  |  |                      |
| G8568 | PT WAS NOT REF PHYS OTO EVAL NO RSN  | PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN | No Auth Required       |  |  |                      |
| G8569 | PROLONGED POSTOP INTUBATION RQR      | PROLONGED POSTOPERATIVE INTUBATION REQUIRED      | No Auth Required       |  |  |                      |
| G8570 | PROLONGED POSTOP INTUBATION NOT RQR  | PROLONGED POSTOPERATIVE INTUBATION NOT REQUIRED  | No Auth Required       |  |  |                      |
| G8571 | DVLP DP STRNL WND I/MDSNT 30 D PO    | DVLP DP STRNL WND INF/MEDIASTINIT W/I 30 DA P/O  | No Auth Required       |  |  |                      |
| G8572 | NO DEEP STRNL WND INF/MEDIASTINITIS  | NO DEEP STERNAL WOUND INFECTION/MEDIASTINITIS    | No Auth Required       |  |  |                      |
| G8573 | STROKE FLW ISOLATED CABG SURGERY     | STROKE FOLLOWING ISOLATED CABG SURGERY           | No Auth Required       |  |  |                      |
| G8574 | NO STROKE FLW ISOLATED CABG SURGERY  | NO STROKE FOLLOWING ISOLATED CABG SURGERY        | No Auth Required       |  |  |                      |
| G8575 | DEV POSTOP RENAL FAIL/REQ DIALYSIS   | DEVELOPED POSTOP RENAL FAILURE/REQ DIALYSIS      | No Auth Required       |  |  |                      |



|       |                                      |  |                  |  |  |  |  |
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| G8576 | NO PO RENAL FAIL/DIALYSIS NOT REQ    | NO POSTOP RENAL FAILURE/DIALYSIS NOT REQUIRED    | No Auth Required |  |  |  |  |
| G8577 | REOP MDST BLD GFT OCCL VLV FUNC/OTH  | REOP MEDIAST BLEED GFT OCCL VALV DYSFUNC/OTH RSN | No Auth Required |  |  |  |  |
| G8578 | REOP NOT REQ MEDST BLD GFT OCCL/OTH  | REOP NOT REQ MEDIAST BLEED GFT OCCL/OTH REASN    | No Auth Required |  |  |  |  |
| G8598 | ASPIRIN/ANOTHER ANTIPLATELET TX USED | ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED     | No Auth Required |  |  |  |  |
| G8599 | ASP/OTH ANTITHROMB NOT USED NO RSN   | ASPIRIN/OTH ANTITHROMBOTIC NOT USED RSN NOT GVN  | No Auth Required |  |  |  |  |
| G8600 | IV T-PA INIT W/IN 3 HRS LAST WELL    | IV T-PA INITIATED W/IN 3 HRS TIME LAST KNWN WELL | No Auth Required |  |  |  |  |
| G8601 | IV T-PA NOT INIT 3 HRS WELL RSN DOC  | IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN | No Auth Required |  |  |  |  |
| G8602 | IV TPA NOT IN 3 HRS TME KNWN NO RSN  | IV TPA NOT INIT W/I 3 HRS TIME KNOWN RSN NOT GVN | No Auth Required |  |  |  |  |
| G8627 | SURG PROC 30 DAY FLW CAT SURG COMP   | SURG PROC W/IN 30 DA FLW CATARACT SURG MAJ COMP  | No Auth Required |  |  |  |  |
| G8628 | SURG PROC NOT IN 30 DA FLW CAT SURG  | SURG PROC NOT W/IN 30 DAY FLW CAT SURG MAJ COMP  | No Auth Required |  |  |  |  |
| G8633 | PHARM TX FOR OSTEOPOROSIS PRESCRIB   | PHARMACOLOGIC THERAP FOR OSTEOPOROSIS PRESCRIBED | No Auth Required |  |  |  |  |
| G8635 | PHARM TX OP NOT PRSC REASON NOT GVN  | PHARM TX OSTEOPOROSIS NOT PRSC REASON NOT GIVEN  | No Auth Required |  |  |  |  |
| G8647 | RISK-ADJ FUNC STS KNEE IMPAIR =/>0   | RISK-ADJ FUNC STATUS KNEE IMPAIRMENT SCORE=/>0   | No Auth Required |  |  |  |  |
| G8648 | RISK-ADJ FUNC STATUS KNEE IMPAIR <0  | ISK-ADJ FUNC STATUS KNEE IMPAIRMENT SCORE <0     | No Auth Required |  |  |  |  |
| G8650 | RSK-AD FCN ST K IMPR NO MSR NO RSN   | RISK-ADJ FUNCT STATUS KNEE NOT MEAS RSN NOT GVN  | No Auth Required |  |  |  |  |
| G8651 | RISK-ADJ FCN STS HIP IMPAIR SC=0/>0  | RISK-ADJ FUNCT STATUS HIP IMPAIRMENT SCORE =0/>0 | No Auth Required |  |  |  |  |
| G8652 | RISK-ADJ FUNCT STS HIP IMPAIR SC <0  | RISK-ADJ FUNCT STATUS HIP IMPAIRMENT SCORE < 0   | No Auth Required |  |  |  |  |
| G8654 | RISK-ADJ FNC STS HIP NOT MRS NO RSN  | RISK-ADJ FUNCT STATUS HIP NOT MEAS RSN NOT GIVEN | No Auth Required |  |  |  |  |
| G8655 | RSK-AD FCN ST LW LEG FT ANK SC=0/>0  | RISK-ADJ FUNCT STAT LOW LEG FT ANK SCORE =0 / >0 | No Auth Required |  |  |  |  |
| G8656 | RISK-ADJ F STS CH SC FT/ANK IMPR <0  | RISK-ADJ FXN STAT CH RSD SC FT/ANK IMPAIR SC <0  | No Auth Required |  |  |  |  |
| G8658 | RSK-A ST SC FT/ANK IMPR NO MSR N R   | RSK-A FXN STS CH RSD SC FT/ANK IMPR NO MSR N RSN | No Auth Required |  |  |  |  |
| G8659 | RSK-AD F ST CH R SC LB IMPR SC=0/>0  | RISK-ADJ FXN STS CH RSD SC LW BACK IMPR SC=0/>0  | No Auth Required |  |  |  |  |
| G8660 | RSK-AD F ST CH RSD SC LB IMPR SC <0  | RISK-ADJ FXN STS CH RSD SC LW BACK IMPAIR SC < 0 | No Auth Required |  |  |  |  |
| G8661 | RSK-AD F ST CH R S LB IMPR PT N APP  | RISK-ADJ F STS CH RSD SC LW BACK IMPR PT NOT APP | No Auth Required |  |  |  |  |
| G8662 | RSK-AD ST CH R SC LB IMPR RSN N GVN  | RISK-ADJ FCN STS CH RSD SC LB IMPAIR RSN NOT GVN | No Auth Required |  |  |  |  |
| G8663 | RISK-ADJ FCN STS SHOULDER IMPR =/>0  | RISK-ADJ FUNCT STS SHOULDER IMPAIR SCORE =0/ >0  | No Auth Required |  |  |  |  |
| G8664 | RISK-ADJ FUNC ST SHOULDER IMPAIR <0  | RISK-ADJ FUNCT STATUS SHOULDER IMPAIR SCORE < 0  | No Auth Required |  |  |  |  |
| G8666 | RSK-AD F ST SHLD IMPR NO MSR NO RSN  | RISK-ADJ FCN STS SHLDR IMPR NOT MSR RSN NOT GIVN | No Auth Required |  |  |  |  |
| G8667 | RSK-AD FUN ST ELB HAND IMPAIR =/> 0  | RISK-ADJ FUNC STS ELB WRST HND IMPAIR SC =0 / >0 | No Auth Required |  |  |  |  |
| G8668 | RISK-AD FCN ST ELB WR H IMPR SC < 0  | RISK-ADJ FUNC ST ELBOW WRIST HAND IMPAIR SC < 0  | No Auth Required |  |  |  |  |
| G8670 | RSK-A F ST E W H IMPR NO MSR NO RSN  | RISK-ADJ FCN ST E WR HND IMPR NOT MSR RSN NOT GV | No Auth Required |  |  |  |  |
| G8671 | RSK-A ST CH R SC N CR M TS RBS=0/>0  | RISK-ADJ F STS CHG RSD SC N CR M TS RIBS SC=0/>0 | No Auth Required |  |  |  |  |
| G8672 | RSK-A ST CH R SC N CR M TS RIB SC<0  | RISK-ADJ FXN STS CHG RSD SC N CR M TS RIBS SC<0  | No Auth Required |  |  |  |  |
| G8674 | RSK-A ST CH R SC N CR M TS RB N RSN  | RSK-A FCN ST CHG RSD SC N CR M TS RIB RSN NO GVN | No Auth Required |  |  |  |  |
| G8694 | LEFT VENTRICULAR EJ FRACTION < 40%   | LEFT VENTRICULAR EJECTION FRACTION < 40%         | No Auth Required |  |  |  |  |
| G8708 | PT NOT PRESCRIBED/DISPENSED ABX      | PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC   | No Auth Required |  |  |  |  |
| G8709 | PT PSCR/DIS ABX DOC M RSN WI 3D URI  | PT PSCR/DIS ABX DOC M RSN WI 3 D AFT INT DX URI  | No Auth Required |  |  |  |  |
| G8710 | PATIENT PRESCRIBED/DISPENSED ABX     | PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC       | No Auth Required |  |  |  |  |
| G8711 | PRESCRIBED OR DISPENSED ANTIBIOTIC   | PRESCRIBED OR DISPENSED ANTIBIOTIC               | No Auth Required |  |  |  |  |
| G8712 | ANTIBIOTIC NOT PRESCRIBED/DISPENSED  | ANTIBIOTIC NOT PRESCRIBED OR DISPENSED           | No Auth Required |  |  |  |  |
| G8721 | PT CAT PN CAT&HIST GR DOC PATH RPRT  | PT CATEGORY PN CATEGORY & HISTOL GR DOC PATH RPT | No Auth Required |  |  |  |  |
| G8722 | DOC MED RSN NO PT PN/HG PATH REPR    | DOC MED RSN NOT INCL PT CAT PN CAT/HG PATH REPR  | No Auth Required |  |  |  |  |
| G8723 | SITE IS OTH THAN ANAT LOC PRIM TUMR  | SPEC SITE OTH THAN ANATOMIC LOCATION PRIM TUMOR  | No Auth Required |  |  |  |  |
| G8724 | PT PN CAT&HG NOT DOC PATH RP NO RSN  | PT CAT PN CAT&HISTOL GR NOT DOC PATH RPT NOT GVN | No Auth Required |  |  |  |  |
| G8730 | PAIN ASSESS POS TOOL F/U PLAN DOC    | PAIN ASSESS DOC POS USING STANDARD TOOL F/U PLAN | No Auth Required |  |  |  |  |
| G8731 | PN ASMT TOOL DOC NEG NO F/U PLN RQR  | PAIN ASMT STDIZ TOOL DOC NEG NO F/U PLAN IS RQR  | No Auth Required |  |  |  |  |
| G8732 | NO DOC PAIN ASMT REASON NOT GIVEN    | NO DOCUMENTATION PAIN ASSESSMENT REASON NOT GIVN | No Auth Required |  |  |  |  |
| G8733 | ELDER MALT SCR DOC POS & F/U PLN DOC | ELDER MALT SCR DOC POSITIVE & F/U PLAN IS DOC    | No Auth Required |  |  |  |  |
| G8734 | ELDER MALT SCR DOC NEG NO F/U RQR    | ELDER MALTREATMENT SCREENING DOC NEG NO F/U REQ  | No Auth Required |  |  |  |  |
| G8735 | ELDER MALT POS F/U NOT DOC NOT GVN   | ELDER MALT SCR DOC POS F/U NOT DOC RSN NOT GIVN  | No Auth Required |  |  |  |  |
| G8749 | ABSENCE SIGNS MEL/ABSENCE SX MEL     | ABSENCE SIGNS MELANOMA/ABSENCE SYMPTOMS MELANOMA | No Auth Required |  |  |  |  |
| G8752 | MOST RECENT SYSTOLIC BP < 140MM HG   | MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MM HG   | No Auth Required |  |  |  |  |

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| G8753 | MOST RECENT SYSTOLIC BP >= 140MM HG  | MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MM HG   | No Auth Required |  |  |  |  |
| G8754 | MOST RECENT DIASTOLIC BP < 90MM HG   | MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MM HG    | No Auth Required |  |  |  |  |
| G8755 | MOST RECENT DIASTOLIC BP >= 90MM HG  | MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MM HG   | No Auth Required |  |  |  |  |
| G8756 | NO DOC BP MSR REASON NOT GIVEN       | NO DOC BLOOD PRESSURE MSR REASON NOT GIVEN        | No Auth Required |  |  |  |  |
| G8783 | NORMAL BP READING DOC F/U NOT RQR    | NORMAL BLOOD PRESS READING DOC F/U NOT REQUIRED   | No Auth Required |  |  |  |  |
| G8785 | BP READING NOT DOC REASON NOT GIVEN  | BLOOD PRESSURE READING NOT DOC REASON NOT GIVEN   | No Auth Required |  |  |  |  |
| G8797 | SPEC SITE OTH THAN ANAT LOC ESOPH    | SPECIMEN SITE OTH THAN ANATOM LOCATION ESOPHAGUS  | No Auth Required |  |  |  |  |
| G8798 | SPECIMEN SITE OTH THN ANAT LOC PROS  | SPECIMEN SITE OTH THAN ANATOMC LOCATION PROSTATE  | No Auth Required |  |  |  |  |
| G8806 | PERF TRNSABD/TRNSVAG U/S&PG LOC DOC  | PERFORM TRANS-ABD/TRANS-VAG U/S & PREG LOC DOC    | No Auth Required |  |  |  |  |
| G8807 | TRANSABD/VAG U/S NOT PRF DOC CLIN    | TRANSABD/TRANSVAG U/S NOT PERF RSN DOC CLINICIAN  | No Auth Required |  |  |  |  |
| G8808 | TRANS-ABD/VAG U/S NOT P RSN NOT GVN  | TRANS-ABD/TRANS-VAG U/S NOT PRFRM RSN NOT GIVEN   | No Auth Required |  |  |  |  |
| G8809 | RH IMMUNE GLOBULIN RHOGAM ORDERED    | RH IMMUNE GLOBULIN RHOGAM ORDERED                 | No Auth Required |  |  |  |  |
| G8810 | RHOGAM NOT ORDERED REASONS DOC CLIN  | RH-IMMUNOGLOBULIN NOT ORDERED REASONS DOC CLIN    | No Auth Required |  |  |  |  |
| G8811 | DOCUMENT RHOGAM NOT ORDERED RSN NS   | DOCUMENT RH IMMUNE GLOBULIN NOT ORDERED RSN NS    | No Auth Required |  |  |  |  |
| G8815 | DOC RSN MED REC STATIN TX NOT PRSC   | DOCUMENTED REASON MED REC WHY STATIN TX NOT PRSC  | No Auth Required |  |  |  |  |
| G8816 | STATIN MEDICATION PRESCRIBED AT D/C  | STATIN MEDICATION PRESCRIBED AT DISCHARGE         | No Auth Required |  |  |  |  |
| G8817 | STATIN TX NOT PRSC D/C RSN NOT GVN   | STATIN THERAPY NOT PRESCRIBED D/C RSN NOT GIVEN   | No Auth Required |  |  |  |  |
| G8818 | PT D/C HOME NO LATR THN POSTOP DA 7  | PATIENT D/C TO HOME NO LATER THAN POSTOP DAY #7   | No Auth Required |  |  |  |  |
| G8825 | PT NOT D/C TO HOME BY POSTOP DAY #7  | PATIENT NOT DISCHARGED TO HOME BY POSTOP DAY #7   | No Auth Required |  |  |  |  |
| G8826 | PT D/C HOM NO LATR PO DA 2 FLW EVAR  | PT D/C HOME NO LATER THAN POSTOP DAY #2 FLW EVAR  | No Auth Required |  |  |  |  |
| G8833 | PT NOT D/C HOM POSTOP D #2 FLW EVAR  | PATIENT NOT D/C HOME POSTOP DAY #2 FOLLOW EVAR    | No Auth Required |  |  |  |  |
| G8834 | PT D/C HOM NO LATR PO DA #2 FLW CEA  | PT D/C HOME NO LATER POSTOP DAY #2 FOLLOW CEA     | No Auth Required |  |  |  |  |
| G8838 | PT NOT D/C HOME BY PO DAY 2 FLW CEA  | PATIENT NOT D/C TO HOME BY POSTOP DAY #2 FLW CEA  | No Auth Required |  |  |  |  |
| G8839 | SLEEP APNEA SX ASSESS SNOR DAY SSS   | SLEEP APNEA SYMP ASSESS PRES/ABS SNOR DAY SSS     | No Auth Required |  |  |  |  |
| G8840 | DOC RSN NOT DOCUMENT ASMT SLEEP SYM  | DOC REASON NOT DOCUMENTING ASMT SLEEP SYMPTOMS    | No Auth Required |  |  |  |  |
| G8841 | SLP APNEA SX NOT ASSESS RSN NOT GVN  | SLEEP APNEA SX NOT ASSESSED REASON NOT GIVEN      | No Auth Required |  |  |  |  |
| G8842 | AHI/RDI MEASURED AT TIME INITIAL DX  | AHI/RDI MEASURED AT TIME OF INITIAL DIAGNOSIS     | No Auth Required |  |  |  |  |
| G8843 | DOC RSN NOT MSR AHI/RDI TM INIT DX   | DOC REASON NOT MEASURING AHI/RDI TIME INIT DX     | No Auth Required |  |  |  |  |
| G8844 | AHI/RDI NOT MSR TIME DX RSN NOT GVN  | APNEA HYPOPNA IND/RDI NOT MSR TM DX RSN NOT GVN   | No Auth Required |  |  |  |  |
| G8845 | PAP THERAPY PRESCRIBED               | POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED       | No Auth Required |  |  |  |  |
| G8846 | MOD/SEV OBSTRUCTIVE SLEEP APNEA      | MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA        | No Auth Required |  |  |  |  |
| G8849 | DOC REASON NOT PRESCRIBED PAP TX     | DOCUMENTATION RSN NOT PRSC POS AIRWAY PRESS TX    | No Auth Required |  |  |  |  |
| G8850 | PAP TX NOT PRSC REASON NOT GIVEN     | POSITIVE AIRWAY PRESS TX NOT PRSC RSN NOT GIVEN   | No Auth Required |  |  |  |  |
| G8851 | OBJECTIVE MEASURE ADHER PAP TX DOC   | OBJECTIVE MEASURE ADHERENCE PAP TX DOCUMENTED     | No Auth Required |  |  |  |  |
| G8852 | PAP THERAPY PRESCRIBED               | POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED       | No Auth Required |  |  |  |  |
| G8854 | DOC RSN NOT OBJ MSR ADHERENCE CPAP   | DOCUMENTATION REASON NOT OBJ MSR ADHERENCE CPAP   | No Auth Required |  |  |  |  |
| G8855 | OBJ MSR ADH PAP TX NOT PERF NOT GVN  | OBJ MSR ADHERENCE TO PAP TX NOT PRF RSN NOT GVN   | No Auth Required |  |  |  |  |
| G8856 | REFER PHYS OTOLOGIC EVAL PERFORMED   | REFERRAL TO PHYSICIAN OTOLOGIC EVAL PERFORMED     | No Auth Required |  |  |  |  |
| G8857 | PT NOT ELIG REF OTOLOGIC EVAL MSR    | PATIENT NOT ELIG REFERRAL FOR OTOLOGIC EVAL MSR   | No Auth Required |  |  |  |  |
| G8858 | REF PHYS OTOLOG EVAL NOT PRF N GVN   | REF TO PHYS OTOLOGIC EVAL NOT PRFRM RSN NOT GVN   | No Auth Required |  |  |  |  |
| G8863 | PTS NOT ASSESS RSK BL RSN NOT GVN    | PATIENTS NOT ASSESSED RISK BONE LOSS RSN NOT GVN  | No Auth Required |  |  |  |  |
| G8864 | PNEUMOCOCCAL VACC ADMIN/PREV RECEIVE | PNEUMOCOCCAL VACCINE ADMIN OR PREVIOUSLY RECEIVED | No Auth Required |  |  |  |  |
| G8865 | DOC MED RSN NOT ADM/PREV REC PN VAC  | DOC MED RSN NOT ADM/PREV REC PNEUMOCOCCAL VAC     | No Auth Required |  |  |  |  |
| G8866 | DOC PT RSN NOT ADM/PREV REC PN VAC   | DOC PT RSN NOT ADM/PREV REC PNEUMOCOCCAL VAC      | No Auth Required |  |  |  |  |
| G8867 | PCV NOT ADM/PREV REC RSN NOT GIVEN   | PNEUMOCOCCAL VAC NOT ADM/PREV REC RSN NOT GVN     | No Auth Required |  |  |  |  |
| G8869 | PT HAS DOC IMM HB&INIT ANTI-TNF TX   | PATIENT HAS DOC IMMUN HEP B & INIT ANTI-TNF TX    | No Auth Required |  |  |  |  |
| G8872 | EXCSD TISS EVAL IMAG IO CNF TGT LES  | EXCISED TISS EVAL IMAG INTRAOP CNF INCL TGT LES   | No Auth Required |  |  |  |  |
| G8873 | PT NDLE LOC SPEC VERFD IO INSP/PATH  | PT W/NEEDLE LOC SPEC VERIFIED INTRAOP INSP/PATH   | No Auth Required |  |  |  |  |
| G8874 | EXC TISS NOT EVAL IMAG IO TARG LES   | EXCIS TISS NOT EVAL IMAG IO CONFIRM INCL TARG LES | No Auth Required |  |  |  |  |
| G8875 | CLIN DX BR CA PREOP MIN INV BX METH  | CLINICIAN DX BREAST CA PREOP MIN INVAS BX METHOD  | No Auth Required |  |  |  |  |
| G8876 | DOC RSN NO MI BX DIAG BRST CA PREOP  | DOC RSN NO MIN INVASIVE BX DIAGNOSE BR CA PREOP   | No Auth Required |  |  |  |  |
| G8877 | CLN NOT DX BR CA PRE BX RSN NOT GVN  | CLIN NOT DX BR CA PREOP MIN INVAS BX RSN NOT GVN  | No Auth Required |  |  |  |  |

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| G8878 | SENTINEL LYMPH NODE BX PROC PERFORM  | SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED   | No Auth Required |  |  |  |  |
| G8880 | DOC REASON SLN BIOPSY NOT PERFORMED  | DOCUMENT RSN SENTINEL LYMPH NODE BX NOT PRFRM    | No Auth Required |  |  |  |  |
| G8881 | STAGE BREAST CA > T1N0M0/T2N0M0      | STAGE BREAST CANCER GREATER THAN T1N0M0/T2N0M0   | No Auth Required |  |  |  |  |
| G8882 | SENTINEL LN BX NOT PERF RSN NOT GVN  | SENTINEL LYMPH NODE BX NOT PERF REASON NOT GIVEN | No Auth Required |  |  |  |  |
| G8883 | BX RSLT REV COMMUNICATED TRACKED&DOC | BIOPSY RESULTS REVIEW COMMUNICATED TRACKED & DOC | No Auth Required |  |  |  |  |
| G8884 | CLIN DOC RSN PT BX RSLT NOT REVIEW   | CLIN DOC REASON PT BIOPSY RESULTS NOT REVIEWED   | No Auth Required |  |  |  |  |
| G8885 | BX RESULTS NOT REVIEWED TRACKED/DOC  | BIOPSY RESULTS NOT REVIEW COMMUNICATE TRACK/DOC  | No Auth Required |  |  |  |  |
| G8907 | PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C  | PT DOC NO:BURN;FALL FAC;WRG EVENT;/HOS TRANSFER  | No Auth Required |  |  |  |  |
| G8908 | PT DOC HAVE RECEIVED BRN PRIOR D/C   | PATIENT DOC HAVE RECEIVED BURN PRIOR DISCHARGE   | No Auth Required |  |  |  |  |
| G8909 | PT DOC NOT HAVE REC BURN PRIOR D/C   | PT DOC NOT HAVE RECEIVED BURN PRIOR DISCHARGE    | No Auth Required |  |  |  |  |
| G8910 | PT DOC HAVE EXPERIENCED FALL IN ASC  | PATIENT DOC HAVE EXPERIENCED FALL WITHIN ASC     | No Auth Required |  |  |  |  |
| G8911 | PT DOC NOT EXPERIENCED FALL IN ASC   | PT DOC NOT HAVE EXPER FALL IN AMB SURG CENTER    | No Auth Required |  |  |  |  |
| G8912 | PT DOC EXP WRG SITE S PT PRO/IMPL    | PT DOC HAVE EXP WRG SITE SIDE PT PRO/IMPL EVENT  | No Auth Required |  |  |  |  |
| G8913 | PT DOC NO EXP WRG SITE S PT P/IMPL   | PT DOC NO WRONG SITE SIDE PT PROC/IMPLANT EVENT  | No Auth Required |  |  |  |  |
| G8914 | PT DOC EXP HOSP TRNSF/ADM D/C ASC    | PT DOC HAVE EXPERNCD HOSP TRNSF/ADM UPON D/C ASC | No Auth Required |  |  |  |  |
| G8915 | PT DOC NOT EXP HOSP TRF/ADM D/C ASC  | PT DOC NOT EXPERNCD HOSP TRNSF/ADM UPON D/C ASC  | No Auth Required |  |  |  |  |
| G8916 | PT PREOP ORD IV ABP SSI ABX INIT TM  | PT PREOP ORD IV ABX PROPH ABX INITIATED TIME     | No Auth Required |  |  |  |  |
| G8917 | PT PREOP ORD IV ABP SSI NOT INIT TM  | PT PREOP ORD IV ABX SSI PROPH NOT INITIATED TIME | No Auth Required |  |  |  |  |
| G8918 | PT NO PREOP ORD IV ABX SSI PROPH     | PT WITHOUT PREOP ORDER IV ABX SSI PROPHYLAXIS    | No Auth Required |  |  |  |  |
| G8923 | LVEF<40%/DC M/SV DPRSD L VT SYS FCN  | LVEF< 40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN | No Auth Required |  |  |  |  |
| G8924 | SP FEV1/FVC <70% FEV <60% P&COPD SX  | SP RSLT DEMST FEV1/FVC <70% FEV <60% P & COPD SX | No Auth Required |  |  |  |  |
| G8925 | SP TR FEV1 >= 60% FEV1/FVC >= 70%    | SP RSLT FEV1 >= 60% FEV1/FVC >= 70% NO COPD SX   | No Auth Required |  |  |  |  |
| G8926 | SPIRO TST NOT PRFRM/DOC RSN NOT GVN  | SPIROMETRY TEST NOT PRFRM/DOC REASON NOT GIVEN   | No Auth Required |  |  |  |  |
| G8934 | LVEF<40%/DOC MOD/SEV DEPRESSED LVSF  | LVEF<40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN  | No Auth Required |  |  |  |  |
| G8935 | CLINICIAN PRSC ACE INHIB/ARB TX      | CLIN PRSC ACE INHIB/ANGIOTENSIN REC BLOCK ARB TX | No Auth Required |  |  |  |  |
| G8936 | CLN DOC PT NOT ELG C ACE INH/ARB TX  | CLIN DOC PT NOT ELIG CANDIDATE ACE INHIB/ARB TX  | No Auth Required |  |  |  |  |
| G8937 | CLN NOT PRSC ACE INH/ARB RSN NOT GVN | CLIN DID NOT PRSC ACE INHIB/ARB TX RSN NOT GIVEN | No Auth Required |  |  |  |  |
| G8938 | BMI OUTSIDE NORM NO F/U PT NOT ELIG  | BMI OUTSIDE NORM LMT F/U PLN NOT DOC PT NOT ELIG | No Auth Required |  |  |  |  |
| G8939 | PA D P FU PL NOT D D PT NOT ELG ENC  | PA DOC POS F/U PL NOT DOC DOC PT NOT ELIG TM ENC | No Auth Required |  |  |  |  |
| G8941 | ELD MAL SCR POS F/U NOT DOC NOT ELG  | ELD MALT SCR POS F/U NOT DOC NOT ELG F/U PLN     | No Auth Required |  |  |  |  |
| G8942 | FNC OUTCM ASMT DOC PREV 30 D&CR PLN  | FNC OUTCM ASMT TOOL DOC PREV 30 DA & CARE PLN    | No Auth Required |  |  |  |  |
| G8944 | AJCC MELANOMA CANCER STGE 0-IIIC MEL | AJCC MELANOMA CANCER STAGE 0-IIIC MELANOMA       | No Auth Required |  |  |  |  |
| G8946 | MIN INVS BX METH ATMPT NO DX BR CA   | MINIMALLY INVASV BX METH ATMPT BUT NOT DX BR CA  | No Auth Required |  |  |  |  |
| G8950 | PREHTN/HTN BP DOC & INDICAT F/U DOC  | PREHTN/HTN BP READING DOC & INDICATED F/U DOC    | No Auth Required |  |  |  |  |
| G8952 | P-HTN/HTN BP DOC F/U NOT RSN NOT GVN | PREHTN/HTN BP DOC INDCD F/U NOT DOC RSN NOT GIVN | No Auth Required |  |  |  |  |
| G8955 | MOST RCNT ASMT ADEQUCY VOL MGMT DOC  | MOST RECENT ASMT ADEQUACY VOLUME MGMT DOC        | No Auth Required |  |  |  |  |
| G8956 | PT RCV MAINT HEMODIAL O/P DIALY FAC  | PT RECV MAINT HEMODIALYSIS IN O/P DIALYSIS FAC   | No Auth Required |  |  |  |  |
| G8958 | ASMT ADEQ VOL M NOT DOC RSN NOT GVN  | ASMT ADEQUACY VOLUME MGMT NOT DOC RSN NOT GIVEN  | No Auth Required |  |  |  |  |
| G8959 | CLINICIAN TX MDD COM CLINICIAN TX CC | CLIN TREATING MDD COM CLIN TREATING COMORBID CON | No Auth Required |  |  |  |  |
| G8960 | CLN TX MDD NOT C CLN CC RSN NOT GVN  | CLIN TX MDD DID NOT COM CLIN TC CC RSN NOT GIVEN | No Auth Required |  |  |  |  |
| G8961 | CRD SS IMAG L RSK PT PREOP 30 D SRG  | CARD STRESS IMAG LW RSK PT PREOP EVAL 30 D SURG  | No Auth Required |  |  |  |  |
| G8962 | CARD STRESS IMAG TEST PERF ANY RSN   | CARDIAC STRESS IMAGING TEST PERFORMED ANY REASON | No Auth Required |  |  |  |  |
| G8963 | CARD STRSS IMAG MON ASX PT PCI 2 YR  | CARD STRSS IMAG PRIM MON ASX PT HAD PCI W/I 2 YR | No Auth Required |  |  |  |  |
| G8964 | CARD SS IMAG NOT MON ASX PCI 2 YRS   | CARD SS IMAG OTH RSN THN MON ASX PT PCI IN 2 YRS | No Auth Required |  |  |  |  |
| G8965 | CARD STRESS IMAG PRIM LW CHD RSK PT  | CARD SS IMAG PRIM PER L CHD RSK PT DET RSK ASMT  | No Auth Required |  |  |  |  |
| G8966 | CARD STRESS IMAG SX/> LW CHD RSK PT  | CARD STRSS IMAG TST PER SX/HI THAN L CHD RSK PT  | No Auth Required |  |  |  |  |
| G8967 | WARFARIN/ANR FDA APRV ORAL AC PRESC  | WARFARIN/ANR FDA APRVD ORAL ANTICOAGULANT PRESC  | No Auth Required |  |  |  |  |
| G8968 | DOC M RSN NOT RX WAR/ANR FDA-APV AC  | DOC MED RSN NOT PRESC WARFARIN/ANR FDA-APPRV AC  | No Auth Required |  |  |  |  |
| G8969 | DOC PT RSN NOT RX WAR/OTHER PREV TE  | DOC PT RSN NOT PRSCR WAR/ANOTHER ORAL AC PREV TE | No Auth Required |  |  |  |  |
| G8970 | NO RISK FACTOR/1 MOD RISK FACTOR TE  | NO RISK FACTOR/1 MOD RISK FACTOR THROMBOEMBOLISM | No Auth Required |  |  |  |  |
| G8973 | MOST RECENT HGB LEVEL < 10 G/DL      | MOST RECENT HEMOGLOBIN LEVEL < 10 G/DL           | No Auth Required |  |  |  |  |
| G8974 | HGB LEVEL MSR NOT DOC RSN NOT GIVEN  | HGB LEVEL MEASUREMENT NOT DOC REASON NOT GIVEN   | No Auth Required |  |  |  |  |

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| G8975 | DOC MED RSN PT HGB LEVEL < 10 G/DL    | DOCUMENTATION MEDICAL RSN PT HGB LEVEL < 10 G/DL     | No Auth Required |  |  |  |  |
| G8976 | MOST RECENT HCB LEVEL >= 10 G/DL      | MOST RECENT HEMOGLOBIN HGB LEVEL >= 10 G/DL          | No Auth Required |  |  |  |  |
| G9001 | COORDINATED CARE FEE INITIAL RATE     | COORDINATED CARE FEE INITIAL RATE                    | No Auth Required |  |  |  |  |
| G9002 | COORDINATED CARE FEE MAINT RATE       | COORDINATED CARE FEE MAINTENANCE RATE                | No Auth Required |  |  |  |  |
| G9003 | COORD CARE FEE RISK ADJUSTD HI INIT   | COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL      | No Auth Required |  |  |  |  |
| G9004 | COORD CARE FEE RISK ADJUSTD LW INIT   | COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL       | No Auth Required |  |  |  |  |
| G9005 | COORD CARE FEE RISK ADJUSTED MAINT    | COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE       | No Auth Required |  |  |  |  |
| G9006 | COORD CARE FEE HOME MONITORING        | COORDINATED CARE FEE HOME MONITORING                 | No Auth Required |  |  |  |  |
| G9007 | COORD CARE FEE SCHEDULE TEAM CONF     | COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE        | No Auth Required |  |  |  |  |
| G9008 | COORD CARE FEE PHYS OVSIGHT SRVC      | COORD CARE FEE PHYS COORD CARE OVSIGHT SRVC          | No Auth Required |  |  |  |  |
| G9009 | COORD CARE FEE RISK ADJ MAINT LVL 3   | COORDINATED CARE FEE RISK ADJ MAINTENANCE LVL 3      | No Auth Required |  |  |  |  |
| G9010 | COORD CARE FEE RISK ADJ MAINT LVL 4   | COORDINATED CARE FEE RISK ADJ MAINTENANCE LVL4       | No Auth Required |  |  |  |  |
| G9011 | COORD CARE FEE RISK ADJ MAINT LVL 5   | COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5          | No Auth Required |  |  |  |  |
| G9063 | ONC; STATUS; NSCLC; ST I NO PROGRSN   | ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION        | No Auth Required |  |  |  |  |
| G9064 | ONC; STATUS; NSCLC; ST II NO PROGRSN  | ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION       | No Auth Required |  |  |  |  |
| G9065 | ONC; NSCLC; ST III A NO PROGRESSN     | ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN      | No Auth Required |  |  |  |  |
| G9066 | ONC; STATUS; NSCLC; ST III B-4 MET    | ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR      | No Auth Required |  |  |  |  |
| G9067 | ONC; STATUS; NSCLC; EXTENT DZ UNKN    | ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL        | No Auth Required |  |  |  |  |
| G9068 | ONC; STATUS; SC&COMB;LTD NO PROGRSN   | ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9069 | ONC; STATUS; SCLC SC&COMB; EXT MET    | ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET     | No Auth Required |  |  |  |  |
| G9070 | ONC;STATUS;SCLC SC&COMB;EXTENT UNKN   | ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN      | No Auth Required |  |  |  |  |
| G9071 | ONC; BRST; ACA; ST I/II; POS; NO PROG | ONC; F BRST;ACA; ST I/II; ER&/PR POS;NO PROGRESSN    | No Auth Required |  |  |  |  |
| G9072 | ONC; BRST; ACA; ST I/II; NEG; NO PROG | ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9073 | ONC; BRST; ACA; ST III; POS; NO PROG  | ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9074 | ONC; BRST; ACA; ST III; NEG; NO PROG  | ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9075 | ONC; STATUS; F BRST CA; ACA; M1 MET   | ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR       | No Auth Required |  |  |  |  |
| G9077 | ONC; PROS CA; T1-T2C& PSA</=20NO PROG | ONC; PROS CA; T1-T2C& GLESN 27& PSA</=20 NO PROGRSSN | No Auth Required |  |  |  |  |
| G9078 | ONC; PROS CA; T2/T3A/PSA>20 NO METS   | ONC; PROS CA; T2/T3A GLEASON 8-10/PSA>20 NO METS     | No Auth Required |  |  |  |  |
| G9079 | ONC; PROS CA; T3B-T4 N; T N1 NO PROG  | ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN     | No Auth Required |  |  |  |  |
| G9080 | ONC; PROS CA; TX RISING PSA           | ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE     | No Auth Required |  |  |  |  |
| G9083 | ONC; PROS CA ACA; EXTENT UNKN         | ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL     | No Auth Required |  |  |  |  |
| G9084 | ONC; COLON CA; T1-3 N0 M0 NO PROG     | ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION     | No Auth Required |  |  |  |  |
| G9085 | ONC; COLON CA; T4 N0 M0 NO PROG       | ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION       | No Auth Required |  |  |  |  |
| G9086 | ONC; COLON CA; T1-4 N1-2 M0 NO PROG   | ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9087 | ONC; COLON CA; M1 MET W/CURR DZ       | ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ     | No Auth Required |  |  |  |  |
| G9088 | ONC; COLON CA; M1 MET NO CURR DZ      | ONC; STATUS; COLON CA; M1 MET NO CURR EVIDENCE DZ    | No Auth Required |  |  |  |  |
| G9089 | ONC; STATUS; COLON CA; EXTENT UNK     | ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL     | No Auth Required |  |  |  |  |
| G9090 | ONC; RECTAL CA; T1-2 N0 M0 NO PROG    | ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN      | No Auth Required |  |  |  |  |
| G9091 | ONC; RECTAL CA; T3 N0 M0 NO PROG      | ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION      | No Auth Required |  |  |  |  |
| G9092 | ONC; RECTAL CA; T1-3 N1-2 M0 NO PROG  | ONC; STATUS; RECTAL CA; T1-3 N1-2 M0 NO PROGRESSN    | No Auth Required |  |  |  |  |
| G9093 | ONC; RECTAL CA; T4 ANY N M0 NO PROG   | ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN     | No Auth Required |  |  |  |  |
| G9094 | ONC; STATUS; RECTAL CA; M1 MET        | ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR      | No Auth Required |  |  |  |  |
| G9095 | ONC; STATUS; RECTAL CA; EXTENT UNK    | ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL     | No Auth Required |  |  |  |  |
| G9096 | ONC; ESOPH CA; T1-T3 N0-N1/NX NO PROG | ONC; STATUS; ESOPH CA; T1-T3 N0-N1/NX NO PROGRSSN    | No Auth Required |  |  |  |  |
| G9097 | ONC; ESOPH CA; T4 ANY N M0 NO PROG    | ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN      | No Auth Required |  |  |  |  |
| G9098 | ONC; STATUS; ESOPH CA ; M1 METASTAT   | ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR      | No Auth Required |  |  |  |  |
| G9099 | ONC; STATUS; ESOPH CA; EXTENT UNK     | ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL     | No Auth Required |  |  |  |  |
| G9100 | ONC; GASTR CA; R0 RESECT NO PROG      | ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN      | No Auth Required |  |  |  |  |
| G9101 | ONC; GASTR CA; R1/R2 RESECT NO PROG   | ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PROGRESSN    | No Auth Required |  |  |  |  |
| G9102 | ONC; GASTR CA; M0 UNRESECT NO PROG    | ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN     | No Auth Required |  |  |  |  |
| G9103 | ONC; STATUS; GASTR CA; CLIN M1 MET    | ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR       | No Auth Required |  |  |  |  |
| G9104 | ONC; STATUS; GASTR CA ; EXTENT UNK    | ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL     | No Auth Required |  |  |  |  |

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| G9105 | ONC; PAN CA; R0 RESECT NO PROG      | ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION | No Auth Required       |                   |  |                      |
| G9106 | ONC; PAN CA; R1/R2 RESECT NO PROG   | ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION | No Auth Required       |                   |  |                      |
| G9107 | ONC; PAN CA; UNRESECTBL M1 MET      | ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR | No Auth Required       |                   |  |                      |
| G9108 | ONC; STATUS; PAN CA; EXTENT DZ UNK  | ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL   | No Auth Required       |                   |  |                      |
| G9109 | ONC; H&N CA; T1-T2&NO M0 NO PROG    | ONC; STATUS; HEAD&NCK CA; T1-T2&NO M0 NO PROGRSS | No Auth Required       |                   |  |                      |
| G9110 | ONC;H&N CA; T3-4&/N1-3 M0 NO PROG   | ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS | No Auth Required       |                   |  |                      |
| G9111 | ONC; STATUS; H&N CA; M1 MET LOC     | ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR | No Auth Required       |                   |  |                      |
| G9112 | ONC; STATUS; H&N CA; EXTENT UNKN    | ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN  | No Auth Required       |                   |  |                      |
| G9113 | ONC DS STATUS OV CA ST IA-B NO PROG | ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN    | No Auth Required       |                   |  |                      |
| G9114 | ONC; OV CA; ST IA-B; IC; II;NO PROG | ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS | No Auth Required       |                   |  |                      |
| G9115 | ONC; OV CA; ST III-IV; NO PROG      | ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN | No Auth Required       |                   |  |                      |
| G9116 | ONC; OV CA; PROGRSSN&/PLATINM RSIST | ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST | No Auth Required       |                   |  |                      |
| G9117 | ONC; STATUS; OV CA; EXTENT UNKN     | ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL  | No Auth Required       |                   |  |                      |
| G9123 | ONC; CML; CP NO HEM CYT/MOL REMISS  | ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS | No Auth Required       |                   |  |                      |
| G9124 | ONC;CML; AP NO HEMA CYT/MOL REMISS  | ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS    | No Auth Required       |                   |  |                      |
| G9125 | ONC; CML BP NOT HEM CYT/MOL REMISS  | ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS | No Auth Required       |                   |  |                      |
| G9126 | ONC; CML HEM CYTOGN/MOLECULR REMISS | ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS  | No Auth Required       |                   |  |                      |
| G9128 | ONC; MX MYELOMA SYS DZ; SMOLDR ST I | ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I   | No Auth Required       |                   |  |                      |
| G9129 | ONC; MX MYELOMA SYS DZ ST II/HIGHER | ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER       | No Auth Required       |                   |  |                      |
| G9130 | ONC; MX MYELOMA SYS DZ EXTENT UNKN  | ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL  | No Auth Required       |                   |  |                      |
| G9131 | ONC;DZ STS;F BRST CA;STG NOT LISTED | ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED  | No Auth Required       |                   |  |                      |
| G9132 | ONC;DZ STS;PROS CA;CLIN METS        | ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS      | No Auth Required       |                   |  |                      |
| G9133 | ONC;DZ STS;PROS CA;CLIN METS/M1     | ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1   | No Auth Required       |                   |  |                      |
| G9134 | ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD | ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY | No Auth Required       |                   |  |                      |
| G9135 | ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS  | ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY | No Auth Required       |                   |  |                      |
| G9136 | ONC;DZ STS;NHL TRNS 2ND CELLR CLSS  | ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS | No Auth Required       |                   |  |                      |
| G9137 | ONC;DZ STS;NHL;RELAPSED/REFRACTORY  | ONC; DZ STS; NHL; RELAPSED/REFRACTORY            | No Auth Required       |                   |  |                      |
| G9138 | ONC;DZ STS;NHL;STAGE NOT DETERM     | ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED    | No Auth Required       |                   |  |                      |
| G9139 | ONC;DZ STS;CML;STAGE NOT LISTED     | ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED   | No Auth Required       |                   |  |                      |
| G9140 | FRONTIER EXTENDED STAY CLIN DEMO;   | FRONTIER EXTENDED STAY CLIN DEMO; CMS DEMO PROJ  | No Auth Required       |                   |  |                      |
| G9143 | WARFARIN RSPN TEST GEN TECH ANY #   | WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC  | Authorization Required | Pathology and Lab |  | Full Clinical Review |
| G9148 | NAT COMMITTEE QA LEVEL 1 MED HOME   | NATIONAL COMMITTEE QA LEVEL 1 MEDICAL HOME       | No Auth Required       |                   |  |                      |
| G9149 | NAT COMMITTEE QA LEVEL 2 MED HOME   | NATIONAL COMMITTEE QA LEVEL 2 MEDICAL HOME       | No Auth Required       |                   |  |                      |
| G9150 | NAT COMMITTEE QA LEVEL 3 MED HOME   | NATIONAL COMMITTEE QA LEVEL 3 MEDICAL HOME       | No Auth Required       |                   |  |                      |
| G9151 | MAPCP DEMO STATE PROVIDED SERVICES  | MAPCP DEMONSTRATION STATE PROVIDED SERVICES      | No Auth Required       |                   |  |                      |
| G9152 | MAPCP DEMO COMMUNITY HEALTH TEAMS   | MAPCP DEMONSTRATION-COMMUNITY HEALTH TEAMS       | No Auth Required       |                   |  |                      |
| G9153 | MAPCP DEMO PHYSICIAN INCENTIVE POOL | MAPCP DEMONSTRATION-PHYSICIAN INCENTIVE POOL     | No Auth Required       |                   |  |                      |
| G9156 | EVAL WC REQ FACE-FACE VISIT W/PHYS  | EVALUAT WHEELCHAIR REQ FACE-FACE VISIT PHYSICIAN | No Auth Required       |                   |  |                      |
| G9157 | TRANSESOPHAGEAL DOPPLER CARDIAC MON | TRANSESOPHAGEAL DOPPLER FOR CARDIAC MONITORING   | No Auth Required       |                   |  |                      |
| G9187 | BPCI HOME VST PT ASMT QUAL HC PROF  | BPCI HOME VISIT PT ASSESSMENT PRFRM QUAL HC PROF | No Auth Required       |                   |  |                      |
| G9188 | BETA-BLCKR TX NOT PRSC RSN NOT GIVN | BETA-BLOCKER THERAPY NOT PRSC REASON NOT GIVEN   | No Auth Required       |                   |  |                      |
| G9189 | BETA-BLCKR TX PRSC/CURR BEING TAKEN | BETA-BLOCKER THERAPY PRSC/CURRENTLY BEING TAKEN  | No Auth Required       |                   |  |                      |
| G9190 | DOC MED RSN NOT PRSC BETA-BLOCKR TX | DOCUMENTATION MED RSN NOT PRSC BETA-BLOCKER TX   | No Auth Required       |                   |  |                      |
| G9191 | DOC PT RSN NOT PRSC BETA-BLOCKER TX | DOCUMENTATION PT REASON NOT PRSC BETA-BLOCKER TX | No Auth Required       |                   |  |                      |
| G9192 | DOC SYS RSN NOT PRSC BETA-BLOCKR TX | DOCUMENTATION SYSTEM RSN NOT PRSC BETA-BLOCKR TX | No Auth Required       |                   |  |                      |
| G9196 | DOC MED RSN NOT ORD 1/2 GEN CPH AMP | DOC MED REASON NOT ORD 1ST/2ND GEN CPH AMP       | No Auth Required       |                   |  |                      |
| G9197 | DOC ORD FOR 1ST/2ND GEN CEPH AMP    | DOC ORD 1ST/2ND CEPHALOSPORIN ANTIMICROBL PROPH  | No Auth Required       |                   |  |                      |
| G9198 | ORD 1ST/2ND CEPH NOT DOC R NOT GVN  | ORDER 1ST/2ND GEN CEPH AMP NOT DOC RSN NOT GIVEN | No Auth Required       |                   |  |                      |
| G9212 | DSM-IVTM CRITERIA MDD DOC INIT EVAL | DSM-IVTM CRITERIA MDD DOC INITIAL EVALUATION     | No Auth Required       |                   |  |                      |
| G9213 | DSM-IVTM CRIT MDD NOT DOC INIT EVAL | DSM-IV-TR CRITERIA MDD NOT DOC INIT EVAL RSN NOS | No Auth Required       |                   |  |                      |
| G9223 | PCP PRSC 3 MO CD4+ <500/CD4 % <15%  | PCP P PRSC 3 MO CD4+BLW 500 CE/MM3/CD4 % BLW 15% | No Auth Required       |                   |  |                      |
| G9225 | FOOT EXAM WAS NOT PRFRM RSN NOT GVN | FOOT EXAM WAS NOT PERFORMED REASON NOT GIVEN     | No Auth Required       |                   |  |                      |

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| G9226 | FOOT EXAMINATION PERFORMED          | FOOT EXAMINATION PERFORMED                       | No Auth Required |  |  |  |  |
| G9227 | FUNC O/C ASMT CP NOT DOC PT NOT ELG | FUNC O/C ASMT CARE PLN NOT DOC PT NOT ELG AT ENC | No Auth Required |  |  |  |  |
| G9228 | CHLAMYDIA GON SYP SCR RESULTS DOC   | CHLAMYDIA GONORRHEA SYPHILIS SCREEN RESULTS DOC  | No Auth Required |  |  |  |  |
| G9229 | CHLAMYD GON & SYP SCR RSLT NOT DOC  | CHLAMYDIA GONORRHEA & SYPHILIS SCR RSLT NOT DOC  | No Auth Required |  |  |  |  |
| G9230 | CHLAMYDIA GON SYP NOT SCR NO RSN    | CHLAMYDIA GONORRHEA SYPHILIS NOT SCREEN NO RSN   | No Auth Required |  |  |  |  |
| G9231 | DOC ESRD DIAL RNA TX/PREG MSR PR    | DOC ESRD DIAL RNA TX BF/DUR MSR PR/PG DUR MSR PR | No Auth Required |  |  |  |  |
| G9232 | CLIN TREAT MDD NOT COM CLIN TRT CC  | CLIN TREAT MDD DID NOT COMM CLIN TREAT CC PT RSN | No Auth Required |  |  |  |  |
| G9239 | DOC RSN PT I MNT HD CTH MO VASC ACC | DOC RSN PT INIT MNT HD CATH MODE VASCULAR ACCESS | No Auth Required |  |  |  |  |
| G9240 | PT VA CATH TIME MAINT HD INITIAT    | PT MODE VASC ACCESS CATH TIME MAINT HD INITIATED | No Auth Required |  |  |  |  |
| G9241 | PT VA NOT CATH TM MAINT HD INITIAT  | PT MODE VASC ACCESS NOT CATH TM MAINT HD INITIAT | No Auth Required |  |  |  |  |
| G9242 | DOC VL=>200 COPIES/ML/VL NOT PRFRM  | DOC VIRAL LOAD => 200 COPIES/ML/VL NOT PRFRM     | No Auth Required |  |  |  |  |
| G9243 | DOC VIRAL LOAD < 200 COPIES/ML      | DOCUMENTATION VIRAL LOAD LESS THAN 200 COPIES/ML | No Auth Required |  |  |  |  |
| G9246 | PT NOT 1 VST IN 24 MO MSR PERIOD    | PT NOT 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN  | No Auth Required |  |  |  |  |
| G9247 | PT HAD 1 VST IN 24 MO MSR PERIOD    | PT HAD 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN  | No Auth Required |  |  |  |  |
| G9250 | DOC PAIN TO CMFRT 48 HRS INIT ASMT  | DOC PT PAIN BROUGHT COMFORT LVL 48 HRS INIT ASMT | No Auth Required |  |  |  |  |
| G9251 | DOC PAIN NOT CMFRT 48 HR INIT ASMT  | DOC PT PAIN NOT BROUGHT COMFORT 48 HR INIT ASMT  | No Auth Required |  |  |  |  |
| G9254 | DOC D/C LATER PST-OP DAY 2 FLW CAS  | DOC PT D/C HOME LATER THAN POST-OP DA 2 FLW CAS  | No Auth Required |  |  |  |  |
| G9255 | DOC D/C NO LTR PST OP DAY 2 FLW CAS | DOC PT D/C HOME NO LTR THAN PST OP DAY 2 FLW CAS | No Auth Required |  |  |  |  |
| G9256 | DOC PATIENT DEATH FOLLOWING CAS     | DOCUMENTATION OF PATIENT DEATH FOLLOWING CAS     | No Auth Required |  |  |  |  |
| G9257 | DOC PATIENT STROKE FOLLOWING CAS    | DOCUMENTATION OF PATIENT STROKE FOLLOWING CAS    | No Auth Required |  |  |  |  |
| G9258 | DOC OF PATIENT STROKE FOLLOWING CEA | DOCUMENTATION OF PATIENT STROKE FOLLOWING CEA    | No Auth Required |  |  |  |  |
| G9259 | DOC PT SURV & ABSNCE STROKE FLW CAS | DOC PT SURVIVAL & ABSENCE OF STROKE FOLLOW CAS   | No Auth Required |  |  |  |  |
| G9260 | DOC PATIENT DEATH FOLLOWING CEA     | DOCUMENTATION OF PATIENT DEATH FOLLOWING CEA     | No Auth Required |  |  |  |  |
| G9261 | DOC PT SURV & ABSNCE STROKE FLW CEA | DOC PT SURVIVAL & ABSENCE STROKE FOLLOWING CEA   | No Auth Required |  |  |  |  |
| G9262 | DOC PT DEATH HOSPITAL FOLLOW EVAR   | DOC PT DEATH HOSPITAL FLW ENDOVASCULAR AAA REPR  | No Auth Required |  |  |  |  |
| G9263 | DOC PT D/C ALIVE FLW EVAR AAA REPR  | DOC PT D/C ALIVE FLW ENDOVASCULAR AAA REPAIR     | No Auth Required |  |  |  |  |
| G9264 | DOC PT RCV MNT HD>=90 D CTH DC RSN  | DOC PT RECV MNT HD >= TO 90 D CATHETER DOC RSN   | No Auth Required |  |  |  |  |
| G9265 | PT MAINT HD >=90 DAY CATH AS VA     | PT RECV MAINT HD >= 90 DAY CATH AS VASC ACCESS   | No Auth Required |  |  |  |  |
| G9266 | PT MAINT HD >=90 DAY NO CATH AS VA  | PT RECV MNT HD >= 90 DA NO CATH AS VASC ACCESS   | No Auth Required |  |  |  |  |
| G9267 | DOC PT 1/> COMP/MORTALITY IN 30 DAY | DOC PT 1/MORE COMPLICATION/MORTALITY W/I 30 DAYS | No Auth Required |  |  |  |  |
| G9268 | DOC PT 1/> COMPLICATION W/I 90 DAYS | DOC PT 1/MORE COMPLICATIONS WITHIN 90 DAYS       | No Auth Required |  |  |  |  |
| G9269 | DOC PT W/O 1/> COMP NO M W/I 30 DAY | DOC PT W/O 1/MORE COMP NO MORTALITY W/I 30 DAYS  | No Auth Required |  |  |  |  |
| G9270 | DOC PT W/O 1/MORE COMP W/I 90 DAYS  | DOC PT W/O ONE OR MORE COMPLICATIONS W/I 90 DAYS | No Auth Required |  |  |  |  |
| G9273 | BP SYSTOLIC < 140 DIASTOLIC < 90    | BP HAS SYSTOLIC VALUE < 140 DIASTOLIC VALUE < 90 | No Auth Required |  |  |  |  |
| G9274 | BP S=140 D=90/S<140 D=90/S=140 D<90 | BP SYS=140 DIA=90/SYS<140 DIA=90/SYS=140 DIA <90 | No Auth Required |  |  |  |  |
| G9275 | DOC PATIENT CURRNT NON-TOBACCO USER | DOCUMENTATION PATIENT CURRENT NON-TOBACCO USER   | No Auth Required |  |  |  |  |
| G9276 | DOC PATIENT IS CURRENT TOBACCO USER | DOCUMENTATION PATIENT IS A CURRENT TOBACCO USER  | No Auth Required |  |  |  |  |
| G9277 | DOC PT D ASP/ANTI-PLATLET/DOC CNTRA | DOC PT D ASP/ANTI-PLT/DOC CONTRAIND ASP/ANTI-PLT | No Auth Required |  |  |  |  |
| G9278 | DOC PT NOT ON D ASP/ANTI-PLAT REGMN | DOC PT NOT ON DAILY ASPIRIN/ANTI-PLATELET REGIMN | No Auth Required |  |  |  |  |
| G9279 | PNC SCRIN DOC VACC RECV PRORI D/C   | PNEUMOCOCCAL SCR PERFORM DOC VACC RECV PRIOR D/C | No Auth Required |  |  |  |  |
| G9280 | PNC V NOT ADM PRI D/C RSN NOT SPEC  | PNEUMOCOCCAL VACC NOT ADM PRIOR D/C RSN NOT SPEC | No Auth Required |  |  |  |  |
| G9281 | SCREEN PERF VACC NOT IND/PT REFUSAL | SCREEN PERFORM DOC VACC NOT INDICATED/PT REFUSAL | No Auth Required |  |  |  |  |
| G9282 | DOC RSN NOT RPT HIST TYP/NSCLC-NOS  | DOC MED RSN NOT RPT HIST TYP/NSCLC-NOS CLASS W/E | No Auth Required |  |  |  |  |
| G9283 | NSCLC BX CYT RPT DOC H TYP/NOS      | NSCLC BX CYT RPRT DOC CLASS H TYP/NSCLC-NOS W/E  | No Auth Required |  |  |  |  |
| G9284 | NSCLC BX CYT RPT NOT DOC H TYP/NOS  | NSCLC BX CYT RPRT NOT DOC H TYP/NSCLC-NOS W/E    | No Auth Required |  |  |  |  |
| G9285 | SPEC SITE OTH THAN LUNG/NOT NSCLC   | SPEC SITE OTH THAN ANAT LOC LUNG/NOT CLASS NSCLC | No Auth Required |  |  |  |  |
| G9286 | ABX REG PRSC W/I 10 DA AFTR ONST SX | ABX REGIMEN PRSC W/I 10 DA AFTER ONSET SX        | No Auth Required |  |  |  |  |
| G9287 | ABX NOT PRSCR 10 DA AFTR ONSET SX   | ABX REGIMEN NOT PRSCR W/I 10 DA AFTR ONSET SX    | No Auth Required |  |  |  |  |
| G9288 | DOC MED RSN NOT RPT H TYP/NSCLC-NOS | DOC MED REASON NOT REPORT H TYPE/NSCLC-NOS EXPL  | No Auth Required |  |  |  |  |
| G9289 | NSCLC BX CY RPT DOC H TYP/NSCLC-NOS | NSCLC BX CYTOLOGY RPT DOC H TYPE/NSCLC-NOS EXPL  | No Auth Required |  |  |  |  |
| G9290 | NSCLC BX CY RPT NOT DOC H TYP/NOS   | NSCLC BX CYT RPT NOT DOC H TYPE/NSCLC-NOS EXPL   | No Auth Required |  |  |  |  |
| G9291 | SP SITE NOT LNG NOT NSCLC/NSCLC-NOS | SPEC SITE OTH THN LUNG NOT CLASS NSCLC/NSCLC-NOS | No Auth Required |  |  |  |  |

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| G9292 | DOC RSN NOT RPT PT CAT ULCER PT1 MR  | DOC MED RSN NOT RPT PT CAT THICK ULCER PT1 MR    | No Auth Required |  |  |  |  |
| G9293 | PATH RPT NOT PT CAT ULCER PT1 MR     | PATH RPT NOT INCL PT CAT THICKNESS ULCER PT1 MR  | No Auth Required |  |  |  |  |
| G9294 | PATH RPT W/PT CAT THICK ULCR PT1 MR  | PATH RPT W/PT CAT THICKNESS ULCERATION PT1 MR    | No Auth Required |  |  |  |  |
| G9295 | SPEC SITE OTH THAN ANATOMIC CUT LOC  | SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC    | No Auth Required |  |  |  |  |
| G9296 | PT DOC SDM CONSERV TX PRIOR PROC     | PT DOC SHARE DECISION CONSERVATIVE TX PRIOR PROC | No Auth Required |  |  |  |  |
| G9297 | SDM CONSERV TX PRIOR PROC NOT DOC    | SHARE DECISION CONSERVATIV TX PRIOR PROC NOT DOC | No Auth Required |  |  |  |  |
| G9298 | PT EVAL VTE CV RSK 30 DA PRIOR PROC  | PT EVAL VTE CV RISK FACTOR W/I 30 DAY PRIOR PROC | No Auth Required |  |  |  |  |
| G9299 | PT NOT EVAL VTE CV RSK 30 D PRI PROC | PT NOT EVAL VTE CV RISK W/I 30 DAY PRIOR PROC    | No Auth Required |  |  |  |  |
| G9300 | DOC RSN NOT INFUS P ABX PRI PROX TQ  | DOC RSN NOT Cmpl INFUS P ABX PRIOR INFLA PROX TQ | No Auth Required |  |  |  |  |
| G9301 | PT HAD P ABX INFUS PRIOR INFLAT TQ   | PT HAD PROPH ABX INFUSED PRIOR INFLATION PROX TQ | No Auth Required |  |  |  |  |
| G9302 | P ABX NOT Cmpl PRIOR TQ RSN NOT GVN  | P ABX NOT Cmpl INFUS PRIOR INFLAT TQ RSN NOT GVN | No Auth Required |  |  |  |  |
| G9303 | OP RPT NOT ID PROS SPEC RSN NOT GVN  | OP RPT DOES NOT ID PROS IMPL SPEC RSN NOT GIVEN  | No Auth Required |  |  |  |  |
| G9304 | OP RPT IDS PROSTHETIC IMPLANT SPEC   | OP REPORT IDENTIFIES PROSTHETIC IMPLANT SPEC     | No Auth Required |  |  |  |  |
| G9305 | INT LEAK ENDOLUM CNT ANASTM NOT REQ  | INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM NOT REQ | No Auth Required |  |  |  |  |
| G9306 | INT LEAK ENDOLUM CNT ANASTM REQ      | INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM REQUIRD | No Auth Required |  |  |  |  |
| G9307 | NO RTN OP ROOM PROC 30 DA PRIN PROC  | NO RETURN OP ROOM FOR PROC W/I 30 DAY PRIN PROC  | No Auth Required |  |  |  |  |
| G9308 | UNPLAN RTN OP ROOM 30 DAY PRIN PROC  | UNPLAN RTN OP ROOM FOR PROC W/I 30 DAY PRIN PROC | No Auth Required |  |  |  |  |
| G9309 | NO UNPLAN HOSP RDM 30 DAY PRIN PROC  | NO UNPLANNED HOSP RDM W/I 30 DAY PRINCIPAL PROC  | No Auth Required |  |  |  |  |
| G9310 | UNPLANNED HOSP RDM 30 DAY PRIN PROC  | UNPLANNED HOSP READMISSION W/I 30 DAY PRIN PROC  | No Auth Required |  |  |  |  |
| G9311 | NO SURGICAL SITE INFECTION           | NO SURGICAL SITE INFECTION                       | No Auth Required |  |  |  |  |
| G9312 | SURGICAL SITE INFECTION              | SURGICAL SITE INFECTION                          | No Auth Required |  |  |  |  |
| G9313 | AMC NOT RX 1ST LN ABX TM DX DOC RSN  | AMC NOT PRESC 1ST LINE ANTIBIOTIC TM DX DOC RSN  | No Auth Required |  |  |  |  |
| G9314 | AMOX NOT 1ST LINE TM DX RSN NOT GVN  | AMOXICILLIN NOT 1ST LINE ABX TM DX RSN NOT GIVEN | No Auth Required |  |  |  |  |
| G9315 | DOC AMOX PRESC 1ST LINE ABX TIME DX  | DOC AMOXICILLIN PRESCRIBED 1ST LINE ABX TIME DX  | No Auth Required |  |  |  |  |
| G9316 | DOC PT RSK ASSESS RSK CALC W/PT/FAM  | DOC PT RISK ASSESSMENT RISK CALCULATOR W/PT/FAM  | No Auth Required |  |  |  |  |
| G9317 | DOC PT RSK ASMT CALC PT/FM NOT Cmpl  | DOC PT RISK ASSESS RISK CALC W/PT/FAM NOT Cmpl   | No Auth Required |  |  |  |  |
| G9318 | IMAGING STUDY NAMED STANDARD NOMEN   | IMAGING STUDY NAMED ACCORD STANDARD NOMENCLATURE | No Auth Required |  |  |  |  |
| G9319 | IMAG STDY NOT NOMEN RSN NOT GVN      | IMAG STUDY NOT NAMED STANDARD NOMEN RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9321 | COUNT PREV CT CRD NM DOC 12-MO PRI   | COUNT PREV CT CARD NM STUDY DOC 12-MO PRIOR CURR | No Auth Required |  |  |  |  |
| G9322 | CNT CT CRD NM NOT DOC 12-MO NO RSN   | COUNT PREV CT CARD NM NOT DOC 12-MO RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9326 | CT NOT RPT RD INDX REG RSN NOT GVN   | CT PERF NOT RPT RAD DOSE INDX REG RSN NOT GVN    | No Auth Required |  |  |  |  |
| G9327 | CT RPT RD INDX REG ALL DATA ELEMENT  | CT PERF RPT RAD DOSE INDX REG ALL DATA ELEMENTS  | No Auth Required |  |  |  |  |
| G9329 | DICOM AVAIL 12-MO NOT DOC NO RSN     | DICOM DATA AVAIL PT AU 12-MO NOT DOC RSN NOT GVN | No Auth Required |  |  |  |  |
| G9340 | FINAL RPT DOC DICOM DATA 12-MO AFTR  | FINAL RPT DICOM IMAG DATA AVAIL PT AU 12-MO AFTR | No Auth Required |  |  |  |  |
| G9341 | SEARCH PRIOR CT EXT ENTITIES 12-MO   | SEARCH PRIOR CT EXT HC FAC/ENT 12-MO PRI TO IMAG | No Auth Required |  |  |  |  |
| G9342 | SRC NOT CD PRI I S PT CT S CPL NO R  | SRCH NOT CD PRI IMAG S PEF PT CT S Cmpl NO RSN   | No Auth Required |  |  |  |  |
| G9344 | SRCH PRIOR DICOM NOT Cmpl SYS RSN    | SEARCH PRIOR Cmpl DICOM IMAGES NOT Cmpl SYS RSN  | No Auth Required |  |  |  |  |
| G9345 | F/U REC DOC INCIDENT DETECTED PNS    | F/U REC DOC INCIDENTALLY DETECTED PULM NODULES   | No Auth Required |  |  |  |  |
| G9347 | F/U REC NOT DOC GLS PNS RSN NOT GVN  | F/U REC NOT DOC ACC REC GLS PNS RSN NOT GVN      | No Auth Required |  |  |  |  |
| G9348 | CT SCAN PNS ORDERED TIME DX DOC RSN  | CT SCAN PARANASAL SINUSES ORDERD TIME DX DOC RSN | No Auth Required |  |  |  |  |
| G9349 | CT SCAN PARANSL SIN ORD DX/RCV 28 D  | CT SCAN PARANASAL SINUS ORD TM DX/RCV 28 DA DX   | No Auth Required |  |  |  |  |
| G9350 | CT PARANSL SINUS NOT ORD DX/IN 28 D  | CT PARANASAL SINUS NOT ORD TM DX/IN 28 DA AFTR   | No Auth Required |  |  |  |  |
| G9351 | MORE 1 CT PARNSL SINUS 90 D AFTR DX  | MORE 1 CT PARANASAL SINUS ORD/REC 90 DAY AFTR DX | No Auth Required |  |  |  |  |
| G9352 | MORE 1 CT PARNSL SS 90 D DX NO RSN   | MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX NO RSN  | No Auth Required |  |  |  |  |
| G9353 | MORE 1 CT PARNSL SS 90 D DX DOC RSN  | MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX DOC RSN | No Auth Required |  |  |  |  |
| G9354 | 1/NO CT PARNSL SS NOT ORD 90 D DX    | 1 CT SCAN/NO CT SCAN PARNSL SS ORD 90 D AFTR DOD | No Auth Required |  |  |  |  |
| G9355 | EARLY ELECT DEL/EARLY IND NOT PERF   | EARLY ELECTIVE DELIVERY/EARLY INDUCTION NOT PERF | No Auth Required |  |  |  |  |
| G9356 | EARLY ELECTIVE DEL/EARLY IND PERF    | EARLY ELECTIVE DELIVERY/EARLY INDUCTION PERFORMD | No Auth Required |  |  |  |  |
| G9357 | POST-PARTUM SCREEN EVAL EDU PERFORM  | POST-PARTUM SCREENINGS EVAL EDUCATION PERFORMED  | No Auth Required |  |  |  |  |
| G9358 | POST-PART SCREEN EVAL EDU NOT PERF   | POST-PARTUM SCREEN EVAL EDUCATION NOT PERFORMED  | No Auth Required |  |  |  |  |
| G9359 | DOC NG/MN P TB SCR E TB NOT AC 1Y V  | DOC NEG/MAN P TB SCR E TB NOT AC W/I 1 Y PT VST  | No Auth Required |  |  |  |  |
| G9360 | NO DOC NEG/MANAGED POS TB SCREEN     | NO DOC NEGATIVE/MANAGED POSITIVE TB SCREEN       | No Auth Required |  |  |  |  |
| G9361 | MEDICAL INDICATION FOR INDUCTION     | MEDICAL INDICATION FOR INDUCTION                 | No Auth Required |  |  |  |  |

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| G9364 | SINUSITIS CAUS/PRES CAUS BACT INF    | SINUSITIS CAUSED BY/PRES CAUSED BY BACTERIAL INF | No Auth Required |  |  |  |  |
| G9365 | ONE HIGH-RISK MEDICATION ORDERED     | ONE HIGH-RISK MEDICATION ORDERED                 | No Auth Required |  |  |  |  |
| G9366 | ONE HIGH-RISK MEDICATION NOT ORDERED | ONE HIGH-RISK MEDICATION NOT ORDERED             | No Auth Required |  |  |  |  |
| G9367 | AT LEAST 2 ORD SAME HIGH-RISK MED    | AT LEAST 2 ORD FOR SAME HIGH-RISK MED            | No Auth Required |  |  |  |  |
| G9368 | AT LEAST 2 ORD SAME HR MEDS NOT ORD  | AT LEAST 2 ORDERS SAME HIGH-RISK MEDS NOT ORD    | No Auth Required |  |  |  |  |
| G9380 | PT OFFRD ASST ROF ISSUE DUR MSR PRD  | PATIENT OFFERED ASSIST ROF ISSUES DUR MSR PRD    | No Auth Required |  |  |  |  |
| G9382 | PT NOT OFFRD ASST EOL ISSUE MSR PRD  | PT NOT OFFRD ASST END OF LIFE ISSUES DUR MSR PRD | No Auth Required |  |  |  |  |
| G9383 | PT RECV SCR HCV INF W/I 12 MO PRD    | PATIENT RECV SCREENING HCV INF W/I 12 MO PERIOD  | No Auth Required |  |  |  |  |
| G9384 | DOC MED RSN NOT RECV AN SCR HCV INF  | DOC MED RSN NOT RECV ANNUAL SCREENING HCV INF    | No Auth Required |  |  |  |  |
| G9385 | DOC PT RSN NOT RECV AN SCR HCV INF   | DOC PT REASON NOT RECEIVING ANNUAL SCR HCV INF   | No Auth Required |  |  |  |  |
| G9386 | SCR HCV NOT REC 12 M P RSN NOT GVN   | SCR HCV INF NOT RECV W/I 12 MO PR RSN NOT GIVEN  | No Auth Required |  |  |  |  |
| G9389 | UNPLN RUPT PC RQR VITRECT DUR CC SUR | UNPLANNED RUPT POST CAP RQR VITRECT DUR CAT SURG | No Auth Required |  |  |  |  |
| G9390 | NO UNPLN RUP PC RQR VITRECT CC SURG  | NO UNPLAN RUP POST CAP RQR VITRECT DUR CC SURG   | No Auth Required |  |  |  |  |
| G9393 | PT I PHQ-9 SC>9 RM 12 MO PHQ-9 SC<5  | PT INIT PHQ-9 SC>9 RM 12 MO D 12 MO PHQ-9 SC <5  | No Auth Required |  |  |  |  |
| G9394 | PT BPD/PD NH/HOSPICE/PALL DUR ASSESS | PT BPD/PD PERM NH/HOSPICE/PALL CARE DUR ASSESS   | No Auth Required |  |  |  |  |
| G9395 | PT INIT PHQ-9 SC >9 NO RM AT 12 MO   | PT INIT PHQ-9 SC >9 DID NOT ACHV REMISSION 12 MO | No Auth Required |  |  |  |  |
| G9396 | PT I PHQ-9 SC >9 NO ASSESS RM 12 MO  | PT INIT PHQ-9 SC >9 NOT ASSESSED RM AT 12 MO     | No Auth Required |  |  |  |  |
| G9399 | DOC PT RCRD DISC BTW PHYS/CLIN & PT  | DOC PT RECORD DISCUSSION BETWEEN PHYS/CLIN & PT  | No Auth Required |  |  |  |  |
| G9400 | DOC MED/PT RSN NOT DISC TX OPTIONS;  | DOC MED/PT RSN FOR NOT DISC TREATMENT OPTIONS;   | No Auth Required |  |  |  |  |
| G9401 | NO DOC PT RCRD DISC BTW PHYS & PT    | NO DOC DISC PT RCRD DISC BTW PHYS/Q HC PROF & PT | No Auth Required |  |  |  |  |
| G9402 | PT RCV F/U D D/C/WI/30 DA AFTR D/C   | PATIENT RECV F/U ON DATE D/C/WI 30 DAYS AFTR D/C | No Auth Required |  |  |  |  |
| G9403 | CLN DOC RSN PT NO 30 D F/U INPT D/C  | CLIN DOC RSN PT NOT CMPL 30 DA F/U AC INPT D/C   | No Auth Required |  |  |  |  |
| G9404 | PT NOT RCV F/U DT D/C/WI 30 DA D/C   | PT DID NOT RCV F/U DATE D/C/WI 30 DAYS AFTER D/C | No Auth Required |  |  |  |  |
| G9405 | PT RECV F/U WITHIN 7 DAYS AFTER D/C  | PATIENT RECEIVED F/U WITHIN 7 DAYS AFTER D/C     | No Auth Required |  |  |  |  |
| G9406 | CLN DOC RSN PT NO 7 DA F/U INPT D/C  | CLIN DOC RSN PT NOT CMPL 7 DAY F/U AC INPT D/C   | No Auth Required |  |  |  |  |
| G9407 | PT NOT RECV F/U ON/WI 7 DA AFTR D/C  | PATIENT DID NOT RECV F/U ON/WI 7 DAYS AFTER D/C  | No Auth Required |  |  |  |  |
| G9408 | PT CT &/PERICARDIOCENTESIS WI 30 DA  | PATIENTS W/CT &/PERICARDIOCENTESIS OCR WI 30 DA  | No Auth Required |  |  |  |  |
| G9409 | PT WO CT &/PERICARDIOCENT WI 30 DA   | PATIENTS WO CT &/PERICARDIOCENTESIS OCR WI 30 DA | No Auth Required |  |  |  |  |
| G9410 | PT ADM WI 180 DAYS POST CIED W/INF   | PT ADM WI 180 DAYS POST CIED W/INF RQR DEVC REMV | No Auth Required |  |  |  |  |
| G9411 | PT NOT ADM WI 180 D PST CIED W/INF   | PT NOT ADM WI 180 D PST CIED W/INF RQR DVC RMV   | No Auth Required |  |  |  |  |
| G9412 | PT ADM WI 180 D P CIED INF DVC RMV   | PT ADM WI 180 D PST CIED W/INF DVC RMV/SURG REV  | No Auth Required |  |  |  |  |
| G9413 | PT NOT ADM WI 180 D POST CIED W/INF  | PT NOT ADM WI 180 DAYS POST CIED W/INF DEVC REMV | No Auth Required |  |  |  |  |
| G9414 | PT 1 D MC VAC ON/BETWN PT 11&13 BD   | PT HAD 1 DOSE MC VAC ON/BETWN PT 11TH & 13TH BD  | No Auth Required |  |  |  |  |
| G9415 | PT NO 1 DOS MC V ON/BTW PT 11&13 BD  | PT NO 1 DOSE MC VAC ON/BTW PT 11TH & 13TH BDAY   | No Auth Required |  |  |  |  |
| G9416 | PT 1 TET DT TDAP ON/BTW 10 & 13 BD   | PATIENT HAD 1 TET DT & TDAP ON/BTW PT 10 & 13 BD | No Auth Required |  |  |  |  |
| G9417 | PT NO 1 TET DT TDAP ON/BTW 10&13 BD  | PATIENT NO 1 TET DT & TDAP ON/BTW PT 10 & 13 BD  | No Auth Required |  |  |  |  |
| G9418 | P NSCLC BX&CY SPEC DOC CL NSCLC-NOS  | PRIM NSCLC BX&CY SPEC DOC CLASS NSCLC-NOS EXPLAN | No Auth Required |  |  |  |  |
| G9419 | DOC M RSN NO H T/NSCLC-NOS CL EXPLN  | DOC MED RSN NOT INCL HIS T/NSCLC-NOS CLASS EXPLN | No Auth Required |  |  |  |  |
| G9420 | SPEC S NOT LOC LUNG/NOT PRIM NSCLC   | SPEC SITE OTH THAN LOC LUNG/NOT CLASS PRIM NSCLC | No Auth Required |  |  |  |  |
| G9421 | P NSCLC BX&CY S NO DOC CL NSCLC-NOS  | PRIM NSCLC BX&CY S NO DOC CLASS NSCLC-NOS EXPLAN | No Auth Required |  |  |  |  |
| G9422 | NSCLC BX & CYTOLOGY SPEC RPRT        | NON-SMALL CELL LUNG CANCER BX & CYT SPEC RPRT    | No Auth Required |  |  |  |  |
| G9423 | DOC MED RSN NO RPRT H TYP/NSCLC-NOS  | DOC MED RSN NOT RPRT H TYP/NSCLC-NOS CLASS EXPLN | No Auth Required |  |  |  |  |
| G9424 | SPEC SITE OTH THAN LOC L NOT NSCLC   | SPEC SITE OTH THAN ANAT LOC LUNG NOT NSCLC/NOS   | No Auth Required |  |  |  |  |
| G9425 | NSCLC BX & CY SPC NOT DOC NSCLC-NOS  | NSCLC BX & CY SPC NOT DOC CLASS NSCLC-NOS EXPLAN | No Auth Required |  |  |  |  |
| G9426 | IMP MED TM ED AR-INIT P MED PRF ADM  | IMP MED TM ED AR-INIT ED PN MED ADMIN PRF ADM PT | No Auth Required |  |  |  |  |
| G9427 | IMP MN TM ED AR-I P MED NOT PRF ADM  | IMP MED TM ED AR-INIT PAIN MED ADMIN NOT PRF ADM | No Auth Required |  |  |  |  |
| G9428 | PA RPRT PT CAT & STM THK ULCER & MR  | PATH RPRT PT CAT & STM THK ULCER & MITOTIC RATE  | No Auth Required |  |  |  |  |
| G9429 | DOC MED RSN NO PT CAT&STM THK U&MR   | DOC MED RSN NOT INCL PT CAT & STM THK ULCER & MR | No Auth Required |  |  |  |  |
| G9430 | SPECIMEN SITE OTH THAN ANAT CUT LOC  | SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC    | No Auth Required |  |  |  |  |
| G9431 | PTH RPRT NO PT & STM THK ULCR & MR   | PATH RPRT NO PT CAT & STM THK ULCER & MITOTIC RA | No Auth Required |  |  |  |  |
| G9432 | ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC   | ASTHMA WELL-CNTRL ACT C-ACT ACQ/ATAQ SC RSLT DOC | No Auth Required |  |  |  |  |



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| G9434 | ASA NOT WC CTR TL NOT U RSN NOT GVN | ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN | No Auth Required |  |  |  |  |
| G9448 | PT WHO WERE BORN IN YEARS 1945-1965 | PATIENTS WHO WERE BORN IN THE YEARS 1945-1965    | No Auth Required |  |  |  |  |
| G9449 | HX RECV BLOOD TRANSFUSIONS PRI 1992 | HISTORY OF RECEIVING BLOOD TRANSFUSIONS PRI 1992 | No Auth Required |  |  |  |  |
| G9450 | HISTORY OF INJECTION DRUG USE       | HISTORY OF INJECTION DRUG USE                    | No Auth Required |  |  |  |  |
| G9451 | PATIENT RECV ONE-TIME SCR HCV INF   | PATIENT RECEIVED ONE-TIME SCR FOR HCV INFECTION  | No Auth Required |  |  |  |  |
| G9452 | DOC MED RSN NOT RECV 1-TIME SCR HCV | DOC MED RSN NOT RECV 1-TIME SCR HCV INFECTION    | No Auth Required |  |  |  |  |
| G9453 | DOC PT RSN NOT RECV 1-T SCR HCV INF | DOC PT RSN FOR NOT RECV 1-TIME SCR FOR HCV INF   | No Auth Required |  |  |  |  |
| G9454 | 1-T SCR HCV NOT RECV 12 MO NO RSN   | 1-TIME SCR HCV INF NOT RECV WI 12 MO RSN NOT GVN | No Auth Required |  |  |  |  |
| G9455 | PT ABD IMAG U/S CE CT/C MRI HCC     | PT UNDRWNT ABD IMAG U/S CE CT/CONT MRI FOR HCC   | No Auth Required |  |  |  |  |
| G9456 | DOC MED/PT RSN NO ORDR/PERF SCR HCC | DOC MED/PT RSN FOR NOT ORDERING/PRFRM SCR HCC    | No Auth Required |  |  |  |  |
| G9457 | PT NO A I&NO DOC RSN NO A I SBMS P  | PT NO ABD IMAG & NOT DOC RSN NO ABD IMAG SBMS P  | No Auth Required |  |  |  |  |
| G9458 | PT DOC TOB USER & RECV TOB CESS INT | PT DOC TOBACCO USER & RECV TOBACCO CESSATION INT | No Auth Required |  |  |  |  |
| G9459 | CURRENTLY A TOBACCO NON-USER        | CURRENTLY A TOBACCO NON-USER                     | No Auth Required |  |  |  |  |
| G9460 | TOB ASMT/CESS INT NOT PRFR NO RSN   | TOBACCO ASMT/CESS INTERVEN NOT PRFR RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9468 | PT NOT REC CS>=10 MG/D PRD EQ 60 D  | PT NOT REC CS >= TO 10 MG/D PRD EQ 60/GT CONS D  | No Auth Required |  |  |  |  |
| G9469 | PT RECV CS>=10 MG/D PDN EQ 90/> D   | PT RECV/RCVNG CS >= 10 MG/D PDN EQ 90/GT CONS D  | No Auth Required |  |  |  |  |
| G9470 | PT NO CS >= 10 MG/D PDN EQ 60/> D   | PT NOT RECV CS >= 10 MG/D PDN EQ 60/GT CONS D    | No Auth Required |  |  |  |  |
| G9471 | WI PAST 2 YRS CTR DXA NOT ORDR/DOC  | WITHIN PAST 2 YEARS CENTRAL DXA NOT ORDERED/DOC  | No Auth Required |  |  |  |  |
| G9480 | ADMISSION TO MCCM PROGRAM           | ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM  | No Auth Required |  |  |  |  |
| G9481 | RMT IH VST FOR E/M NEW PT;TYP 10 MN | REMOTE IN-HOME VST FOR E/M OF NEW PT;TYP 10 MN   | No Auth Required |  |  |  |  |
| G9482 | RMT IH VST FOR E/M NEW PT;TYP 20 MN | REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 20 MN | No Auth Required |  |  |  |  |
| G9483 | RMT IH VST FOR E/M NEW PT;TYP 30 MN | REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 30 MN | No Auth Required |  |  |  |  |
| G9484 | RMT IH VST FOR E/M NEW PT;TYP 45 MN | REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 45 MN | No Auth Required |  |  |  |  |
| G9485 | RMT IH VST FOR E/M NEW PT;TYP 60 MN | REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 60 MN | No Auth Required |  |  |  |  |
| G9486 | RMT IH VST FOR E/M EST PT;TYP 10 MN | REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 10 MN | No Auth Required |  |  |  |  |
| G9487 | RMT IH VST FOR E/M EST PT;TYP 15 MN | REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 15 MN | No Auth Required |  |  |  |  |
| G9488 | RMT IH VST FOR E/M EST PT;TYP 25 MN | REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 25 MN | No Auth Required |  |  |  |  |
| G9489 | RMT IH VST FOR E/M EST PT;TYP 40 MN | REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 40 MN | No Auth Required |  |  |  |  |
| G9490 | CMS IC MDL HV PA CLN;NOT BLL 30-D P | CMS IC MDL HV PT ASMT CLIN;NOT BILL 30-DAY PER   | No Auth Required |  |  |  |  |
| G9497 | RECV INSTR ANES/PRXY ABSTN SM DA SX | RECEIVED INSTR ANES/PROXY ABSTAIN SMOKING DAY SX | No Auth Required |  |  |  |  |
| G9498 | ANTIBIOTIC REGIMEN PRESCRIBED       | ANTIBIOTIC REGIMEN PRESCRIBED                    | No Auth Required |  |  |  |  |
| G9500 | RADIATION EXPOSURE INDICES DOC      | RAD EXP INDICES/EXP TM & NUMB FLUORO IMAGES DOC  | No Auth Required |  |  |  |  |
| G9501 | RE INDCS/EXP TM&NO FL I N DOC N RSN | RAD EXP INDCS/EXP TM & NO FLUORO IMG N DOC N RSN | No Auth Required |  |  |  |  |
| G9502 | DOC MED RSN FOR NOT PERF FOOT EXAM  | DOCUMENTATION MEDICAL RSN FOR NOT PERF FOOT EXAM | No Auth Required |  |  |  |  |
| G9503 | PT TAKING TAMSULOSIN HYDROCHLORIDE  | PATIENT TAKING TAMSULOSIN HYDROCHLORIDE          | No Auth Required |  |  |  |  |
| G9504 | DOC NOT ASSESS HBV PRI ANTI-TNF TX  | DOC RSN NOT ASSESS HBV STS PRI INIT ANTI-TNF TX  | No Auth Required |  |  |  |  |
| G9505 | ABX PRSC 10 D AFT ON SX DOC MED RSN | ABX REG PRSC W/I 10 DA AFTR ONSET SX DOC MED RSN | No Auth Required |  |  |  |  |
| G9506 | BIOLOGIC IMMUNE RESPONSE MOD PRSC   | BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED     | No Auth Required |  |  |  |  |
| G9507 | DOC PT ON STATN MED/DOC VALID CNTRA | DOC PT ON STATIN MED/DOC VALID CONTRAINDICATION  | No Auth Required |  |  |  |  |
| G9508 | DOC PT IS NOT ON STATIN MEDICATION  | DOCUMENTATION PT IS NOT ON A STATIN MEDICATION   | No Auth Required |  |  |  |  |
| G9509 | ADULT 18 YR/O MD/DYSTHYMIA R 12 MO  | ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO   | No Auth Required |  |  |  |  |
| G9510 | ADLT 18/>MD NO REM 12M PHQ-9 <5     | ADLT PT 18/>MD NO REM 12 MO DEM 12 MO PHQ-9 <5   | No Auth Required |  |  |  |  |
| G9511 | PHQ-9/9M SC>9 DOC DUR 12 M DNM ID P | IDX PHQ-9/PHQ-9M SC>9 DOC DUR 12 MO DNOMN ID PRD | No Auth Required |  |  |  |  |
| G9512 | INDIVIDUAL HAD A PDC OF 0.8/GREATER | INDIVIDUAL HAD A PDC OF 0.8 OR GREATER           | No Auth Required |  |  |  |  |
| G9513 | INDIV DID NOT HAVE A PDC OF 0.8/>   | INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  | No Auth Required |  |  |  |  |
| G9514 | PT RQR RTN TO OR W/I 90 D OF SURG   | PT RQR A RETURN TO THE OR W/I 90 DAYS OF SURG    | No Auth Required |  |  |  |  |
| G9515 | PT DID NOT RQR RTN OR W/I 90 D SURG | PT DID NOT RQR RTN TO THE OR W/I 90 DAYS OF SURG | No Auth Required |  |  |  |  |
| G9516 | PT ACHVD IMPRV VA PREOP LVL 90 D SX | PT ACHIEVED IMPRV IN VA FROM PREOP LVL 90 D SURG | No Auth Required |  |  |  |  |
| G9517 | PT NO IMPRV VA PREOP LVL 90D S NO R | PT NOT ACHV IMPRV VA PRE LVL 90 D SUR NO RSN     | No Auth Required |  |  |  |  |
| G9518 | DOCUMENTATION OF ACTIVE INJ DRUG US | DOCUMENTATION OF ACTIVE INJECTION DRUG USE       | No Auth Required |  |  |  |  |
| G9519 | PT FINL RFR +/- 1.0 D RFR 90 D SURG | PT FINAL REFR +/- 1.0 D REFR W/I 90 DAYS SURG    | No Auth Required |  |  |  |  |
| G9520 | PT NO FINAL REFR+/-1.0 DIO 90 D SRG | PT NO F REFR +/- 1.0 DIO REFR W/I 90 D SURG      | No Auth Required |  |  |  |  |
| G9521 | TOT # ED VSTS & IP HOSP>2 PAST 12 M | TOTAL NUMBER ED VISITS & IP HOSP < 2 PAST 12 M   | No Auth Required |  |  |  |  |
| G9522 | TOT #ED VST&IP=>2 12 M/NO SCR NO R  | TOT #ED VISITS & IP=>2 PAST 12 MO/NO SCR NO R    | No Auth Required |  |  |  |  |

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| G9523 | PT DXD HEMODIAL/PERITONEAL DIALYSIS  | PT DISCONTINUED HEMODIALYSIS/PERITONEAL DIALYSIS  | No Auth Required |  |  |  |  |
| G9524 | PATIENT WAS REF TO HOSPICE CARE      | PATIENT WAS REFERRED TO HOSPICE CARE              | No Auth Required |  |  |  |  |
| G9525 | DOC PT RSN FOR NOT REF HOSPICE CARE  | DOC PATIENT RSN FOR NOT REFERRING HOSPICE CARE    | No Auth Required |  |  |  |  |
| G9526 | PT NOT REF HOSPICE CARE RSN NOT GVN  | PT WAS NOT REFERRED HOSPICE CARE RSN NOT GIVEN    | No Auth Required |  |  |  |  |
| G9529 | PT MIN BLUNT HD TRMA APPROP INDCT CT | PT MIN BLUNT HEAD TRAUMA APPROP INDICAT HEAD CT   | No Auth Required |  |  |  |  |
| G9530 | PT W/MIN BLUNT HD TRMA CT ORD ECP    | PT PRESNT W/MIN BLUNT HEAD TRAUMA CT ORD BY ECP   | No Auth Required |  |  |  |  |
| G9531 | PT DOC VENT SHNT MXSYS TR TAK AP RX  | PT DOC VENT SHUNT MXSYS TR/CURR TAKING AP MED     | No Auth Required |  |  |  |  |
| G9532 | DOC SYS RSN FOR OBTG IMAG OF HEAD    | DOCUMENTATION OF SYS RSN FOR OBTG IMAG OF HEAD    | No Auth Required |  |  |  |  |
| G9533 | PT MIN BLUNT HD TRMA NO INDCAT HD CT | PT MIN BLUNT HEAD TRMA NO APPROP INDICAT HEAD CT  | No Auth Required |  |  |  |  |
| G9537 | DOC SYS RSN OBT HEAD CT MRI STUDY    | DOC SYS RSN ORD ADVANCE HEAD CT MRI               | No Auth Required |  |  |  |  |
| G9539 | INTENT FOR PTNTL REMV TIME OF PLCLMT | INTENT FOR POTENTIAL REMOVAL TIME OF PLACEMENT    | No Auth Required |  |  |  |  |
| G9540 | PATIENT ALIVE 3 MOS POST PROCEDURE   | PATIENT ALIVE 3 MONTHS POST PROCEDURE             | No Auth Required |  |  |  |  |
| G9541 | FILTER REMOVED W/I 3 MO OF PLACEMNT  | FILTER REMOVED WITHIN 3 MONTHS OF PLACEMENT       | No Auth Required |  |  |  |  |
| G9542 | DOC RE-ASSESS APPROP FILTR RMVL 3 M  | DOC RE-ASSESS APPROP OF FILTER REMOVAL W/I 3 M    | No Auth Required |  |  |  |  |
| G9543 | DOC AT LEAST TWO ATTEMPTS REACH PT   | DOCUMENTATION AT LEAST TWO ATTEMPTS TO REACH PT   | No Auth Required |  |  |  |  |
| G9544 | PT THAT DO NOT HAVE THE FILTER RMVD  | PATIENTS THAT DO NOT HAVE THE FILTER REMOVED      | No Auth Required |  |  |  |  |
| G9547 | R LS <=1.0 CM/>1.0 CM BUT<=4.0 CM    | CYST RNL LES/AD LES<=1.0 CM/>1.0 CM BUT<=4.0CM    | No Auth Required |  |  |  |  |
| G9548 | F RPT IMG STDY STAT NO F/U IMG RECM  | FINAL REPORTS IMAG STDY STAT NO F/U IMAG RECOM    | No Auth Required |  |  |  |  |
| G9549 | DOC MED RSN F/U IMAGING INDICATED    | DOC MEDICAL REASON THAT F/U IMAGING IS INDICATED  | No Auth Required |  |  |  |  |
| G9550 | FINAL RPT IMAG STDY F/U IMAG RECOM   | FINAL REPORTS IMAG STUDIES F/U IMAGING RECOM      | No Auth Required |  |  |  |  |
| G9551 | F RPT IMAG STDY W/O INCDNTL LES NTD  | FINAL RPT IMAG STDY W/O INCIDENTAL FND LES NOTED  | No Auth Required |  |  |  |  |
| G9552 | INCIDENTL THYRD NODUL <1.0 CM IN RPT | INCIDENTAL THYROID NODULE < 1.0 CM NOTED REPORT   | No Auth Required |  |  |  |  |
| G9553 | PRIOR THYROID DISEASE DIAGNOSIS      | PRIOR THYROID DISEASE DIAGNOSIS                   | No Auth Required |  |  |  |  |
| G9554 | FR CT CTA MRI/MRA CH/N N F/U I REC   | FINAL RPT CT CTA MRI/MRA CH/N/U/S N F/U IMAG REC  | No Auth Required |  |  |  |  |
| G9555 | DOC MED RSN RECOMMEND F/U IMAGING    | DOCUMENTATION MED RSN RECOMMENDING F/U IMAGING    | No Auth Required |  |  |  |  |
| G9556 | F RPT CT CT MRI/MRA CH/N FU I N RCM  | F RPT CT CT MRI/MRA CH/N/U/S N F/U IMAG NOT RCM   | No Auth Required |  |  |  |  |
| G9557 | F RP CT/MRI CH/NCK NO THR NOD<1.0CM  | FINAL RPT CT/MRI CHEST/NCK/U/S NO THR NOD<1.0 CM  | No Auth Required |  |  |  |  |
| G9558 | PT TX W/BETA-LACTAM ABX DEFINITV TX  | PT TREATED W/BETA-LACTAM ABX AS DEFINITIVE TX     | No Auth Required |  |  |  |  |
| G9559 | DOC MED RSN NOT PRSC BETA-LACTM ABX  | DOC MED RSN FOR NOT PRESCRIBING BETA-LACTAM ABX   | No Auth Required |  |  |  |  |
| G9560 | PT NOT TX BETA-LCTM ABX RSN NOT GVN  | PT NOT TX BETA-LACTM ABX DEFINITV TX RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9561 | PT PRSC OPIATES FOR LNGR THAN 6 WKS  | PATIENTS PRSC OPIATES FOR LONGER THAN 6 WEEKS     | No Auth Required |  |  |  |  |
| G9562 | PT F/U EVAL EV 3 MOS DUR OPIOID TX   | PT F/U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX     | No Auth Required |  |  |  |  |
| G9563 | PT NO F/U EVL EV 3 MOS DR OPIOID TX  | PT NO F/U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX  | No Auth Required |  |  |  |  |
| G9573 | AD >18 YR MD/DYSTHYM REMISS 6 M PHQ  | ADULT >18 YR MD/DYSTHYMIA REMISS AT 6 MO PHQ-9>5  | No Auth Required |  |  |  |  |
| G9574 | 18/OLDR MD/DYSTH NO REMS 6M PHQ NO   | 18 YR/OLDR MD/DYSTHYMIA NO REMISS 6 MO PHQ-9>5    | No Auth Required |  |  |  |  |
| G9577 | PT PRSC OPIATES FOR LNGR THAN 6 WKS  | PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS   | No Auth Required |  |  |  |  |
| G9578 | DOC SGND OPIOID TX AGRMNT 1 DUR TX   | DOC SIGNED OPIOID TX AGRMNT AT LEAST ONCE DUR TX  | No Auth Required |  |  |  |  |
| G9579 | NO DOC SGND OPIOID TX AGRMNT DUR TX  | NO DOC SIGNED OPIOID TX AGRMNT LST ONCE DUR TX    | No Auth Required |  |  |  |  |
| G9580 | DOOR TO PUNCTURE TIME OF < 2 HOURS   | DOOR TO PUNCTURE TIME OF LESS THAN 2 HOURS        | No Auth Required |  |  |  |  |
| G9582 | DOOR TO PUNCT TIME>2 HRS NO RSN GVN  | DOOR TO PUNCTURE TIME OF >2 HRS NO REASON GIVEN   | No Auth Required |  |  |  |  |
| G9583 | PT PRSC OPIATES FOR LNGR THAN 6 WKS  | PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS   | No Auth Required |  |  |  |  |
| G9584 | PT EVAL RSK MISUSE OPI VAL INSTRM    | PT EVAL RSK MISUSE OPIATES USING BRF VAL INSTRUM  | No Auth Required |  |  |  |  |
| G9585 | PT NOT EVL RSK MSUSE OPI VAL INSTRM  | PT NOT EVAL RISK MISUSE OPIATES BRF VAL INSTRUM   | No Auth Required |  |  |  |  |
| G9593 | PED PT M BLUNT HD TRMA LW RSK PECARN | PED PT MIN BLUNT HEAD TRMA LW RISK PECARN RULES   | No Auth Required |  |  |  |  |
| G9594 | PT MINOR BLUNT HT & HEAD CT TR ECP   | PT PRES MIN BLUNT HEAD TR & HEAD CT ORDER TR ECP  | No Auth Required |  |  |  |  |
| G9595 | PT HAS DOC VT SHUNT BT/COAGULOPATHY  | PT HAS DOC VENTRICULAR SHUNT BT/COAGULOPATHY      | No Auth Required |  |  |  |  |
| G9596 | PEDIAC HD CT TR ORD OTH ECP OTH RSN  | PED PT HEAD CT TRAUMA ORD OTH ECP OR REAS OTH TR  | No Auth Required |  |  |  |  |
| G9597 | PED PT MI HD TRMA NOT LW RSK PECARN  | PEDIATRIC PT MI BLUNT HEAD TRMA NOT LW RSK PECARN | No Auth Required |  |  |  |  |
| G9598 | AA 5.5-5.9 CM MX D CL CT/MI D AX CT  | AA 5.5 - 5.9 CM MAX DIA CL FRMT CT/MIN DIA AX CT  | No Auth Required |  |  |  |  |
| G9599 | AA 6.0 CM/>MAX DIA CL CT/M DIA AX CT | AA 6.0 CM/>MAX DIA CL FRMT CT/MIN DIA AX FRMT CT  | No Auth Required |  |  |  |  |
| G9600 | SYM AAAS THAT RQR URG/EMERGENT REPR  | SYMPTOMATIC AAAS THAT RQR URGENT/EMERGENT REPAIR  | No Auth Required |  |  |  |  |
| G9601 | PT D/C HOME NO LTR THN POST-OP D #7  | PATIENT D/C HOME NO LATER THAN POST-OP DAY #7     | No Auth Required |  |  |  |  |

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|-------|--------------------------------------|---|------------------|--|--|--|--|
| G9602 | PT NOT D/C HOME BY POST-OP DAY #7    | PATIENT NOT D/C HOME BY POST-OPERATIVE DAY #7     | No Auth Required |  |  |  |  |
| G9603 | PT SURV SCORE IMPRV FROM BASE FLW TX | PATIENT SURVEY SCORE IMPRV FROM BASELINE FLW TX   | No Auth Required |  |  |  |  |
| G9604 | PATIENT SURVEY RSLT NOT AVAILABLE    | PATIENT SURVEY RESULTS NOT AVAILABLE              | No Auth Required |  |  |  |  |
| G9605 | PT SURV SCORE NO IMPRV BASE FLW TX   | PATIENT SURV SCORE DID NOT IMPRV FROM BASE FLW TX | No Auth Required |  |  |  |  |
| G9606 | IORT CYSTSCPY PERF EVAL LW TRCT INJ  | IORT CYSTOSCOPY PERF TO EVAL FOR LWR TRACT INJ    | No Auth Required |  |  |  |  |
| G9607 | D M RSN NOT PRF IO CYSTO/CASE PT D   | DOC MED RSN NOT PERF IO CYSTO/IN CASE PT DEATH    | No Auth Required |  |  |  |  |
| G9608 | IORT CYSTSCPY NOT P EVL LW TRCT INJ  | IORT CYSTOSCOPY NOT PERF EVAL LWR TRACT INJURY    | No Auth Required |  |  |  |  |
| G9609 | DOC ORDER FOR ANTIPLATELET AGENTS    | DOCUMENTATION OF ORDER FOR ANTIPLATELET AGENTS    | No Auth Required |  |  |  |  |
| G9610 | DOC MED RSN PT REC NOT ORD AP AGT    | DOC MEDICAL RSN PT REC NOT ORD ANTIPLATELET AGT   | No Auth Required |  |  |  |  |
| G9611 | ORD AP AG NOT DOC PT R RSN NOT GVN   | ORDR ANTIPLATELET AGT NOT DOC PT REC RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9612 | PHDOC 2/MORE CECAL LDMK EST CMPL EX  | PHOTODOCUM 2/MORE CECAL LANDMARK EST COMPL EXAM   | No Auth Required |  |  |  |  |
| G9613 | DOCUMENTATION OF POST-SURG ANATOMY   | DOCUMENTATION OF POST-SURGICAL ANATOMY            | No Auth Required |  |  |  |  |
| G9614 | PHOTODOC <2 CECAL LSMK EST COMP EXM  | PHOTODOCUMENTATION <2 CECAL LSMK EST COMPLETE EX  | No Auth Required |  |  |  |  |
| G9615 | PREOPERATIVE ASSESSMENT DOCUMENTED   | PREOPERATIVE ASSESSMENT DOCUMENTED                | No Auth Required |  |  |  |  |
| G9616 | DOC RSN NOT DOC A PREOP ASSESSMENT   | DOCUMENTATION RSN NOT DOCUMENTING A PREOP ASSESS  | No Auth Required |  |  |  |  |
| G9617 | PREOP ASSESS NOT DOC RSN NOT GVN     | PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN       | No Auth Required |  |  |  |  |
| G9618 | DOC SCR UTEN MALIG/US&/ENDOMET SAMP  | DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP  | No Auth Required |  |  |  |  |
| G9620 | PT NOT SCR UTERN MALG/NO U/S NO RSN  | PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN  | No Auth Required |  |  |  |  |
| G9621 | PT ID UNHLTHY ALC USR SCR&BRF COUNS  | PATIENT ID UNHLTHY ALCOHOL USER SCR & BRF COUNS   | No Auth Required |  |  |  |  |
| G9622 | PT NOT ID UNHLTHY ALC USR SCR ALC U  | PT NOT ID UNHLTHY ALC USER SCR UNHLTHY ALC USE    | No Auth Required |  |  |  |  |
| G9623 | DOC MED RSN NO SCR UNHLTHY AL USE    | DOCUMENTATION MED RSN NO SCR UNHLTHY ALCOHL USE   | No Auth Required |  |  |  |  |
| G9624 | PT NOT SCR UHLTY AU USING SYS SCR M  | PT NOT SCR UHLTY ALCOHOL USE USING SYS SCR METH   | No Auth Required |  |  |  |  |
| G9625 | PT SUST BLAD INJ SRG/DSCV SUBSQ >30  | PT SUSTAIN BLAD INJ SRG/DSCV SUBSQ UP 30 DAY P S  | No Auth Required |  |  |  |  |
| G9626 | DOC MED RSN NOT REPORT BLADDER INJ   | DOCUMENTED MED RSN NOT REPORTING BLADDER INJURY   | No Auth Required |  |  |  |  |
| G9627 | DIDNT SUST BLAD INJ SRG/NOR 30D P S  | DID NOT SUST BLAD INJ SRG/NOR DSCV SUBSQ UP 30PS  | No Auth Required |  |  |  |  |
| G9628 | PT BOWEL INJ SURG/DISC SUBS 30D PST  | PT SUSTN BOWEL INJ SURG/DISC SUBSEQ 30D PST SRG   | No Auth Required |  |  |  |  |
| G9629 | DOC MED RSN NOT REPORT BOWEL INJ     | DOCUMENTED MED RSN NOT REPORTING BOWEL INJURY     | No Auth Required |  |  |  |  |
| G9630 | PT DID NOT SUSTAIN BOWL INJ AT SURG  | PT NOT SUSTN BOWL INJ SRG/DISC TO 30 D POST SURG  | No Auth Required |  |  |  |  |
| G9631 | PT URETR INJ SRG/DISC 30 D POSTSURG  | PT SUSTAIN URETER INJ SURG/DISC 30 DAY POST SURG  | No Auth Required |  |  |  |  |
| G9632 | PT NOT ELG E.G. GYN/OTH PLV MAL DOC  | PATIENT IS NOT ELIG E.G. GYN/OTH PELV MALIG DOC   | No Auth Required |  |  |  |  |
| G9633 | PT DID NOT SUSTN URETER INJ 30D PS   | PT NOT SUSTN URETER INJ SX/DISC 30D POST SRG      | No Auth Required |  |  |  |  |
| G9634 | H-REL QOL ASSESS 2 VST&QOL SME/IMPR  | HEALTH-REL QOL ASSESS 2 VST&QOL SCORE SAME/IMPR   | No Auth Required |  |  |  |  |
| G9635 | HLTH-REL QOL NOT ASSESS TL DOC RSN   | HEALTH-REL QUAL OF LIFE NOT ASSESS TOOL DOC RSN   | No Auth Required |  |  |  |  |
| G9636 | H-REL QOL NOT ASSES 2 VST/QOL DCLND  | HEALTH-RELATED QOL NOT ASSESS 2 VST/QOL DECLINED  | No Auth Required |  |  |  |  |
| G9637 | FINAL RPT DOC 1/MORE DOSE RED TECH   | FINAL REPORT W/DOC 1/MORE DOSE REDUCTION TECH     | No Auth Required |  |  |  |  |
| G9638 | FINAL RPT W/O DOC 1/> DOS RDUCE TECH | FINAL REPORTS W/O DOC 1/MORE DOSE REDUCTION TECH  | No Auth Required |  |  |  |  |
| G9639 | MAJOR AMP/OPEN SURG BYPS NOT RQR     | MAJOR AMPUTATION/OPEN SURGICAL BYPASS NOT RQR     | No Auth Required |  |  |  |  |
| G9640 | DOC OF PLANNED HYBRID/STAGED PROC    | DOCUMENTATION OF PLANNED HYBRID/STAGED PROCEDURE  | No Auth Required |  |  |  |  |
| G9641 | MAJOR AMPUTATION/OPEN SURG BYPS RQR  | MAJOR AMPUTATION/OPEN SURGICAL BYPASS REQUIRED    | No Auth Required |  |  |  |  |
| G9642 | CURRENT CIGARETTE SMOKERS            | CURRENT CIGARETTE SMOKERS                         | No Auth Required |  |  |  |  |
| G9643 | ELECTIVE SURGERY                     | ELECTIVE SURGERY                                  | No Auth Required |  |  |  |  |
| G9644 | PT ABST FROM SMOK PRI ANES D SX/PCR  | PT ABST FROM SMOK PRI TO ANES DAY OF SURG/PROC    | No Auth Required |  |  |  |  |
| G9645 | PT NOT F ABST SMK PRI ANES D SX/PCR  | PT DID NOT ABST FROM SMOKING PRI ANES DAY SX/PCR  | No Auth Required |  |  |  |  |
| G9646 | PATIENTS W/90 DA MRS SCORE 0 TO 2    | PATIENTS WITH 90 DAY MRS SCORE OF 0 TO 2          | No Auth Required |  |  |  |  |
| G9647 | PT MRS SCORE NOT OBTAINED 90 DA F/U  | PATIENTS MRS SCORE NOT OBTAINED 90 DAY FOLLOW-UP  | No Auth Required |  |  |  |  |
| G9648 | PATIENTS WITH 90 DAY MRS SCORE >2    | PATIENTS WITH 90 DAY MRS SCORE GREATER THAN 2     | No Auth Required |  |  |  |  |
| G9649 | PSORIASIS DOC ANY 1 BNCHMK BSA SEV   | PSORIASIS ASSESS TOOL DOC ANY 1 BNCHMK BSA SEV    | No Auth Required |  |  |  |  |
| G9651 | PSO TL DOC NOT ANY 1 SPEC BENCHMK    | PSO ASSESS TOOL DOC NOT MTG ANY 1 SPEC BNCHMRK    | No Auth Required |  |  |  |  |
| G9654 | MONITORED ANESTHESIA CARE            | MONITORED ANESTHESIA CARE                         | No Auth Required |  |  |  |  |
| G9655 | A TRAN OF CARE PROT/H/O TL/CHCKLIST  | A TRANSFER OF CARE PROTOCOL/H/O TOOL/CHECKLIST    | No Auth Required |  |  |  |  |
| G9656 | PT TR D F AA LOC TO PACE/OTH N-ICU   | PT TRANS DIRECT F ANES LOC TO PACE/OTH N-ICU LOC  | No Auth Required |  |  |  |  |
| G9658 | A TRAN CARE PROT/HO TOOL/CHECKLIST   | A TRANSFER OF CARE PROT/HANDOFF TOOL/CHECKLIST    | No Auth Required |  |  |  |  |
| G9659 | PT>85 YRS NO HX CC/MED RSN COLO      | PT>85 YRS NO HX COLORECTAL CA/MED RSN COLONOSCOP  | No Auth Required |  |  |  |  |
| G9660 | DOC MED RSN COLONOSCOPY PT>85 YRS    | DOCUMENTATION MED RSN COLONOSCOPY PERF PT>85 YRS  | No Auth Required |  |  |  |  |

|       |                                     |  |                  |  |  |  |  |
|-------|-------------------------------------|--|------------------|--|--|--|--|
| G9661 | PT>85 YRS RECV ROUTINE COLONOSCOPY  | PT >85 YEARS OF AGE WHO RECV ROUTINE COLONOSCOPY | No Auth Required |  |  |  |  |
| G9662 | PREVIOUSLY DX/ACTIVE DX CLIN ASCVD  | PREVIOUSLY DIAGNOSED/HAVE ACTIVE DX CLIN ASCVD   | No Auth Required |  |  |  |  |
| G9663 | ANY F/DIR LDL-C LT RSLT<=190 MG/DL  | ANY FASTING/DIR LDL-C LAB TEST RSLT <= 190 MG/DL | No Auth Required |  |  |  |  |
| G9664 | PT CUR STATIN USR/RCVD ORD STATN TX | PT CURRENT STATIN TX USER/RCVD ORDER STATIN TX   | No Auth Required |  |  |  |  |
| G9665 | PT NO CUR STATN USR/NO ORD STATN TX | PT NOT CURR STATIN TX USERS/NO ORDER STATIN TX   | No Auth Required |  |  |  |  |
| G9666 | HI F/DIR LDL-C LB RSLT 70/189 MG/DL | THE HI FAST/DIR LDL-C LAB TEST RSLT 70/189 MG/DL | No Auth Required |  |  |  |  |
| G9674 | PATIENTS W/CLINICAL ASCVD DIAGNOSIS | PATIENTS WITH CLINICAL ASCVD DIAGNOSIS           | No Auth Required |  |  |  |  |
| G9675 | PT HAD F/DR LB RSLT LDL-C=190 MG/DL | PT WHO HAVE HAD F/DIR LAB RSLT LDL-C=190 MG/DL   | No Auth Required |  |  |  |  |
| G9676 | PT 40-75 YRS BEG MSR PRD T 1/2 DIAB | PT AGED 40-75 YRS BEG MSR PRD TYPE 1/TYPE 2 DIAB | No Auth Required |  |  |  |  |
| G9678 | OCM MEOS PMT ENHNCD CARE MGMT SRVC  | ONCOL CARE MODEL MEOS PMT ENHNCD CARE MGMT SRVC  | No Auth Required |  |  |  |  |
| G9679 | ONSITE AC T N FAC RES PNE BILL SID  | ONSITE AC C TX NSG FAC RES W/PNE BILLD SID-BENEF | No Auth Required |  |  |  |  |
| G9680 | ONSITE AC TX NF RES W/CHF BILL SID  | ONSITE AC C TX NSG FAC RES W/CHF BILLD SID-BENEF | No Auth Required |  |  |  |  |
| G9681 | ONSITE AC T NF RES COPD/AS BILL SID | ONSITE AC C TX NSG FAC RES COPD/AS BILL SID-BNEF | No Auth Required |  |  |  |  |
| G9682 | ONSITE AC T NF RES SKN INF BILL SID | ONSITE AC TX NSG FAC RES W/SKN INF BILL SID-BNEF | No Auth Required |  |  |  |  |
| G9683 | FAC AC TX NSG FL/ELCT DO BILL SID   | FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID | No Auth Required |  |  |  |  |
| G9684 | ONSITE AC TX NF RES UTI BILL SID    | ONSITE AC C TX NSG FAC RES UTI BILL SID-BENEF    | No Auth Required |  |  |  |  |
| G9685 | PHYS OTH PROF E&M BENEF CHG COND NF | PHYS OTH PROF E&M BENEFIC CHG COND NSG FACILITY  | No Auth Required |  |  |  |  |
| G9687 | HOSPC SVC PROV PT ANY TM DUR MSR PR | HOSPICE SRVC PROV TO PT ANY TIME DUR MSR PR      | No Auth Required |  |  |  |  |
| G9688 | PT HOSPICE SRVC ANY TIME DUR MSR PR | PATIENTS USING HOSPICE SRVC ANY TIME DUR MSR PR  | No Auth Required |  |  |  |  |
| G9689 | PT ADM PRFRM ELECT CAROTID INTERVNT | PATIENT ADM PERFORMED ELECTIVE CAROTID INTERVENT | No Auth Required |  |  |  |  |
| G9690 | PT RECV HSPC SRVC ANY TM DUR MSR PR | PATIENT RECV HOSPICE SRVC ANY TIME DUR MSR PR    | No Auth Required |  |  |  |  |
| G9691 | PT HAD HOSPC SRVC ANY TM DUR MSR PR | PT HAD HOSPICE SERVICES ANY TIME DUR MSR PERIOD  | No Auth Required |  |  |  |  |
| G9692 | HSPC SRVC RECV PT ANY TM DUR MSR PR | HOSPICE SERVICES RECEIVED PT ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9693 | PT HOSPICE SRVC ANY TIME DUR MSR PR | PATIENT USE OF HOSPICE SRVC ANY TIME DUR MSR PR  | No Auth Required |  |  |  |  |
| G9694 | HOSPC SRVC U PT ANY TIME DUR MSR PR | HOSPICE SRVC UTILIZED BY PT ANY TIME DUR MSR PR  | No Auth Required |  |  |  |  |
| G9695 | LONG-ACTING INHALED BD PRESCRIBED   | LONG-ACTING INHALED BRONCHODILATOR PRESCRIBED    | No Auth Required |  |  |  |  |
| G9696 | DOC MED RSN NOT PRSC LA INHALED BD  | DOC MED RSN NOT PRSC LA INHALED BRONCHODILATOR   | No Auth Required |  |  |  |  |
| G9697 | DOC PT RSN NOT PRSC LA INHALED BD   | DOC OF PT RSN NOT PRSC LA INHALED BRONCHODILATOR | No Auth Required |  |  |  |  |
| G9698 | DOC SYS RSN NOT PRSC LA INHALED BD  | DOC SYS RSN NOT PRSC LA INHALED BRONCHODILATOR   | No Auth Required |  |  |  |  |
| G9699 | LONG-ACT INHAL BD NOT PRSC RSN NOS  | LONG-ACTING INHAL BRONCHODILATR NOT PRSC RSN NOS | No Auth Required |  |  |  |  |
| G9700 | PT USE HOSPC SRVC ANY TM DUR MSR PR | PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9701 | CHLDN TAKNG ABX 30 DA PRI DATE ENC  | CHILDREN TAKNG ABX 30 DAYS PRI TO DATE OF ENCNTR | No Auth Required |  |  |  |  |
| G9702 | PT USE HOSPC SRVC ANY TM DUR MSR PR | PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9703 | CHLDN TAKNG ABX 30 DA PRI TO DX PHY | CHILDREN TAKING ABX 30 DA PRI TO DX PHARYNGITIS  | No Auth Required |  |  |  |  |
| G9704 | AJCC BRST CA STAGE I T1 MIC/T1A DOC | AJCC BREAST CANCER STAGE I T1 MIC OR T1A DOC     | No Auth Required |  |  |  |  |
| G9705 | AJCC BREAST CANCER STAGE I T1B DOC  | AJCC BREAST CANCER STAGE I T1B DOCUMENTED        | No Auth Required |  |  |  |  |
| G9706 | LOW RISK RECURRENCE PROSTATE CANCER | LOW RISK OF RECURRENCE PROSTATE CANCER           | No Auth Required |  |  |  |  |
| G9707 | PT RCV HOSPC SRVC ANY TM DUR MSR PR | PATIENT RCV HOSPICE SRVC ANY TIME DUR MSR PERIOD | No Auth Required |  |  |  |  |
| G9708 | WOMEN WHO HAD BIL MAST/HX BIL MAST  | WOMEN WHO HAD BIL MASTECTOMY/HX BIL MASTECTOMY   | No Auth Required |  |  |  |  |
| G9709 | HOSPICE SRVC PT ANY TIME DUR MSR PR | HOSPICE SRVC PATIENT ANY TIME DUR MEASUREMENT PR | No Auth Required |  |  |  |  |
| G9710 | PT PROV HSPC SRVC ANY TM DUR MSR PR | PATIENT WAS PROV HOSPICE SRVC ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |
| G9711 | PT W/DX PAST HX TOTAL COLECTOMY/CRC | PATIENTS WITH DX PAST HX TOTAL COLECTOMY/CRC     | No Auth Required |  |  |  |  |
| G9712 | DOC MED RSN FOR PRESCRIB/DISP ABX   | DOCUMENTATION MED RSN FOR PRESCRIB/DISPENS ABX   | No Auth Required |  |  |  |  |
| G9713 | PT USE HOSPC SRVC ANY TM DUR MSR PR | PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |
| G9714 | PT IS USING HOSPC ANY TM DUR MSR PR | PATIENT USING HOSPICE SRVC ANY TIME DUR MSR PR   | No Auth Required |  |  |  |  |
| G9715 | PT USE HOSPC SRVC ANY TM DUR MSR PR | PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |
| G9716 | BMI DOC ONL FU PLN NOT Cmpl DOC RSN | BMI DOC OUTSD NORM LMT F/U PLAN NOT Cmpl DOC RSN | No Auth Required |  |  |  |  |
| G9717 | DOC PT HAS ACTIV DX DEPR/BIPOLR D/O | DOCUMENTATION PT HAS ACTIVE DX DEPRESSION/BD     | No Auth Required |  |  |  |  |
| G9718 | HSPC SRVC PT PROV ANY TM DUR MSR PR | HOSPICE SERVICES PATIENT PROV ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |
| G9719 | PATIENT IS NOT AMBULATORY BED RIDDN | PT IS NOT AMBUL BED RIDDN IM CONF TO CHR WC BND  | No Auth Required |  |  |  |  |
| G9720 | HSPC SRVC PT OCRD ANY TM DUR MSR PR | HOSPICE SRVC PATIENT OCCURRED ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |

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|-------|--------------------------------------|---|------------------|--|--|--|--|
| G9721 | PATIENT NOT AMBULATORY BED RIDDEN    | PATIENT NOT AMBUL BED RIDDN IM CONF CHR WC BND    | No Auth Required |  |  |  |  |
| G9722 | DOC HX RNA FAIL/BSE S-CR=4.0 MG/DL;  | DOC HX RENAL FAILURE/BASELINE S-CR=4.0 MG/DL;     | No Auth Required |  |  |  |  |
| G9723 | HSPC SRVC PT RECV ANY TM DUR MSR PR  | HOSPICE SRVC PATIENT RECEIVD ANY TIME DUR MSR PR  | No Auth Required |  |  |  |  |
| G9724 | PATIENTS DOC AC MED OVERLAP MSR YR   | PATIENTS DOC ANTICOAGULANT MED OVERLAP MSR YEAR   | No Auth Required |  |  |  |  |
| G9725 | PT USE HOSPC SRVC ANY TM DUR MSR PR  | PATIENTS WHO USE HOSPICE SRVC ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9726 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9727 | PT UN CMPL KN FS PROM INIT EVAL&/D/C | PATIENT UNABLE COMPL KNEE FS PROM INIT EVAL&/D/C  | No Auth Required |  |  |  |  |
| G9728 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9729 | PT UN CMPL HIP FS PROM INT EVAL&/D/C | PATIENT UN TO COMPL HIP FS PROM INIT EVAL & D/C   | No Auth Required |  |  |  |  |
| G9730 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9731 | PT UN CMPL ANK/FT FS PROM I EV&/D/C  | PT UNABLE COMPL ANK/FT FS PROM INIT EVAL &/ D/C   | No Auth Required |  |  |  |  |
| G9732 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9733 | PT UN CMPL LB FS PROM INT EVAL&/D/C  | PT UNABLE COMPL LW BACK FS PROM INIT EVAL &/ D/C  | No Auth Required |  |  |  |  |
| G9734 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9735 | PT UN CMP SHLD FS PROM INT EVAL&/D/C | PT UNABL COMPL SHOULDER FS PROM INIT EVAL &/ D/C  | No Auth Required |  |  |  |  |
| G9736 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9737 | PT UN CMPL E/W/H FS PROM I EVAL&/D/C | PT UN COMPL ELBO/WRST/H FS PROM INIT EVAL &/ D/C  | No Auth Required |  |  |  |  |
| G9738 | PATIENT REFUSED TO PARTICIPATE       | PATIENT REFUSED TO PARTICIPATE                    | No Auth Required |  |  |  |  |
| G9739 | PT UN CMPL G ORTH FS PROM I EVAL&/DC | PT UNABL CMPL GEN ORTHO FS PROM INIT EVAL &/ D/C  | No Auth Required |  |  |  |  |
| G9740 | HOSPC SRVC GVN PT ANY TM DUR MSR PR  | HOSPICE SRVC GIVEN TO PT ANY TIME DUR MSR PR      | No Auth Required |  |  |  |  |
| G9741 | PT USE HOSPC SRVC ANY TM DUR MSR PR  | PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR   | No Auth Required |  |  |  |  |
| G9744 | PATIENT NOT ELIG D/T ACTIVE DX HTN   | PATIENT NOT ELIGIBLE D/T ACTIVE DX HYPERTENSION   | No Auth Required |  |  |  |  |
| G9745 | DOC RSN FOR NOT SCREEN/REC F/U HBP   | DOCUMENTED REASON FOR NOT SCREENING/REC F/U HBP   | No Auth Required |  |  |  |  |
| G9746 | PT HAS MS/PROS HV/PT TSNT/R CAUS AF  | PT HAS MS/PROS HEART VLV/PT TSNT/R CAUSE OF AF    | No Auth Required |  |  |  |  |
| G9747 | PT IS UNDRGO PALLIAT DIALYSIS CATH   | PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W/CATH  | No Auth Required |  |  |  |  |
| G9748 | PT APV QUAL TP PROG & SCH LD KID TP  | PT APPRVD QUAL TPLNT PROG & SCHED LD KID TPLNT    | No Auth Required |  |  |  |  |
| G9749 | PT IS UNDRGO PALLIAT DIALYSIS CATH   | PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W/CATH  | No Auth Required |  |  |  |  |
| G9750 | PT APV QUAL TP PROG & SCH LD KID TP  | PT APPRVD QUAL TPLNT PROG & SCHED LD KID TPLNT    | No Auth Required |  |  |  |  |
| G9751 | PT DIED ANY TIME DUR 24-MO MSR PRD   | PATIENT DIED ANY TIME DUR 24-MONTH MSR PERIOD     | No Auth Required |  |  |  |  |
| G9752 | EMERGENCY SURGERY                    | EMERGENCY SURGERY                                 | No Auth Required |  |  |  |  |
| G9753 | DC MED RSN NOT S DICOM I W/I P 12 M  | DOC MED RSN NOT C SRCH DICOM F IMAG W/I P 12 MO   | No Auth Required |  |  |  |  |
| G9754 | A FINDING OF INCIDENTAL PULM NODULE  | A FINDING OF AN INCIDENTAL PULMONARY NODULE       | No Auth Required |  |  |  |  |
| G9755 | DOC RES NOT INC INTVL MOD FU OR NO   | DOC MED RES NOT INC INTVL MOD FU OR NO FU RECOM   | No Auth Required |  |  |  |  |
| G9756 | SURGICAL PROC INCL USE SILICONE OIL  | SURGICAL PROCEDURES INCL USE OF SILICONE OIL      | No Auth Required |  |  |  |  |
| G9757 | SURGICAL PROC INCL USE SILICONE OIL  | SURGICAL PROCEDURES THAT INCL USE SILICONE OIL    | No Auth Required |  |  |  |  |
| G9758 | PT IN HOSPICE ANY TIME DUR MSR PER   | PT IN HOSPICE ANY TIME DURING MEASUREMENT PERIOD  | No Auth Required |  |  |  |  |
| G9759 | HISTORY PREOP POS CAPSULE RUPTURE    | HISTORY PREOPERATIVE POSTERIOR CAPSULE RUPTURE    | No Auth Required |  |  |  |  |
| G9760 | PT USE HSPC SVC ANY TIME DUR MSR PR  | PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR   | No Auth Required |  |  |  |  |
| G9761 | PT USE HOSPC SRVC ANY TM DUR MSR PR  | PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR   | No Auth Required |  |  |  |  |
| G9762 | PT HAD 2/3 HPV VACC ON/BTWN 9&13 BD  | PT HAD 2 HPV/3 HPV VACC ON/BTWN 9TH &13TH BD      | No Auth Required |  |  |  |  |
| G9763 | PT DID NOT HAVE 2/3 HPV VACC ON/BTW  | PT DID NOT HAVE 2/3 HPV VACC ON/BTW 9 & 13 BD     | No Auth Required |  |  |  |  |
| G9764 | PT TREATED W SYSTEMIC MED PSORIASIS  | PT TREATED W SYSTEMIC MEDICATION PSORIASIS VULG   | No Auth Required |  |  |  |  |
| G9765 | DOC PT DECLIN CHG MED/ALT TX UNAVBL  | DOC PT DECLINED CHG MED/ALT THERAPIES UNAVBL      | No Auth Required |  |  |  |  |
| G9766 | PT TRNS FRM 1 INST TO ANR DX CVA     | PT TRNS FRM 1 INST TO ANR KN DX CVA EVAR STR TX   | No Auth Required |  |  |  |  |
| G9767 | HOS PT NEWLY DX CVA EVAR STRK TX     | HOSPITALIZED PT NEWLY DX CVA CNSDR EVAR STRK TX   | No Auth Required |  |  |  |  |
| G9768 | PT UTILZ HSPC SVC ANY TM DUR MSR PR  | PATIENTS WHO UTILZ HOSPICE SVC ANY TM DUR MSR PR  | No Auth Required |  |  |  |  |
| G9769 | PT BMDT P 2 YR/RCV OPO M/T P 12 MO   | PATIENT HAD BMDT P 2 YR/RCV OPO MED/TX P 12 MO    | No Auth Required |  |  |  |  |
| G9770 | PERIPHERAL NERVE BLOCK               | PERIPHERAL NERVE BLOCK                            | No Auth Required |  |  |  |  |
| G9771 | AT LEAST 1 BDY TMP MSR=>35.5 DEG C   | AT LEAST 1 BODY TEMPERATURE MSR =>35.5 DEG CELS   | No Auth Required |  |  |  |  |
| G9772 | DC MD RSN NO ACHV 1 BT MSR=>35.5     | DOC MED RSN NOT ACHV AL 1 BT MSR =TO/> 35.5 DEG   | No Auth Required |  |  |  |  |
| G9773 | AL 1 BT MSR =>35.5 C NO ACHV AA ET   | AT LEAST 1 BT MSR =>35.5 DEGC NOT ACHV ANES ET    | No Auth Required |  |  |  |  |
| G9774 | PATIENTS WHO HAVE HAD HYSTERECTOMY   | PATIENTS WHO HAVE HAD A HYSTERECTOMY              | No Auth Required |  |  |  |  |
| G9775 | PT RCV 2 PRO PHRM ANTI-EMTC DIF CLS  | PT RCV AL 2 PRO PHARMACOL ANTI-EMTC AGT DIF CLS   | No Auth Required |  |  |  |  |
| G9776 | DOC M R NO 2 PRO P ANTI-EMTC DF CL   | DOC M RSN NO RCV AL 2 PRO PHRM ANTI-EMTC DIF CLS  | No Auth Required |  |  |  |  |
| G9777 | PT NO 2 PRO PHRM ANTI-EMTC AG DF CL  | PT NOT RCV AL 2 PRO PHARM ANTI-EMETIC AGT DF CLS  | No Auth Required |  |  |  |  |
| G9778 | PATIENTS WHO HAVE A DX OF PREGNANCY  | PATIENTS WHO HAVE A DIAGNOSIS OF PREGNANCY        | No Auth Required |  |  |  |  |
| G9779 | PATIENTS WHO ARE BREASTFEEDING       | PATIENTS WHO ARE BREASTFEEDING                    | No Auth Required |  |  |  |  |

|       |                                      |  |                  |  |  |  |  |
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| G9780 | PT WHO HAVE A DX RHABDOMYOLYSIS      | PATIENTS WHO HAVE A DIAGNOSIS OF RHABDOMYOLYSIS  | No Auth Required |  |  |  |  |
| G9781 | DOC MED RSN NO CUR USER/RCV STATIN   | DOC MED RSN NO CUR USER/RCV AN ORDER STATIN TX   | No Auth Required |  |  |  |  |
| G9782 | HX OF/ACTV DX FAMILIAL/PURE HCL      | HISTORY OF/ACTV DX FAM/PURE HYPERCHOLESTEROLEMIA | No Auth Required |  |  |  |  |
| G9783 | DOC P DIA LDL-C R<70 MG/DL&NO STATN  | DOC PT DIA F/DCT LDL- C R< 70 MG/DL & NO STATIN  | No Auth Required |  |  |  |  |
| G9784 | PATH/DERMATOPATH PRVDG 2ND OP ON BX  | PATHOLOGISTS/DERMATOPATH PRVDG 2ND OPINION ON BX | No Auth Required |  |  |  |  |
| G9785 | PR CUT BCC/SCC RVW IN 7 D RECV PATH  | PATH RPRT CUT BCC SCC/MM RVW W/I 7 D RECV PATH   | No Auth Required |  |  |  |  |
| G9786 | PR CBC/CSC NOT SNT PA BX C R IN 7 D  | PA RPRT CBC CSC NOT SNT PTH BX CLIN RVW W/I 7 D  | No Auth Required |  |  |  |  |
| G9787 | PT ALIVE AS OF LAST DAY OF MSR YEAR  | PATIENT ALIVE AS OF THE LAST DAY OF THE MSR YEAR | No Auth Required |  |  |  |  |
| G9788 | MOST RECENT BP <=/= TO 140/90 MM HG  | MOST RECENT BP LESS THAN/EQUAL TO 140/90 MM HG   | No Auth Required |  |  |  |  |
| G9789 | BP RCD DUR IP S ER V UC V&PT SR BP   | BLD PRESS RCD DUR INPT S ER V UC V & PT SR BP    | No Auth Required |  |  |  |  |
| G9790 | MST RE BP >140/90 MM HG/BR NOT DOC   | MOST RECNT BP IS >140/90 MM HG/BR NOT DOCUMENTED | No Auth Required |  |  |  |  |
| G9791 | MOST RECNT TOBACCO STS TOBACCO FREE  | MOST RECENT TOBACCO STATUS IS TOBACCO FREE       | No Auth Required |  |  |  |  |
| G9792 | MOST RCNT TOBACCO STS NOT TOB FREE   | MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE   | No Auth Required |  |  |  |  |
| G9793 | PT CUR ON DAILY ASP/OTH ANTIPLATELT  | PATIENT IS CUR ON DAILY ASPIRIN/OTH ANTIPLATELET | No Auth Required |  |  |  |  |
| G9794 | DOC MED RSN NOT ON DAILY ASP/OTH AP  | DOC MED RSN FOR NOT ON A DAILY ASPIRIN/OTH AP    | No Auth Required |  |  |  |  |
| G9795 | PATIENT IS NOT ON DAILY ASP/OTH AP   | PATIENT IS NOT CUR ON A DAILY ASPIRIN/OTH AP     | No Auth Required |  |  |  |  |
| G9796 | PATIENT IS CURRENTLY ON A STATIN TX  | PATIENT IS CURRENTLY ON A STATIN THERAPY         | No Auth Required |  |  |  |  |
| G9797 | PATIENT IS NOT ON A STATIN THERAPY   | PATIENT IS NOT ON A STATIN THERAPY               | No Auth Required |  |  |  |  |
| G9798 | D/C AMI BTW 7/1 YR PRI MSR-6/30 MSR  | D/C AMI BTW JULY 1 YEAR PRI MSR TO JUNE 30 MSR   | No Auth Required |  |  |  |  |
| G9799 | PT MED DISPENS EVNT INDIC HX ASTHMA  | PATIENTS MED DISPENSING EVENT INDICATR HX ASTHMA | No Auth Required |  |  |  |  |
| G9800 | PTS ID HAV INTOLERNCE/ALLERGY BB TX  | PATIENTS WHO ARE ID HAV INTOLERNCE/ALLERGY BB TX | No Auth Required |  |  |  |  |
| G9801 | HOS PT TRANS DIR TO NON-ACF ANY DX   | HOS PT TRANS DIR TO A NON-AC CARE FAC FOR ANY DX | No Auth Required |  |  |  |  |
| G9802 | PT USE HOSPC SVC ANY TM DUR MSR PR   | PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR    | No Auth Required |  |  |  |  |
| G9803 | PT PRSC 180-D MSR BB PST D/C AMI     | PT PRES 135 DA TX180-DA MSRMT BB PST D/C AMI     | No Auth Required |  |  |  |  |
| G9804 | NO PRS LST 135 180-D BB PST DC AMI   | PT NOT PRSC LST 135DA 180-DA MSR BB POST DX AMI  | No Auth Required |  |  |  |  |
| G9805 | PT USE HSPC SVC ANY TIME DUR MSR PR  | PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9806 | PT WHO RECV CERV CYTOLOGY/HPV TEST   | PATIENTS WHO RECEIVED CERVICAL CYTOLOGY/HPV TEST | No Auth Required |  |  |  |  |
| G9807 | PT DID NOT RECV CERV CYTOL/HPV TEST  | PATIENTS WHO DID NOT RECV CERV CYTOLOGY/HPV TEST | No Auth Required |  |  |  |  |
| G9808 | ANY PT NO AS CTR MED DISP DUR MSR Y  | ANY PT HAD NO ASTHMA CONTR MED DISP DUR MSR YR   | No Auth Required |  |  |  |  |
| G9809 | PT USE HOSPC SRVC ANY TM DUR MSR PR  | PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR    | No Auth Required |  |  |  |  |
| G9810 | PT ACHV PDC AL 75% ASTHMA CONTR MED  | PATIENT ACHIEVED PDC AL 75% FOR ASTHMA CONTR MED | No Auth Required |  |  |  |  |
| G9811 | PT NO ACHV PDC 75% ASTHMA CNTRL MED  | PATIENT NOT ACHV PDC AL 75% ASTHMA CONTROL MED   | No Auth Required |  |  |  |  |
| G9812 | PT DIED INC ALL D DUR HOS OP PER     | PATIENT DIED INCL ALL DEATHS OCC DUR HOS OP PER  | No Auth Required |  |  |  |  |
| G9813 | PT NOT DIE W/I 30 DA PROC/DUR I HSP  | PT DID NOT DIE W/I 30 DA OF PROC/DUR INDEX HOSP  | No Auth Required |  |  |  |  |
| G9814 | DEATH OCR DUR INDEX ACUTE CARE HOSP  | DEATH OCR DUR INDEX ACUTE CARE HOSP              | No Auth Required |  |  |  |  |
| G9815 | D DID NOT OCR DUR IDX AC CARE HOSP   | DEATH DID NOT OCCUR DURING INDEX ACUTE CARE HOSP | No Auth Required |  |  |  |  |
| G9816 | D OCR AFT D/C HOSP W/I 30 D P PCR    | DEATH OCR AFT D/C HOSP BUT W/I 30 D POST PROC    | No Auth Required |  |  |  |  |
| G9817 | D NOT OCR AFT DC HOS W/I 30 D P PCR  | DEATH NOT OCR AFT D/C HOS W/I 30 DAYS POST PROC  | No Auth Required |  |  |  |  |
| G9818 | DOCUMENTATION OF SEXUAL ACTIVITY     | DOCUMENTATION OF SEXUAL ACTIVITY                 | No Auth Required |  |  |  |  |
| G9819 | PT USE HOSPC SVC ANY TM DUR MSR PR   | PATIENTS WHO USE HOSPICE SVC ANY TIME DUR MSR PR | No Auth Required |  |  |  |  |
| G9820 | DOC CHLAMYDIA SCR TEST PROPER F/U    | DOCUMENTATION CHLAMYDIA SCREENING TST PROPER F/U | No Auth Required |  |  |  |  |
| G9821 | NO DOC CHLAMYDIA SCR TST PROPER F/U  | NO DOCUMENTATION CHLAMYDIA SCR TEST PROPER F/U   | No Auth Required |  |  |  |  |
| G9822 | WOMEN HAD EA DUR YR PRI TO IDX DATE  | WOMEN WHO HAD EA DUR YEAR PRI TO INDEX DATE      | No Auth Required |  |  |  |  |
| G9823 | ENDOMTRL SMP/HYSTROSCOPY BX&RSLT DOC | ENDOMETRIAL SAMPLE/HYSTEROGRAPHY BX & RSLT DOC   | No Auth Required |  |  |  |  |
| G9824 | ENDOMETRL SMP/HSC BX & RSLT NOT DOC  | ENDOMETRIAL SMP/HYSTEROGRAPHY BX & RSLT NOT DOC  | No Auth Required |  |  |  |  |
| G9825 | HER2/NEU NEG OR UNDOCUMENTD/UNKNOWN  | HER2/NEU NEGATIVE OR UNDOCUMENTED/UNKNOWN        | No Auth Required |  |  |  |  |
| G9826 | PT TRANS TO PRACTICE AFT INIT CHEMO  | PATIENT TRANS TO PRACTICE AFTER INITIATION CHEMO | No Auth Required |  |  |  |  |
| G9827 | HER2-TRG THER NOT ADM DUR INIT TX    | HER2-TARGETED THERAPIES NOT ADM DUR INIT CRS TX  | No Auth Required |  |  |  |  |
| G9828 | HER2-TRG THER ADM DUR INIT CRS TX    | HER2-TARGETED THERAPIES ADM DUR INITIAL CRS TX   | No Auth Required |  |  |  |  |
| G9829 | BREAST ADJUVANT CHEMOTHERAPY ADM     | BREAST ADJUVANT CHEMOTHERAPY ADMINISTERED        | No Auth Required |  |  |  |  |
| G9830 | HER2/NEU POSITIVE                    | HER2/NEU POSITIVE                                | No Auth Required |  |  |  |  |
| G9831 | AJCC STG BREAST CANCR DX = II / III  | AJCC STAGE AT BREAST CANCER DIAGNOSIS = II / III | No Auth Required |  |  |  |  |

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| G9832 | AJCC STG BC DX=I&T-ST NO=T1 T1A T1B | AJCC STG BC DX = I & T-STG DOES NOT = T1 T1A T1B | No Auth Required       |                   |  |                      |
| G9833 | PATIENT TRAN TO PRAC AFT INI CHEMO  | PATIENT TRANSFER TO PRACTICE AFTER INI CHEMO     | No Auth Required       |                   |  |                      |
| G9834 | PATIENT HAS METASTATIC DZ AT DX     | PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS      | No Auth Required       |                   |  |                      |
| G9835 | TRASTUZUMAB ADM W/I 12 MO OF DX     | TRASTUZUMAB ADMINISTERED W/I 12 MO OF DIAGNOSIS  | No Auth Required       |                   |  |                      |
| G9836 | REASON FOR NOT ADM TRASTUZUMAB DOC  | REASON FOR NOT ADMINISTERING TRASTUZUMAB DOC     | No Auth Required       |                   |  |                      |
| G9837 | TRASTUZUMAB NOT ADM W/I 12 MO OF DX | TRASTUZUMAB NOT ADMINISTERED W/I 12 MONTHS OF DX | No Auth Required       |                   |  |                      |
| G9838 | PATIENT HAS METASTATC DISEASE AT DX | PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS      | No Auth Required       |                   |  |                      |
| G9839 | ANTI-EGFR MONOCLONAL ANTIBODY TX    | ANTI-EGFR MONOCLONAL ANTIBODY THERAPY            | No Auth Required       |                   |  |                      |
| G9840 | RAS G MUT T P B4 INT ANTI-EGFR MOAB | RAS GENE MUT TEST PRFRM BEF INT ANTI-EGFR MOAB   | No Auth Required       |                   |  |                      |
| G9841 | RAS GENE MUT T NOT PRF B4 ANTI-EGFR | RAS GENE MUT TST NOT PRF BEF INIT ANTI-EGFR MOAB | No Auth Required       |                   |  |                      |
| G9842 | PATIENT HAS METASTATIC DZ AT DX     | PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS      | No Auth Required       |                   |  |                      |
| G9843 | RAS GENE MUTATION                   | RAS GENE MUTATION                                | No Auth Required       |                   |  |                      |
| G9844 | PT DID NOT RECV ANTI-EGFR MAB TX    | PATIENT DID NOT RECV ANTI-EGFR MONOCLONAL ABO TX | No Auth Required       |                   |  |                      |
| G9845 | PATIENT RCVD ANTI-EGFR MAB TX       | PATIENT RECEIVD ANTI-EGFR MONOCLONAL ANTIBODY TX | No Auth Required       |                   |  |                      |
| G9846 | PATIENTS WHO DIED FROM CANCER       | PATIENTS WHO DIED FROM CANCER                    | No Auth Required       |                   |  |                      |
| G9847 | PT RECVD CHEMO LAST 14 DAYS OF LIFE | PATIENT RECVD CHEMOTHERAPY LAST 14 DAYS OF LIFE  | No Auth Required       |                   |  |                      |
| G9848 | PT DID NOT RECV CHMO LST 14 DA LIFE | PATIENT DID NOT RECV CHEMO LAST 14 DAYS OF LIFE  | No Auth Required       |                   |  |                      |
| G9849 | PATIENTS WHO DIED FROM CANCER       | PATIENTS WHO DIED FROM CANCER                    | No Auth Required       |                   |  |                      |
| G9850 | PT HAD >1 ED VST LST 30 DA OF LIFE  | PATIENT HAD >1 ED VST IN THE LST 30 DAYS OF LIFE | No Auth Required       |                   |  |                      |
| G9851 | PT HAD 1/< ED VST LAST 30 DA LIFE   | PATIENT HAD 1/< ED VST IN THE LAST 30 DA OF LIFE | No Auth Required       |                   |  |                      |
| G9852 | PATIENTS WHO DIED FROM CANCER       | PATIENTS WHO DIED FROM CANCER                    | No Auth Required       |                   |  |                      |
| G9853 | PTT ADM TO ICU IN LST 30 DA OF LIFE | PATIENT ADM TO ICU IN THE LAST 30 DAYS OF LIFE   | No Auth Required       |                   |  |                      |
| G9854 | PT NOT ADM TO ICU IN LST 30 DA LIFE | PATIENT WAS NOT ADM TO ICU IN LAST 30 DA OF LIFE | No Auth Required       |                   |  |                      |
| G9855 | PATIENTS WHO DIED FROM CANCER       | PATIENTS WHO DIED FROM CANCER                    | No Auth Required       |                   |  |                      |
| G9856 | PATIENT WAS NOT ADMITTED TO HOSPICE | PATIENT WAS NOT ADMITTED TO HOSPICE              | No Auth Required       |                   |  |                      |
| G9857 | PATIENT ADMITTED TO HOSPICE         | PATIENT ADMITTED TO HOSPICE                      | No Auth Required       |                   |  |                      |
| G9858 | PATIENT ENROLLED IN HOSPICE         | PATIENT ENROLLED IN HOSPICE                      | No Auth Required       |                   |  |                      |
| G9859 | PATIENTS WHO DIED FROM CANCER       | PATIENTS WHO DIED FROM CANCER                    | No Auth Required       |                   |  |                      |
| G9860 | PT SPENT < 3 DAYS IN HOSPICE CARE   | PATIENT SPENT LESS THAN 3 DAYS IN HOSPICE CARE   | No Auth Required       |                   |  |                      |
| G9861 | PT SPENT >/=3 DAYS IN HOSPICE CARE  | PATIENT SPENT >/ EQUAL TO 3 DAYS IN HOSPICE CARE | No Auth Required       |                   |  |                      |
| G9862 | DOC MED RSN NOT RCM AL 10 Y F/U INT | DOC MED RSN FOR NOT RECOMMEND AL 10 YR F/U INTVL | No Auth Required       |                   |  |                      |
| G9868 | RCPT & ANLYS REMT ASYNC IMG<10 MINS | RECEIPT & ANALYSIS REMT ASYNC IMAGES <10 MINS    | No Auth Required       |                   |  |                      |
| G9869 | RCPT & ANLYS RMT ASYNC IMG 10-20 MN | RECEIPT & ANALYSIS REMOTE ASYNC IMAGES 10-20 MIN | No Auth Required       |                   |  |                      |
| G9870 | RCPT & ANLYS RMT ASYNC IMG 20/>MINS | RECEIPT & ANALYSIS REMOTE ASYNC IMAGES 20/> MINS | No Auth Required       |                   |  |                      |
| G9873 | 1ST MDPP COR SESS ATD MDPP B UND EM | 1ST MDPP C SESS ATD MDPP BENEFICIARY UND MDPP EM | No Auth Required       |                   |  |                      |
| G9874 | 4 T MDPP COR SESS ATD MDPP B UND EM | 4 TOTAL MDPP CORE SES ATD MDPP BENEF UND MDPP EM | No Auth Required       |                   |  |                      |
| G9875 | 9 T MDPP COR SESS ATD MDPP B UND EM | 9 TOTAL MDPP C SESS ATD MDPP BENEF UND MDPP EM   | No Auth Required       |                   |  |                      |
| G9876 | 2 MDPP COR MS ATD BNF MO 7-9 UND EM | 2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM | No Auth Required       |                   |  |                      |
| G9877 | 2 MDPP C MS ATD BNF MO 10-12 UND EM | 2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM  | No Auth Required       |                   |  |                      |
| G9878 | 2 MDPP COR MS ATD BNF MO 7-9 UND EM | 2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM | No Auth Required       |                   |  |                      |
| G9879 | 2 MDPP C MS ATD BNF MO 10-12 UND EM | 2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM  | No Auth Required       |                   |  |                      |
| G9880 | MDPP BNF ACHV AL 5% WL MO 1-12 U EM | MDPP BNF ACHV AL 5% WL BW MO 1-12 MDPP SP UND EM | No Auth Required       |                   |  |                      |
| G9881 | MDPP BNF ACHV AL 9% WL MO 1-24 U EM | MDPP BNF ACHV AL 9% WL B WT MO 1-24 UND MDPP EM  | No Auth Required       |                   |  |                      |
| G9882 | 2 MDPP O MS ATD BNF MO 13-15 U EM   | 2 MDPP ONGOING MS ATD BNF MO 13-15 UND MDPP EM   | No Auth Required       |                   |  |                      |
| G9883 | 2 MDPP OM S ATD BNF MO 16-18 U EM   | 2 MDPP ONGO MS ATD MDPP BNF MO 16-18 UND MDPP EM | No Auth Required       |                   |  |                      |
| G9884 | 2 MDPP OM S ATD BNF MO 19-21 U EM   | 2 MDPP ONGO MS ATD MDPP BNF MO 19-21 UND MDPP EM | No Auth Required       |                   |  |                      |
| G9885 | 2 MDPP OM S ATD BNF MO 22-24 U EM   | 2 MDPP ONGO MS ATD MDPP BNF MO 22-24 UND MDPP EM | No Auth Required       |                   |  |                      |
| G9890 | BRDG PMT:1ST MDPP SPL BNF M 1-24 EM | BRDG PMT:1ST MDPP CS C/OM S SPL BNF MO 1-24 EM   | No Auth Required       |                   |  |                      |
| G9891 | MDPP S RPT LN-I CLM PAYABL MDPP EM  | MDPP SESS RPT AS LN-I ON CLM FOR PAYABL MDPP EM  | No Auth Required       |                   |  |                      |
| G9892 | DOC PT RSN NOT PERF DIL MACULAR EX  | DOC PT REASON NOT PERFORMED DILATED MACULAR EXAM | No Auth Required       |                   |  |                      |
| G9893 | DILATED MACULAR EX NOT PERF RSN NOS | DILATED MACULAR EX WAS NOT PERFORMED REASON NOS  | No Auth Required       |                   |  |                      |
| G9894 | AD TX RX/ADMN COMB EXT BEAM RT PROS | ANDROGEN DEP TX RX/ADMN COMB EXT BEAM RT TO PROS | Authorization Required | Radiation Therapy |  | Full Clinical Review |
| G9895 | D M R NOT RX/ADM AD TX COM EBRT PR  | DOC M RSN NOT RX/ADM AD TX COMB EXT BEAM RT PROS | Authorization Required | Radiation Therapy |  | Full Clinical Review |

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| G9896 | D PT R NO RX/ADMN AD TX COM EBRT PR  | DOCUMENT PT RSN NOT RX/ADMN AD TX COM EBRT PROS  | Authorization Required | Radiation Therapy   |  | Full Clinical Review |  |
| G9897 | PT NO RX/ADM AD TX COM EBRT PR NO R  | PTS NOT RX/ADM AD TX COM EBRT PROS RSN NOT GVN   | No Auth Required       |   |  |                      |  |
| G9898 | PT 65/> INST SNP/RSD LTC >90 DA MSR  | PT 65/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR   | No Auth Required       |   |  |                      |  |
| G9899 | SCR DX F DGTL/DBT MAMMO RSLT D&REV   | SCR DX FILM DIGITAL/DBT MAMMO RESULTS DOC & REV  | No Auth Required       |   |  |                      |  |
| G9900 | SCR DX MAMMO RESULT NOT DOC RSN NOS  | SCR DX F DGTL/DBT MAMMO RSLT NOT DOC&REV RSN NOS | No Auth Required       |   |  |                      |  |
| G9901 | PT 65/> INST SNP/RSD LTC >90 DA MSR  | PT 65/> INSTITUTIONAL SNP/RESID LTC >90 DAYS MSR | No Auth Required       |   |  |                      |  |
| G9902 | PT SCR TOB USE & ID AS TOB USER      | PATIENT SCR TOBACCO USE & ID AS TOBACCO USER     | No Auth Required       |   |  |                      |  |
| G9903 | PT SCR TOB USE & ID AS TOB NON-USER  | PATIENT SCR TOBACCO USE & ID AS TOB NON-USER     | No Auth Required       |   |  |                      |  |
| G9904 | DOC MED RSN FOR NOT SCR TOBACCO USE  | DOCUMENTATION MED RSN FOR NOT SCR TOBACCO USE    | No Auth Required       |   |  |                      |  |
| G9905 | PATIENT NOT SCR TOB USE RSN NOT GVN  | PATIENT NOT SCREENED FOR TOBACCO USE RSN NOT GVN | No Auth Required       |   |  |                      |  |
| G9906 | PT ID TOB USER RECV TOB CESS INT     | PT ID TOB USER RECV TOB CESSATION INTERVENTION   | No Auth Required       |   |  |                      |  |
| G9907 | DOC MED RSN NOT PROV TOB CESS INT    | DOC MED RSN NOT PROV TOBACCO CESS INTERVENTION   | No Auth Required       |   |  |                      |  |
| G9908 | PT ID T U NOT RECV T CESS INT NO R   | PT ID TOB USER NOT RECV TOB CESS INT RSN NOT GVN | No Auth Required       |   |  |                      |  |
| G9909 | D M R NOT PROV T CESS INT IF ID T U  | DOC MED RSN NOT PROV TOB CESS INT IDENT TOB USER | No Auth Required       |   |  |                      |  |
| G9910 | PTS 66/> INST SNP/RSD LTC >90 D MSR  | PTS 66/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR  | No Auth Required       |   |  |                      |  |
| G9911 | CLIN NODE NEG IBC BEF/AFT NA SYS TX  | CLINIC NODE NEG IBC BEF/AFT NEOADJUVANT SYS TX   | No Auth Required       |   |  |                      |  |
| G9912 | HBV ASSESS INTRP PRI ANTI-TNF TX     | HBV STS ASSESS & RSLT INTERP PRIOR ANTI-TNF TX   | No Auth Required       |   |  |                      |  |
| G9913 | HBV ASSESS INTRP PR ANTI-TNF NO RSN  | HBV STS ASSESS INTRP PRI ANTI-TNF TX RSN NOT GVN | No Auth Required       |   |  |                      |  |
| G9914 | PATIENT RECEIVING AN ANTI-TNF AGENT  | PATIENT RECEIVING AN ANTI-TNF AGENT              | No Auth Required       |   |  |                      |  |
| G9915 | NO RECORD OF HBV RESULTS DOCUMENTED  | NO RECORD OF HBV RESULTS DOCUMENTED              | No Auth Required       |   |  |                      |  |
| G9916 | FUNC STS PERF ONCE IN LAST 12 MOS    | FUNC STATUS PERFORMED ONCE IN THE LAST 12 MONTHS | No Auth Required       |   |  |                      |  |
| G9917 | DOC ADV STAGE DEMENT & CG KNWL LTD   | DOC ADV STAGE DEMENTIA & CAREGIVER KNWL LIMITED  | No Auth Required       |   |  |                      |  |
| G9918 | FUNCTIONAL STATUS NOT PERF RSN NOS   | FUNCTIONAL STATUS NOT PERFORMED REASON NOS       | No Auth Required       |   |  |                      |  |
| G9919 | SCREENING PERF & POS & PROV REC      | SCREENING PERF & POS & PROVISION RECOMMENDATIONS | No Auth Required       |   |  |                      |  |
| G9920 | SCREENING PERFORMED AND NEGATIVE     | SCREENING PERFORMED AND NEGATIVE                 | No Auth Required       |   |  |                      |  |
| G9921 | NO SCR P PR SCR P/POS NO REC&RSN     | NO SCR PRFRM PR SCR PRFRM/POS SCR NO REC&RSN     | No Auth Required       |   |  |                      |  |
| G9922 | SAF CNCRNS SCR PRV&IF POS DOC MIT R  | SAFETY CNCRNS SCR PROV & IF POS THEN DOC MIT REC | No Auth Required       |   |  |                      |  |
| G9923 | SAFETY CONCERNS SCR PROVIDED & NEG   | SAFETY CONCERNS SCREEN PROVIDED AND NEGATIVE     | No Auth Required       |   |  |                      |  |
| G9924 | DOC MED NO R SAF CNCRN/REC POS SCR   | DOC MED RSN NOT PROV SAF CNCRN/REC/REF POS SCR   | No Auth Required       |   |  |                      |  |
| G9925 | SAFETY CONCERNS SCR NOT PROV RSN NOS | SAFETY CONCERNS SCREENING NOT PROVIDED RSN NOS   | No Auth Required       |   |  |                      |  |
| G9926 | SAF CNCRN SCR POS SCR NO PROV MIT R  | SAFETY CONCERNS SCR POS SCR W/O PROV MIT REC     | No Auth Required       |   |  |                      |  |
| G9927 | DOC SY RSN NO RX WF/ANR FDA-APV AC   | DOC SY RSN NOT RX WF/ANR FDA-APV AC D/T PT IN CT | No Auth Required       |   |  |                      |  |
| G9928 | WF/ANR FDA-APV AC NO PRSC R NOT GVN  | WARFARIN/ANR FDA-APV AC NOT PRSC REASON NOT GVN  | No Auth Required       |   |  |                      |  |
| G9929 | PT TRANSIENT/REVERSIBLE CAUSE OF AF  | PATIENT WITH TRANSIENT OR REVERSIBLE CAUSE OF AF | No Auth Required       |   |  |                      |  |
| G9930 | PTS WHO ARE RECV COMFORT CARE ONLY   | PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY     | No Auth Required       |   |  |                      |  |
| G9931 | DOC OF CHA2DS2-VASC RISK SCORE 0/1   | DOCUMENTATION OF CHA2DS2-VASC RISK SCORE OF 0/1  | No Auth Required       |   |  |                      |  |
| G9932 | DOC PT RSN NO REC N/MNG POS TB SCR   | DOC PT RSN NOT HAVING REC NEG/MANAGED POS TB SCR | No Auth Required       |   |  |                      |  |
| G9933 | ADENOMA/CRC DETECTED DUR SCR COLO    | ADENOMA/COLORECTAL CANCER DETECTED DUR SCR COLO  | No Auth Required       |   |  |                      |  |
| G9934 | DOC NEO D ONLY DX TD SA SS PLYP/SSA  | DO NEO D ONLY DX TRAD SERRATED AD SS POLYP/SSA   | No Auth Required       |   |  |                      |  |
| G9935 | ADENOMA/CRC NOT DETECTED DUR SCR CO  | ADENOMA/CRC NOT DETECTED DURING SCR COLONOSCOPY  | No Auth Required       |   |  |                      |  |
| G9938 | PT 66/> INST SNP/RSD LTC >90 D MSR   | PT 66/> INST SNP/RESID LTC >90 DAYS DUR MSR PRD  | No Auth Required       |   |  |                      |  |
| G9939 | PATH/DERMATOPATH SAME CLIN PRFRM BX  | PATHOLOGISTS/DERMATOPATH SAME CLINICIAN PRFRM BX | No Auth Required       |   |  |                      |  |
| G9940 | DOC MEDICAL RSN FOR NOT ON A STATIN  | DOCUMENTATION MEDICAL REASON FOR NOT ON A STATIN | No Auth Required       |   |  |                      |  |
| G9942 | PT ADD SP PROC SD LUMB DISCECT/LAM   | PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI   | Authorization Required | Spine Care relating to neck and back conditions, including: |  | Full Clinical Review |  |
| G9943 | BP NOT MSR VAS WI 3 M PRE&AT 3 M PO  | BP NOT MSR BY VAS W/I 3 MOS PRE & AT 3 MOS P/O   | No Auth Required       |   |  |                      |  |
| G9945 | PT CA FX/INF REL LUMB SP/PT IDIO/CS  | PT CANCER FX/INF REL TO LUMB SP/PT HAD IDIO/CS   | No Auth Required       |   |  |                      |  |
| G9946 | BP NOT MSR VAS WI 3 M PRE&AT 1 Y PO  | BP NOT MSR BY VAS W/I 3 MOS PREOP & AT 1 YR P/O  | No Auth Required       |   |  |                      |  |
| G9948 | PT ADD SP PROC SD LUMB DISCECT/LAM   | PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI   | No Auth Required       |   |  |                      |  |
| G9949 | LEG PAIN NOT MSR VAS AT 3 MO POSTOP  | LEG PAIN NOT MEASURED BY THE VAS AT 3 MO POSTOP  | No Auth Required       |   |  |                      |  |
| G9954 | PT EXH 2/> RISK FAC P/O VOMITING     | PATIENT EXHIBITS 2/> RISK FAC POST-OP VOMITING   | No Auth Required       |   |  |                      |  |
| G9955 | CASES WHICH INO ANES U ONLY FOR IND  | CASES WHICH AN INHALATION ANES USED ONLY FOR IND | No Auth Required       |   |  |                      |  |
| G9956 | PATIENT RECEIVED COMBINATION TX      | PATIENT RECEIVED COMBINATION THERAPY             | No Auth Required       |   |  |                      |  |



|       |                                     |  |                        |  |  |                      |
|-------|-------------------------------------|--|------------------------|--|--|----------------------|
| G9957 | DOC MEDICAL REASON NOT RECV COMB TX | DOCUMENTATION MEDICAL REASON NOT RECV COMB TX    | No Auth Required       |  |  |                      |
| G9958 | PATIENT DID NOT RECV COMBINATION TX | PATIENT DID NOT RECEIVE COMBINATION THERAPY      | No Auth Required       |  |  |                      |
| G9959 | SYSTEMIC ANTIMICROBIALS NOT PRSCR   | SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED           | No Auth Required       |  |  |                      |
| G9960 | DOC MED RSN PRSCR SYS ANTIMICROBLS  | DOC MED RSN PRESCRIBING SYSTEMIC ANTIMICROBIALS  | No Auth Required       |  |  |                      |
| G9961 | SYSTEMIC ANTIMICROBIALS PRESCRIBED  | SYSTEMIC ANTIMICROBIALS PRESCRIBED               | No Auth Required       |  |  |                      |
| G9962 | EMB EPT D SEP EA EMBO VES&OA AG/EMB | EMBO EPT DOC SEP EA EMBO VESSEL & OA ANGIO/EMBO  | No Auth Required       |  |  |                      |
| G9963 | EMB EPT NOT DOC SEP VESS NOT PERF   | EMB EPT NOT DOC SEP VESS/OA AG/EMB NOT PERF      | No Auth Required       |  |  |                      |
| G9964 | PT RCV AT LEAST 1 WCV PCP DUR PRF P | PT RECV AT LEAST 1 WCV W/PCP DUR PRFRM PERIOD    | No Auth Required       |  |  |                      |
| G9965 | PT NOT RECV AT LEAST 1 WCV DUR PER  | PT DID NOT RECV AT LEAST 1 WCV PCP DUR PRFRM PER | No Auth Required       |  |  |                      |
| G9966 | CHLDRN SCR RISK DVLP BEHA & SOC DLA | CHLDRN WHO WERE SCR RISK DVLP BEHAV & SOC DLA    | No Auth Required       |  |  |                      |
| G9967 | CHDRN NOT SCR RSK DVLP BEHA&SOC DLA | CHDRN NOT SCR FOR RISK DVLP BEHAV & SOC DLA      | No Auth Required       |  |  |                      |
| G9968 | PT REF ANR PROV/SPEC DUR PRFRM PER  | PT REFERRED ANR PROV/SPEC DUR PRFRM PER          | No Auth Required       |  |  |                      |
| G9969 | PRV REF PT PROV RCV RPRT PRV PT REF | PROV REF PT ANR PROV RECV REPORT FRM PROV PT REF | No Auth Required       |  |  |                      |
| G9970 | PROV REF PT PROV NO RPRT PRV PT REF | PROV REF PT ANR PROV NOT RECV RPRT PROV PT REF   | No Auth Required       |  |  |                      |
| G9974 | DILATED MACULAR EXAM PERFORMED      | DILATED MACULAR EXAM PERFORMED                   | No Auth Required       |  |  |                      |
| G9975 | DOC MED RSN NOT PERF DIL MACULAR EX | DOC MED RSN FOR NOT PRFRM A DILATED MACULAR EXAM | No Auth Required       |  |  |                      |
| G9976 | DOC PT RSN NOT PRFRM DIL MACULAR EX | DOC PT RSN FOR NOT PRFRM A DILATED MACULAR EXAM  | No Auth Required       |  |  |                      |
| G9977 | DILATED MACULAR EX NOT PERF RSN NOS | DILATED MACULAR EXAM WAS NOT PRFRM REASON NOS    | No Auth Required       |  |  |                      |
| G9978 | RMT IH VST E/M NP MCR BPCI ADV 10 M | RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 10 M | No Auth Required       |  |  |                      |
| G9979 | RMT IH VST E/M NP MCR BPCI ADV 20 M | RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 20 M | No Auth Required       |  |  |                      |
| G9980 | RMT IH VST E/M NP MCR BPCI ADV 30 M | RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 30 M | No Auth Required       |  |  |                      |
| G9981 | RMT IH VST E/M NP MCR BPCI ADV 45 M | RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 45 M | No Auth Required       |  |  |                      |
| G9982 | RMT IH VST E/M NP MCR BPCI ADV 60 M | RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 60 M | No Auth Required       |  |  |                      |
| G9983 | R IH V E/M EP MC-APVD BPCI ADV 10 M | RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 10 M | No Auth Required       |  |  |                      |
| G9984 | R IH V E/M EP MC-APVD BPCI ADV 15 M | RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 15 M | No Auth Required       |  |  |                      |
| G9985 | R IH V E/M EP MC-APVD BPCI ADV 25 M | RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 25 M | No Auth Required       |  |  |                      |
| G9986 | R IH V E/M EP MC-APVD BPCI ADV 40 M | RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 40 M | No Auth Required       |  |  |                      |
| G9987 | BPCI ADV H V PT ASMT PER CLIN STAFF | BPCI ADV MOD HOME VISIT PT ASMT PERF CLIN STAFF  | No Auth Required       |  |  |                      |
| H0016 | ALCOHL &OR RX SRVC; MEDICAL/SOMATIC | ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC    | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| H0018 | BHVAL HLTH; SHRT-TERM RES PER DIEM  | BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| H0019 | BHVAL HLTH; LNG-TERM RES PER DIEM   | BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM  | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| H0046 | MENTAL HEALTH SERVICES NOS          | MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED   | Authorization Required |  |  | Full Clinical Review |
| H0047 | ALCOHOL &OR OTH DRUG ABS SRVC NOS   | ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS     | Authorization Required |  |  | Full Clinical Review |
| H2013 | PSYC HEALTH FACL SERVICE PER DIEM   | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM     | Authorization Required |  |  | Full Clinical Review |
| H2035 | ALCOHOL &OR OTH DRUG TX PROGM-HOUR  | ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR  | Authorization Required |  |  | Full Clinical Review |
| H2036 | ALCOHOL &OR OTH DRUG TX PROGM-DIEM  | ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM  | Authorization Required |  |  | Full Clinical Review |
| J0121 | INJECTION OMADACYCLINE 1 MG         | INJECTION OMADACYCLINE 1 MG                      | No Auth Required       |  |  |                      |
| J0122 | INJECTION ERAVACYCLINE 1 MG         | INJECTION ERAVACYCLINE 1 MG                      | No Auth Required       |  |  |                      |
| J0129 | INJ ABATACEPT 10 MG MEDICR ADM PHYS | INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS  | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0135 | INJECTION ADALIMUMAB 20 MG          | INJECTION ADALIMUMAB 20 MG                       | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0178 | INJECTION AFLIBERCEPT 1 MG          | INJECTION AFLIBERCEPT 1 MG                       | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0179 | INJECTION BROLUCIZUMAB-DBLL 1 MG    | INJECTION BROLUCIZUMAB-DBLL 1 MG                 | Authorization Required |  |  | Full Clinical Review |
| J0180 | INJECTION AGALSIDASE BETA 1 MG      | INJECTION AGALSIDASE BETA 1 MG                   | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0202 | INJECTION ALEMTUZUMAB 1 MG          | INJECTION ALEMTUZUMAB 1 MG                       | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0207 | INJECTION AMIFOSTINE 500 MG         | INJECTION AMIFOSTINE 500 MG                      | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0221 | INJ ALGLUCOSIDASE ALFA 10 MG        | INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG      | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0222 | INJECTION PATISIRAN 0.1 MG          | INJECTION PATISIRAN 0.1 MG                       | Authorization Required |  |  | Full Clinical Review |
| J0270 | INJECTION ALPROSTADIL 1.25 MCG      | INJECTION ALPROSTADIL 1.25 MCG                   | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0275 | ALPROSTADIL URETHRAL SUPPOSITORY    | ALPROSTADIL URETHRAL SUPPOSITORY                 | Authorization Required | Drug Administration  |  | Full Clinical Review |
| J0291 | INJECTION PLAZOMICIN 5 MG           | INJECTION PLAZOMICIN 5 MG                        | No Auth Required       |  |  |                      |
| J0490 | INJECTION BELIMUMAB 10 MG           | INJECTION BELIMUMAB 10 MG                        | Authorization Required | Drug Administration  |  | Full Clinical Review |

|       |  |  |                        |                     |  |                      |                             |
|-------|--|--|------------------------|---------------------|--|----------------------|-----------------------------|
| J0565 | INJECTION BEZLOTOXUMAB 10 MG           | INJECTION BEZLOTOXUMAB 10 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG        | INJECTION CERLIPONASE ALFA 1 MG                  | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG          | INJECTION BUROSUMAB-TWZA 1 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT        | BOTULINUM TOXIN TYPE A PER UNIT                  | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNIT    | INJECTION ABOBOTULINUMTOXINA 5 UNIT              | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0587 | INJ RIMABOTULINUMTOXINB 100 UNITS      | INJECTION RIMABOTULINUMTOXINB 100 UNITS          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0588 | INJECTION INCOBOTULINUMTOXIN 1 UNIT    | INJECTION INCOBOTULINUMTOXIN A 1 UNIT            | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0593 | INJECTION LANADELUMAB-FLYO 1 MG        | INJECTION LANADELUMAB-FLYO 1 MG                  | No Auth Required       |                     |  |                      |                             |
| J0594 | INJECTION BUSULFAN 1 MG                | INJECTION BUSULFAN 1 MG                          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0596 | INJ C1 ESTERASE INHIB RUCONEST 10 U    | INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0597 | INJ C1 ESTERASE INHIB BERINERT 10 U    | INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0598 | INJ C1 ESTERASE INHIB CINRYZE 10 U     | INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0599 | INJ C-1 ESTERASE INHIBITOR 10 UNITS    | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0604 | CINACALCET ORAL 1 MG                   | CINACALCET ORAL 1 MG                             | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0606 | INJECTION ETELALCETIDE 0.1 MG          | INJECTION ETELALCETIDE 0.1 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0630 | INJ CALCITONIN SALMON TO 400 UNITS     | INJECTION CALCITONIN-SALMON UP TO 400 UNITS      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0640 | INJ LEUCOVORIN CALCIUM PER 50 MG       | INJECTION LEUCOVORIN CALCIUM PER 50 MG           | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0641 | INJECTION LEVOLEUCOVORIN NOS 0.5 MG    | INJECTION LEVOLEUCOVORIN NOS 0.5 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0642 | INJECTION LEVOLEUCOVORIN 0.5 MG        | INJECTION LEVOLEUCOVORIN 0.5 MG                  | No Auth Required       |                     |  |                      |                             |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG      | INJECTION CERTOLIZUMAB PEGOL 1 MG                | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0775 | INJ COLLAGENASE CHC 0.01 MG            | INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0800 | INJECTION CORTICOTROPIN UP 40 UNITS    | INJECTION CORTICOTROPIN UP TO 40 UNITS           | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0850 | INJ CYTOMEGLOVIRUS IMMUNO GLOB IV-VIAL | INJECTION CYTOMEGALOVIRUS IMMUNO GLOB IV-VIAL    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0881 | INJ DARBEPOETIN ALFA 1 MCG NON-ESRD    | INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0885 | INJ EPOETIN ALFA NON-ESRD 1000 UNIT    | INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS   | Authorization Required | Drug Administration |  | Full Clinical Review | Always processed by medical |
| J0887 | INJECTION EPOETIN BETA 1 MICROGRAM     | INJECTION EPOETIN BETA 1 MICROGRAM               | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0888 | INJECTION EPOETIN BETA 1 MICROGRAM     | INJECTION EPOETIN BETA 1 MICROGRAM               | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0894 | INJECTION DECITABINE 1 MG              | INJECTION DECITABINE 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J0897 | INJECTION DENOSUMAB 1 MG               | INJECTION DENOSUMAB 1 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1095 | INJ DEXAMETHASONE 9% IN= IOL 1 MCG     | INJECTION DEXAMETHASONE 9% INTRAOCULAR 1 MCG     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1096 | DEXAMETHASONE LAC OPHTH INSRT 0.1 MG   | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG  | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1097 | PHN 10.6&KET 2.88 MG/ML OPH IRR 1ML    | PHEN 10.16 & KET 2.88 MG/ML OPHT IRR SOL 1 ML    | No Auth Required       |                     |  |                      |                             |
| J1290 | INJECTION ECALLANTIDE 1 MG             | INJECTION ECALLANTIDE 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1300 | INJECTION ECUZUMAB 10 MG               | INJECTION ECUZUMAB 10 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1301 | INJECTION EDARAVONE 1 MG               | INJECTION EDARAVONE 1 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG       | INJECTION RAVULIZUMAB-CWVZ 10 MG                 | Authorization Required |                     |  | Full Clinical Review |                             |
| J1324 | INJECTION ENFUVIRTIDE 1 MG             | INJECTION ENFUVIRTIDE 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1428 | INJECTION ETEPLIRSEN 10 MG             | INJECTION ETEPLIRSEN 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1438 | INJECTION ETANERCEPT 25 MG             | INJECTION ETANERCEPT 25 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1439 | INJ FERRIC CARBOXYMALTOSIDE 1 MG       | INJECTION FERRIC CARBOXYMALTOSIDE 1 MG           | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1442 | INJ FILGRASTIM EXCL BIOSIMILRS 1 MIC   | INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC  | Authorization Required | Drug Administration |  | Full Clinical Review | Always processed by medical |
| J1444 | INJECTION FPC POWDER 0.1 MG IRON       | INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON | No Auth Required       |                     |  |                      |                             |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROG      | INJECTION TBO-FILGRASTIM 1 MICROGRAM             | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1458 | INJECTION GALSULFASE 1 MG              | INJECTION GALSULFASE 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1459 | INJ IG IV NONLYOPHILIZED 500 MG        | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1555 | INJECTION IMMUNE GLOBULIN 100 MG       | INJECTION IMMUNE GLOBULIN 100 MG                 | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1556 | INJ IMMUNE GLOBULIN BIVIGAM 500 MG     | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1557 | INJ IG IV NONLYOPHILIZED 500 MG        | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1559 | INJECTION IG HIZENTRA 100 MG           | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1561 | INJ IG NONLYOPHILIZED 500 MG           | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG  | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1562 | INJECTION IG VIVAGLOBIN 100 MG         | INJECTION IMMUNE GLOBULIN VIVAGLOBIN 100 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J1566 | INJ IG IV LYPHILIZED NOS 500 MG        | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |

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|-------|-------------------------------------|--|------------------------|---------------------|--|----------------------|--|
| J1568 | INJ IG OCTOGAM IV NONLYO 500MG      | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG          | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1569 | INJ IG GAMMAGARD IV NONLYO 500 MG   | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1572 | INJ IG IV NONLYOPHILIZED 500 MG     | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1595 | INJECTION GLATIRAMER ACETATE 20 MG  | INJECTION GLATIRAMER ACETATE 20 MG               | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1599 | INJ IG IV NONLYOPHILIZED NOS 500 MG | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG  | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR IV USE | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1627 | INJ GRANISETRON EXT-RLSE 0.1 MG     | INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1628 | INJECTION GUSELKUMAB 1 MG           | INJECTION GUSELKUMAB 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1642 | INJECTION HEPARIN SODIUM 10 UNITS   | INJECTION HEPARIN SODIUM PER 10 UNITS            | No Auth Required       | Drug Administration |  |                      |  |
| J1645 | INJ DALTEPARIN SODIUM PER 2500 IU   | INJECTION DALTEPARIN SODIUM PER 2500 IU          | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1650 | INJECTION ENOXAPARIN SODIUM 10 MG   | INJECTION ENOXAPARIN SODIUM 10 MG                | No Auth Required       | Drug Administration |  |                      |  |
| J1726 | INJECTION HPC 10 MG                 | INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1729 | INJECTION HPC NOS 10 MG             | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1743 | INJECTION IDURSULFASE 1 MG          | INJECTION IDURSULFASE 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1744 | INJECTION ICATIBANT 1 MG            | INJECTION ICATIBANT 1 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1745 | INJ INFLIXIMAB EXCL BIOSIMILR 10 MG | INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG     | INJECTION IBALIZUMAB-UIYK 10 MG                  | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1815 | INJECTION INSULIN PER 5 UNITS       | INJECTION INSULIN PER 5 UNITS                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1817 | INSULIN ADMIN THRU DME PER 50 UNITS | INSULIN ADMINISTRATION THROUGH DME PER 50 UNITS  | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1826 | INJECTION INTERFERON BETA-1A 30 MCG | INJECTION INTERFERON BETA-1A 30 MCG              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1830 | INJ INTERFERON BETA-1B 0.25 MG      | INJECTION INTERFERON BETA-1B 0.25 MG             | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1931 | INJECTION LARONIDASE 0.1 MG         | INJECTION LARONIDASE 0.1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J1943 | INJECTN ARIPIRAZOLE LAUROXIL 1 MG   | INJECTION ARIPIRAZOLE LAUROXIL 1 MG              | No Auth Required       |                     |  |                      |  |
| J1944 | INJECTN ARIPIRAZOLE LAUROXIL 1 MG   | INJECTION ARIPIRAZOLE LAUROXIL 1 MG              | No Auth Required       |                     |  |                      |  |
| J2062 | LOXAPINE FOR INHALATION 1 MG        | LOXAPINE FOR INHALATION 1 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2170 | INJECTION MECASERMIN 1 MG           | INJECTION MECASERMIN 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2182 | INJECTION MEPOLIZUMAB 1 MG          | INJECTION MEPOLIZUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2212 | INJECTION METHYLNALTREXONE 0.1 MG   | INJECTION METHYLNALTREXONE 0.1 MG                | No Auth Required       | Drug Administration |  |                      |  |
| J2315 | INJ NALTREXONE DEPOT FORM 1 MG      | INJECTION NALTREXONE DEPOT FORM 1 MG             | No Auth Required       | Drug Administration |  |                      |  |
| J2323 | INJECTION NATALIZUMAB 1 MG          | INJECTION NATALIZUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2326 | INJECTION NUSINERSEN 0.1 MG         | INJECTION NUSINERSEN 0.1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2350 | INJECTION OCRELIZUMAB 1 MG          | INJECTION OCRELIZUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2353 | INJ OCTREOTIDE DEPOT FORM IM 1MG    | INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG            | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2354 | INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG | INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2357 | INJECTION OMALIZUMAB 5 MG           | INJECTION OMALIZUMAB 5 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2469 | INJECTION PALONOSETRON HCL 25 MCG   | INJECTION PALONOSETRON HCL 25 MCG                | No Auth Required       |                     |  |                      |  |
| J2503 | INJECTION PEGAPTANIB SODIUM 0.3 MG  | INJECTION PEGAPTANIB SODIUM 0.3 MG               | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2505 | INJECTION PEGFILGRASTIM 6 MG        | INJECTION PEGFILGRASTIM 6 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2778 | INJECTION RANIBIZUMAB 0.1 MG        | INJECTION RANIBIZUMAB 0.1 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2786 | INJECTION RESLIZUMAB 1 MG           | INJECTION RESLIZUMAB 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2796 | INJECTION ROMIPLOSTIM 10 MCG        | INJECTION ROMIPLOSTIM 10 MCG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2797 | INJECTION ROLAPITANT 0.5 MG         | INJECTION ROLAPITANT 0.5 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2798 | INJECTION RISPERIDONE 0.5 MG        | INJECTION RISPERIDONE 0.5 MG                     | No Auth Required       |                     |  |                      |  |
| J2820 | INJECTION SARGRAMOSTIM 50 MCG       | INJECTION SARGRAMOSTIM 50 MCG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG      | INJECTION SEBELIPASE ALFA 1 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2860 | INJECTION SILTUXIMAB 10 MG          | INJECTION SILTUXIMAB 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2940 | INJECTION SOMATREM 1 MG             | INJECTION SOMATREM 1 MG                          | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J2941 | INJECTION SOMATROPIN 1 MG           | INJECTION SOMATROPIN 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J3030 | INJECTION SUMATRIPTAN SUCCNAT 6 MG  | INJECTION SUMATRIPTAN SUCCINATE 6 MG             | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG    | INJECTION FREMANEZUMAB-VFRM 1 MG                 | Authorization Required |                     |  | Full Clinical Review |  |
| J3060 | INJECTION TALIGLUCERASE ALFA 10 U   | INJECTION TALIGLUCERASE ALFA 10 UNITS            | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J3110 | INJECTION TERIPARATIDE 10 MCG       | INJECTION TERIPARATIDE 10 MCG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |

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| J3111 | INJECTION ROMOSUZUMAB-AQQG 1 MG        | INJECTION ROMOSUZUMAB-AQQG 1 MG                    | No Auth Required       |                     |  |                      |                             |
| J3240 | INJ THYROTROPIN .9 MG PROV 1.1 VIAL    | INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG           | INJECTION TILDRAKIZUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3355 | INJECTION UROFOLLITROPIN 75 IU         | INJECTION UROFOLLITROPIN 75 IU                     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3357 | USTEKINUMAB FOR SUBQ INJECTION 1 MG    | USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3358 | USTEKINUMAB INTRAVENOUS INJ 1 MG       | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3380 | INJECTION VEDOLIZUMAB 1 MG             | INJECTION VEDOLIZUMAB 1 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3385 | INJ VELAGLUCERASE ALFA 100 UNITS       | INJECTION VELAGLUCERASE ALFA 100 UNITS             | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3399 | INJ AVSX-101-XIOI P-TX TO 5X10^15VG    | INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J3490 | UNCLASSIFIED DRUGS                     | UNCLASSIFIED DRUGS                                 | Authorization Required | Drug Administration |  | Full Clinical Review | Always processed by medical |
| J3530 | NASAL VACCINE INHALATION               | NASAL VACCINE INHALATION                           | No Auth Required       |                     |  |                      |                             |
| J3590 | UNCLASSIFIED BIOLOGICS                 | UNCLASSIFIED BIOLOGICS                             | Authorization Required | Drug Administration |  | Full Clinical Review | Always processed by medical |
| J3591 | UNCLASS RX/BIO FOR ESRD ON DIALYSIS    | UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7030 | INFUS NORMAL SALINE SOL 1000 CC        | INFUSION NORMAL SALINE SOLUTION 1000 CC            | No Auth Required       |                     |  |                      |                             |
| J7040 | INFUS NORMAL SALINE SOL STERILE        | INFUSION NORMAL SALINE SOLUTION STERILE            | No Auth Required       |                     |  |                      |                             |
| J7042 | 5% DEXTROSE/NORMAL SALINE              | 5% DEXTROSE/NORMAL SALINE                          | No Auth Required       |                     |  |                      |                             |
| J7050 | INFUS NORMAL SALINE SOLUTION 250 CC    | INFUSION NORMAL SALINE SOLUTION 250 CC             | No Auth Required       |                     |  |                      |                             |
| J7060 | 5% DEXTROSE/WATER                      | 5% DEXTROSE/WATER                                  | No Auth Required       |                     |  |                      |                             |
| J7070 | INFUSION D-5-W 1000 CC                 | INFUSION D-5-W 1000 CC                             | No Auth Required       |                     |  |                      |                             |
| J7120 | RINGERS LACTATE INFUSION TO 1000 CC    | RINGERS LACTATE INFUSION UP TO 1000 CC             | No Auth Required       |                     |  |                      |                             |
| J7121 | 5% DEXTROSE LR INFUSION TO 1000 CC     | 5% DEXTROSE LACTATED RINGERS INFUSION TO 1000 CC   | No Auth Required       |                     |  |                      |                             |
| J7131 | HYPERTONIC SALINE SOLUTION 1 ML        | HYPERTONIC SALINE SOLUTION 1 ML                    | No Auth Required       |                     |  |                      |                             |
| J7192 | FACTOR VIII PER IU NOS                 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7208 | INJ FACTOR VIII PEGYLATED-AUCL 1 IU    | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU          | No Auth Required       |                     |  |                      |                             |
| J7210 | INJ FACTOR VIII AFSTYLA 1 I.U.         | INJECTION FACTOR VIII AFSTYLA 1 I.U.               | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7211 | INJ FACTOR VIII KOVALTRY 1 I.U.        | INJECTION FACTOR VIII KOVALTRY 1 I.U.              | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7296 | LNG-RELEASING IU COC SYS 19.5 MG       | LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG        | No Auth Required       |                     |  |                      |                             |
| J7301 | LNG-RLS INTRAUTERINE COC SYS 13.5 MG   | LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG    | No Auth Required       |                     |  |                      |                             |
| J7311 | INJ FA INTRAVITREAL IMPL RTSRT 0.01 MG | INJECTION FA INTRAVITREAL IMPL RETISERT 0.01 MG    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7312 | INJ DEXAMETH INTRAVIT IMPL 0.1 MG      | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7313 | INJ FA INTRAVITREAL IMPL ILUVN 0.01 MG | INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7314 | INJECT FA INTRAVITREAL IMPL 0.01 MG    | INJECTION FA INTRAVITREAL IMPL 0.01 MG             | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7316 | INJECTION OCRIPLASMIN 0.125 MG         | INJECTION OCRIPLASMIN 0.125 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7318 | HYALN/DERIV DUROLANE IA INJ 1 MG       | HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7320 | HYALN/DERIV GENVISC 850 IA INJ 1 MG    | HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7321 | HYAL HYALGN SUPARTZ/VISCO-3 IA INJ-D   | HYAL/DERIV HYALGAN SUPARTZ/VISCO-3 IA INJ-DOSE     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7322 | HYALURONAN/DRIV HYMOVIS IA INJ 1 MG    | HYALURONAN/DERIVATIVE HYMOVIS IA INJ 1 MG          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7323 | HYALURONAN/DERIV EUFLEXXA IA INJ PD    | HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7324 | HYALURONAN/DRIV ORTHOVISC IA INJ PD    | HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE         | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7325 | HYALURONAN/DERIV SYNVISIC INJ 1 MG     | HYALURONAN/DERIV SYNVISIC/SYNVISIC-ONE IA INJ 1 MG | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7326 | HYAL/DERIV GEL-1 INTRA-ARTIC INJ-DOS   | HYALURONAN/DERIV GEL-ONE INTRA-ARTIC INJ PER DOS   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7327 | HYLAN/DERV MONOVISC IA INJ PER DOSE    | HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE     | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7328 | HYAL/DERIV GELSYN-3 IA INJ 0.1 MG      | HYALURONAN/DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7329 | HYALN/DERIV TRIVISC FOR IA INJ 1 MG    | HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7330 | AUTOL CULTURD CHONDROCYTES IMPL        | AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT           | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7331 | HYAL/DERIV SYNOJOYNT IA INJ 1 MG       | HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG        | Authorization Required |                     |  | Full Clinical Review |                             |
| J7332 | HYAL/DERIV TRILURON IA INJ 1 MG        | HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG         | Authorization Required |                     |  | Full Clinical Review |                             |
| J7333 | HYAL/DERIV VISCO-3 IA INJ PER DOSE     | HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7345 | ALA HCL TOP ADMIN 10% GEL 10 MG        | AMINOLEVULINIC ACID HCL TOP ADMIN 10% GEL 10 MG    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7351 | INJ BIMATOPROST IC IMPLANT 1 MCG       | INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J7401 | MOMETASONE FUROATE SIN IMPL 10 MCG     | MOMETASONE FUROATE SINUS IMPLANT 10 MCG            | Authorization Required |                     |  | Full Clinical Review |                             |
| J7677 | REVEFENACIN I SOL NONCP DME 1 MCG      | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG      | No Auth Required       |                     |  |                      |                             |
| J9000 | INJECTION DOXORUBICIN HCL 10 MG        | INJECTION DOXORUBICIN HCL 10 MG                    | No Auth Required       |                     |  |                      |                             |
| J9015 | INJ ALDESLEUKIN PER SINGLE USE VIAL    | INJECTION ALDESLEUKIN PER SINGLE USE VIAL          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |

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| J9017 | INJECTION ARSENIC TRIOXIDE 1 MG     | INJECTION ARSENIC TRIOXIDE 1 MG                 | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9019 | INJ ASPARAGINASE ERWINAZE 1000 IU   | INJECTION ASPARAGINASE ERWINAZE 1000 IU         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9020 | INJECTION ASPARAGINASE 10000 UNITS  | INJECTION ASPARAGINASE 10000 UNITS              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG        | INJECTION ATEZOLIZUMAB 10 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9023 | INJECTION AVELUMAB 10 MG            | INJECTION AVELUMAB 10 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9025 | INJECTION AZACITIDINE 1 MG          | INJECTION AZACITIDINE 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9027 | INJECTION CLOFARABINE 1 MG          | INJECTION CLOFARABINE 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9030 | BCG LIVE INTRAVESICAL INSTL 1 MG    | BCG LIVE INTRAVESICAL INSTILLATION 1 MG         | Authorization Required |                     |  | Full Clinical Review |  |
| J9031 | BCG PER INSTILLATION                | BCG PER INSTILLATION                            | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9032 | INJECTION BELINOSTAT 10 MG          | INJECTION BELINOSTAT 10 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9033 | INJ BENDAMUSTINE HCL TREANDA 1 MG   | INJECTION BENDAMUSTINE HCL TREANDA 1 MG         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9034 | INJ BENDAMUSTINE HCL BENDEKA 1 MG   | INJECTION BENDAMUSTINE HCL BENDEKA 1 MG         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9035 | INJECTION BEVACIZUMAB 10 MG         | INJECTION BEVACIZUMAB 10 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9036 | INJ BENDAMUSTINE HYDROCHLORIDE 1 MG | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG       | Authorization Required |                     |  | Full Clinical Review |  |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM  | INJECTION BLINATUMOMAB 1 MICROGRAM              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9040 | INJECTION BLEOMYCIN SULFATE 15 UNIT | INJECTION BLEOMYCIN SULFATE 15 UNITS            | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9041 | INJECTION BORTEZOMIB 0.1 MG         | INJECTION BORTEZOMIB 0.1 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG  | INJECTION BRENTUXIMAB VEDOTIN 1 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9043 | INJECTION CABAZITAXEL 1 MG          | INJECTION CABAZITAXEL 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9044 | INJECTION BORTEZOMIB NOS 0.1 MG     | INJECTION BORTEZOMIB NOS 0.1 MG                 | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9045 | INJECTION CARBOPLATIN 50 MG         | INJECTION CARBOPLATIN 50 MG                     | No Auth Required       |                     |  |                      |  |
| J9047 | INJECTION CARFILZOMIB 1 MG          | INJECTION CARFILZOMIB 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9050 | INJECTION CARMUSTINE 100 MG         | INJECTION CARMUSTINE 100 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9055 | INJECTION CETUXIMAB 10 MG           | INJECTION CETUXIMAB 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9057 | INJECTION COPANLISIB 1 MG           | INJECTION COPANLISIB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9060 | INJ CISPLATIN POWDER/SOLUTION 10 MG | INJECTION CISPLATIN POWDER OR SOLUTION 10 MG    | No Auth Required       |                     |  |                      |  |
| J9065 | INJECTION CLADRIBINE PER 1 MG       | INJECTION CLADRIBINE PER 1 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9070 | CYCLOPHOSPHAMIDE 100 MG             | CYCLOPHOSPHAMIDE 100 MG                         | No Auth Required       |                     |  |                      |  |
| J9098 | INJECTION CYTARABINE LIPOSOME 10 MG | INJECTION CYTARABINE LIPOSOME 10 MG             | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9100 | INJECTION CYTARABINE 100 MG         | INJECTION CYTARABINE 100 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9118 | INJECT CALASPARGASE PEGOL-MKNL 10 U | INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS      | Authorization Required |                     |  | Full Clinical Review |  |
| J9119 | INJECTION CEMIPILIMAB-RWLC 1 MG     | INJECTION CEMIPILIMAB-RWLC 1 MG                 | Authorization Required |                     |  | Full Clinical Review |  |
| J9120 | INJECTION DACTINOMYCIN 0.5 MG       | INJECTION DACTINOMYCIN 0.5 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9130 | DACARBAZINE 100 MG                  | DACARBAZINE 100 MG                              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9145 | INJECTION DARATUMUMAB 10 MG         | INJECTION DARATUMUMAB 10 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9150 | INJECTION DAUNORUBICIN 10 MG        | INJECTION DAUNORUBICIN 10 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9151 | INJ DAUNORUBICIN CITRATE LIP 10 MG  | INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9153 | INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA | INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9155 | INJECTION DEGARELIX 1 MG            | INJECTION DEGARELIX 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9160 | INJ DENILEUKIN DIFTITOX 300 MCG     | INJECTION DENILEUKIN DIFTITOX 300 MCG           | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9165 | INJ DIETHYLSTILBESTROL 250 MG       | INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9171 | INJECTION DOCETAXEL 1 MG            | INJECTION DOCETAXEL 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9173 | INJECTION DURVALUMAB 10 MG          | INJECTION DURVALUMAB 10 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9175 | INJECTION ELLIOTTS' B SOLUTION 1 ML | INJECTION ELLIOTTS B SOLUTION 1 ML              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9176 | INJECTION ELOTUZUMAB 1 MG           | INJECTION ELOTUZUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9178 | INJECTION EPIRUBICIN HCL 2 MG       | INJECTION EPIRUBICIN HCL 2 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9179 | INJECTION ERIBULIN MESYLATE 0.1 MG  | INJECTION ERIBULIN MESYLATE 0.1 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9181 | INJECTION ETOPOSIDE 10 MG           | INJECTION ETOPOSIDE 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9185 | INJ FLUDARABINE PHOSPHATE 50 MG     | INJECTION FLUDARABINE PHOSPHATE 50 MG           | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9190 | INJECTION FLUOROURACIL 500 MG       | INJECTION FLUOROURACIL 500 MG                   | No Auth Required       |                     |  |                      |  |
| J9199 | INJ GEMCITABINE HCL INFUGEM 200 MG  | INJECTION GEMCITABINE HCL INFUGEM 200 MG        | Authorization Required |                     |  | Full Clinical Review |  |
| J9200 | INJECTION FLOXURIDINE 500 MG        | INJECTION FLOXURIDINE 500 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9201 | INJ GEMCITABINE HCL NOS 200 MG      | INJECTION GEMCITABINE HCL NOS 200 MG            | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9202 | GOSERELIN ACETATE IMPLANT 3.6 MG    | GOSERELIN ACETATE IMPLANT PER 3.6 MG            | Authorization Required | Drug Administration |  | Full Clinical Review |  |

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| J9203 | INJ GEMTUZUMAB OZOGAMICIN 0.1 MG    | INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG           | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG   | INJECTION MOGAMULIZUMAB-KPKC 1 MG                | Authorization Required |                     |  | Full Clinical Review |  |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG  | INJECTION IRINOTECAN LIPOSOME 1 MG               | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9206 | INJECTION IRINOTECAN 20 MG          | INJECTION IRINOTECAN 20 MG                       | No Auth Required       |                     |  |                      |  |
| J9207 | INJECTION IXABEPILONE 1 MG          | INJECTION IXABEPILONE 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9208 | INJECTION IFOSFAMIDE 1 G            | INJECTION IFOSFAMIDE 1 G                         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9209 | INJECTION MESNA 200 MG              | INJECTION MESNA 200 MG                           | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG      | INJECTION EMAPALUMAB-LZSG 1 MG                   | Authorization Required |                     |  | Full Clinical Review |  |
| J9211 | INJECTION IDARUBICIN HCL 5 MG       | INJECTION IDARUBICIN HCL 5 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9212 | INJ INTRFERN ALFACON-1 RECOMB 1 MCG | INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9213 | INJ INTERFERON ALFA-2A RECOM 3 M U  | INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9214 | INJ INTERFERON ALFA-2B RECOMB 1 M U | INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9215 | INJ INTERFERON ALFA-N3 250,000 IU   | INJECTION INTERFERON ALFA-N3 250,000 IU          | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9216 | INJ INTERFERON GAMMA-1B 3 MILLION U | INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9217 | LEUPROLIDE ACETATE 7.5 MG           | LEUPROLIDE ACETATE 7.5 MG                        | No Auth Required       |                     |  |                      |  |
| J9218 | LEUPROLIDE ACETATE PER 1 MG         | LEUPROLIDE ACETATE PER 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG    | LEUPROLIDE ACETATE IMPLANT 65 MG                 | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG      | HISTRELIN IMPLANT VANTAS 50 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9226 | HISTRELIN IMPL SUPPRELIN LA 50 MG   | HISTRELIN IMPLANT SUPPRELIN LA 50 MG             | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9228 | INJECTION IPILIMUMAB 1 MG           | INJECTION IPILIMUMAB 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9229 | INJECT INOTUZUMAB OZOGAMICIN 0.1 MG | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG           | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9230 | INJECTION MECHLORETHAMINE HCL 10 MG | INJECTION MECHLORETHAMINE HCL 10 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9245 | INJECTION MELPHALAN HCL 50 MG       | INJECTION MELINJECTION MELPHALAN HCL 50 MG       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9250 | METHOTREXATE SODIUM 5 MG            | METHOTREXATE SODIUM 5 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9260 | METHOTREXATE SODIUM 50 MG           | METHOTREXATE SODIUM 50 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9261 | INJECTION NELARABINE 50 MG          | INJECTION NELARABINE 50 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9262 | INJ OMACETAXINE MEPESUCCINAT .01 MG | INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9263 | INJECTION OXALIPLATIN 0.5 MG        | INJECTION OXALIPLATIN 0.5 MG                     | No Auth Required       |                     |  |                      |  |
| J9264 | INJ PACLITAXEL PROTBND PARTICL 1 MG | INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9266 | INJ PEGASPARGASE SINGLE DOSE VIAL   | INJECTION PEGASPARGASE PER SINGLE DOSE VIAL      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9267 | INJECTION PACLITAXEL 1 MG           | INJECTION PACLITAXEL 1 MG                        | No Auth Required       |                     |  |                      |  |
| J9268 | INJECTION PENTOSTATIN 10 MG         | INJECTION PENTOSTATIN 10 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG   | INJECTION TAGRAXOFUSP-ERZS 10 MCG                | Authorization Required |                     |  | Full Clinical Review |  |
| J9270 | INJECTION PLICAMYCIN 2.5 MG         | INJECTION PLICAMYCIN 2.5 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9271 | INJECTION PEMBROLIZUMAB 1 MG        | INJECTION PEMBROLIZUMAB 1 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9280 | INJECTION MITOMYCIN 5 MG            | INJECTION MITOMYCIN 5 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9285 | INJECTION OLARATUMAB 10 MG          | INJECTION OLARATUMAB 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9293 | INJECTION MITOXANTRONE HCL PER 5 MG | INJECTION MITOXANTRONE HCL PER 5 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9295 | INJECTION NECITUMUMAB 1 MG          | INJECTION NECITUMUMAB 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9299 | INJECTION NIVOLUMAB 1 MG            | INJECTION NIVOLUMAB 1 MG                         | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9301 | INJECTION OBINUTUZUMAB 10 MG        | INJECTION OBINUTUZUMAB 10 MG                     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9302 | INJECTION OFATUMUMAB 10 MG          | INJECTION OFATUMUMAB 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9303 | INJECTION PANITUMUMAB 10 MG         | INJECTION PANITUMUMAB 10 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9305 | INJECTION PEMETREXED 10 MG          | INJECTION PEMETREXED 10 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9306 | INJECTION PERTUZUMAB 1 MG           | INJECTION PERTUZUMAB 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9307 | INJECTION PRALATREXATE 1 MG         | INJECTION PRALATREXATE 1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9308 | INJECTION RAMUCIRUMAB 5 MG          | INJECTION RAMUCIRUMAB 5 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9309 | INJ GEMCITABINE HCL NOS 200 MG      | INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG          | Authorization Required |                     |  | Full Clinical Review |  |
| J9311 | INJ RITUXIMAB 10 MG & HYALURONIDASE | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9312 | INJECTION RITUXIMAB 10 MG           | INJECTION RITUXIMAB 10 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9313 | INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG | INJECTION MOXTUMOMAB PASUDOTOX-TDFK 0.01 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| J9315 | INJECTION ROMIDEPSIN 1 MG           | INJECTION ROMIDEPSIN 1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9320 | INJECTION STREPTOZOCIN 1 G          | INJECTION STREPTOZOCIN 1 G                       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| J9325 | INJ T-VEC PER 1 M PLAQUE FORM UNITS | INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U  | Authorization Required | Drug Administration |  | Full Clinical Review |  |

|       |                                       |   |                        |                     |  |                      |                             |
|-------|---------------------------------------|---|------------------------|---------------------|--|----------------------|-----------------------------|
| J9328 | INJECTION TEMOZOLOMIDE 1 MG           | INJECTION TEMOZOLOMIDE 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9330 | INJECTION TEMSIROLIMUS 1 MG           | INJECTION TEMSIROLIMUS 1 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9340 | INJECTION THIOTEPA 15 MG              | INJECTION THIOTEPA 15 MG                          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9351 | INJECTION TOPOTECAN 0.1 MG            | INJECTION TOPOTECAN 0.1 MG                        | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9352 | INJECTION TRABECTEDIN 0.1 MG          | INJECTION TRABECTEDIN 0.1 MG                      | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG    | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG                | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9355 | INJ TRASTUZUMAB EXCLD BIOSIM 10 MG    | INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9356 | INJ TRA 10 MG & HYALURONIDASE-OYSK    | INJECTION TRASTUZUMAB 10 MG & HYALURONIDASE-OYSK  | Authorization Required |                     |  | Full Clinical Review |                             |
| J9357 | INJ VALRUBICIN INTRAVESICAL 200 MG    | INJECTION VALRUBICIN INTRAVESICAL 200 MG          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9360 | INJECTION VINBLASTINE SULFATE 1 MG    | INJECTION VINBLASTINE SULFATE 1 MG                | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9370 | VINCRIStINE SULFATE 1 MG              | VINCRIStINE SULFATE 1 MG                          | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9371 | INJ VINCRIStINE SULF LIPOSOME 1 MG    | INJECTION VINCRIStINE SULFATE LIPOSOME 1 MG       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9390 | INJ VINOReLBINE TARTRATE 10 MG        | INJECTION VINOReLBINE TARTRATE 10 MG              | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9395 | INJECTION FULVESTRANT 25 MG           | INJECTION FULVESTRANT 25 MG                       | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG        | INJECTION ZIV-AFLIBERCEPT 1 MG                    | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9600 | INJECTION PORFIMER SODIUM 75 MG       | INJECTION PORFIMER SODIUM 75 MG                   | Authorization Required | Drug Administration |  | Full Clinical Review |                             |
| J9999 | NOT OTHWISe CLASS ANTINEOPLStC DRUG   | NOT OTHeRWISe CLASSIFIED ANTINEOPLASTIC DRUG      | Authorization Required | Drug Administration |  | Full Clinical Review | Always processed by medical |
| K0001 | STANDARD WHEELCHAIR                   | STANDARD WHEELCHAIR                               | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0002 | STANDARD HEMI WHEELCHAIR              | STANDARD HEMI WHEELCHAIR                          | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0003 | LIGHTWEIGHT WHEELCHAIR                | LIGHTWEIGHT WHEELCHAIR                            | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0004 | HIGH STRENGTH LIGHTWEIGHT WHLCHAIR    | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR              | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR           | ULTRALIGHTWEIGHT WHEELCHAIR                       | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0006 | HEAVY-DUTY WHEELCHAIR                 | HEAVY-DUTY WHEELCHAIR                             | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0007 | EXTRA HEAVY-DUTY WHEELCHAIR           | EXTRA HEAVY-DUTY WHEELCHAIR                       | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0008 | CUSTOM MANUAL WHEELCHAIR/BASE         | CUSTOM MANUAL WHEELCHAIR/BASE                     | No Auth Required       |                     |  |                      |                             |
| K0009 | OTHeR MANUAL WHEELCHAIR/BASE          | OTHeR MANUAL WHEELCHAIR/BASE                      | No Auth Required       |                     |  |                      |                             |
| K0010 | STd-WT FRMe MOTRIZeD/PWR WHLCHAIR     | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR  | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0011 | STd FRMe MOTRIZD WHLCHAIR W/PROG      | STd-WT FRMe MOTRIZD/PWR WHLCHAIR W/PROG CNTRL     | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0012 | LGHTWT PRTBLE MOTRIZeD/PWR WHLCHAIR   | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR   | Authorization Required | DME                 |  | Full Clinical Review |                             |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR B   | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE            | No Auth Required       |                     |  |                      |                             |
| K0014 | OTHeR MOTORIZED/POWER WHEELCHAIR BASE | OTHeR MOTORIZED/POWER WHEELCHAIR BASE             | No Auth Required       |                     |  |                      |                             |
| K0015 | DETACHBLE NONADJUSTBL HT ARMREST EA   | DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH      | No Auth Required       |                     |  |                      |                             |
| K0017 | DTACHBLE ADJUST HT ARMREST REPL EA    | DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA    | No Auth Required       |                     |  |                      |                             |
| K0018 | DTACH ADJ HT ARMST UP PRtN REPL EA    | DTACHABLE ADJUST HT ARMREST UP PRtN REPL ONLY EA  | No Auth Required       |                     |  |                      |                             |
| K0019 | ARM PAD REPLACEMENT ONLY EACH         | ARM PAD REPLACEMENT ONLY EACH                     | No Auth Required       |                     |  |                      |                             |
| K0020 | FIXED ADJUSTBLE HEIGHT ARMREST PAIR   | FIXED ADJUSTABLE HEIGHT ARMREST PAIR              | No Auth Required       |                     |  |                      |                             |
| K0037 | HIGH MOUNT FLIP-UP FOOTREST EACH      | HIGH MOUNT FLIP-UP FOOTREST EACH                  | No Auth Required       |                     |  |                      |                             |
| K0038 | LEG STRAP EACH                        | LEG STRAP EACH                                    | No Auth Required       |                     |  |                      |                             |
| K0039 | LEG STRAP H STYLE EACH                | LEG STRAP H STYLE EACH                            | No Auth Required       |                     |  |                      |                             |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE EACH       | ADJUSTABLE ANGLE FOOTPLATE EACH                   | No Auth Required       |                     |  |                      |                             |
| K0041 | LARGE SIZE FOOTPLATE EACH             | LARGE SIZE FOOTPLATE EACH                         | No Auth Required       |                     |  |                      |                             |
| K0042 | STANDARD SIZE FOOTPLTE REPL ONLY EA   | STANDARD SIZE FOOTPLATE REPLACEMENT ONLY EACH     | No Auth Required       |                     |  |                      |                             |
| K0043 | FOOTREST LWR EXT TUBE REPL ONLY EA    | FOOTREST LOWER EXTENSION TUBE REPLACEMENT ONLY EA | No Auth Required       |                     |  |                      |                             |
| K0044 | FOOTREST UP R HGR BRKT REPL ONLY EA   | FOOTREST UPPER HANGER BRACKET REPL ONLY EACH      | No Auth Required       |                     |  |                      |                             |
| K0045 | FOOTREST CMPL ASSEMBLY REPL ONLY EA   | FOOTREST COMPLETE ASSEMBLY REPLACEMENT ONLY EACH  | No Auth Required       |                     |  |                      |                             |
| K0046 | ELEVAT LEGRST L EXT TUBE RPL ONLY E   | ELEVATING LEGREST LWR EXTENSN TUBE REPL ONLY EA   | No Auth Required       |                     |  |                      |                             |
| K0047 | ELEVt LEGRST UP HGR BRKT RPL ONLY E   | ELEVATING LEGREST UP R HANGER BRACKT REPL ONLY EA | No Auth Required       |                     |  |                      |                             |
| K0050 | RATCHET ASSEMBLY REPLACEMENT ONLY     | RATCHET ASSEMBLY REPLACEMENT ONLY                 | No Auth Required       |                     |  |                      |                             |
| K0051 | CAM RLS ASSM FTRST/LGRST RPL ONLY E   | CAM RLS ASSEM FOOTREST/LEGREST REPL ONLY EACH     | No Auth Required       |                     |  |                      |                             |
| K0052 | SWNGAWAY DTACHBLE FTRSTS RPL ONLY E   | SWINGAWAY DETACHABLE FOOTRESTS REPL ONLY EACH     | No Auth Required       |                     |  |                      |                             |
| K0053 | ELEVATING FOOTRESTS ARTICULATING EA   | ELEVATING FOOTRESTS ARTICULATING EACH             | No Auth Required       |                     |  |                      |                             |
| K0056 | SEAT HT<17/=>21 IN LTWT/ULTRLT WC     | SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR     | No Auth Required       |                     |  |                      |                             |
| K0065 | SPOKE PROTECTORS EACH                 | SPOKE PROTECTORS EACH                             | No Auth Required       |                     |  |                      |                             |
| K0069 | RW ASM CMPL SOLID T SPKE/MLD RPL EA   | REAR WHL ASM CMPL SLD TIRE SPKE/MLD REPL ONLY EA  | No Auth Required       |                     |  |                      |                             |

|       |                                     |  |                        |  |  |                      |
|-------|-------------------------------------|--|------------------------|--|--|----------------------|
| K0070 | RW ASM CMP PN T SPKS/MLD RPL ONLY E | REAR WHL ASM COMP PNEUM TIRE SPKS/MLD RPL ONLY E | No Auth Required       |  |  |                      |
| K0071 | FRT C ASM COMPL PN TIRE REPL ONLY E | FRONT CASTER ASSEM COMPLETE PN TIRE REPL ONLY EA | No Auth Required       |  |  |                      |
| K0072 | FRT C ASM CMPL SEMIPN T RPL ONLY E  | FRONT C ASSEMBLY COMPL SEMIPNEU TIRE REPL ONLY E | No Auth Required       |  |  |                      |
| K0073 | CASTER PIN LOCK EACH                | CASTER PIN LOCK EACH                             | No Auth Required       |  |  |                      |
| K0077 | FRT C ASM CMPL SLD TIRE REPL ONLY E | FRONT CASTER ASSEMBLY COMPL SLD TIRE REPL ONLY E | No Auth Required       |  |  |                      |
| K0098 | DRIVE BELT FOR POWER WC REPL ONLY   | DRIVE BELT FOR POWER WHEELCHAIR REPLACMNT ONLY   | No Auth Required       |  |  |                      |
| K0105 | IV HANGER EACH                      | IV HANGER EACH                                   | No Auth Required       |  |  |                      |
| K0108 | WC COMPONENT/ACCESSORY NOS          | OTHER ACCESSORIES                                | No Auth Required       |  |  |                      |
| K0195 | ELEVATING LEGREST PAIR              | ELEVATING LEGREST PAIR                           | No Auth Required       |  |  |                      |
| K0455 | INFUS PUMP UNINTRPT PARNTRAL MED    | INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED | No Auth Required       |  |  |                      |
| K0462 | TEMP REPL PT EQUIP REPR ANY TYPE    | TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE     | No Auth Required       |  |  |                      |
| K0553 | SPL ALLOW TX CGM1 MO SPL = 1 U SRVC | SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| K0554 | RECEIVER DEDICATED TX GCM SYS       | RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS | Authorization Required | General Medicine - health and behavior assessment/intervention |  | Full Clinical Review |
| K0606 | AED W/INTGR ECG ANALY GARMNT TYPE   | AUTO EXT DEFIB W/INTGR ECG ANALY GARMNT TYPE     | Authorization Required | DME  |  | Full Clinical Review |
| K0607 | REPL BATTERY AUTO EXT DEFIB EA      | REPL BATTERY AUTO EXT DEFIB GARMNT TYPE ONLY EA  | No Auth Required       |  |  |                      |
| K0608 | REPL GARMNT W/AUTO EXT DEFIB EA     | REPLACEMENT GARMNT USE W/AUTO EXTERNAL DEFIB EA  | No Auth Required       |  |  |                      |
| K0609 | REPL ELECTRODE W/AUTO EXT DEFIB EA  | REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA   | Authorization Required | DME  |  | Full Clinical Review |
| K0669 | WC ACCSS SEAT/BK CUSHN NO DME PDAC  | WC ACCESS WC SEAT/BACK CUSHION NO DME PDAC       | No Auth Required       |  |  |                      |
| K0672 | ADD LOW EXT ORTHOSIS REPL EACH      | ADD LOW EXT ORTHOSIS REMV SOFT INTERFACE REPL EA | No Auth Required       |  |  |                      |
| K0730 | CNTRL DOSE INHAL RX DEL ERY SYS     | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM  | No Auth Required       |  |  |                      |
| K0733 | PWR WC 12-24 AMP HR LEAD BATT EACH  | PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA  | No Auth Required       |  |  |                      |
| K0738 | PORT GASEOUS O2 SYS RNTL;HOM COMPRS | PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR  | Authorization Required | DME  |  | Full Clinical Review |
| K0739 | REPR/SRVC DME NOT O2 PER 15 MINS    | REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS  | No Auth Required       |  |  |                      |
| K0743 | SX PUMP HOME MDL PORT FOR WOUNDS    | SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS  | No Auth Required       |  |  |                      |
| K0744 | ABSRB WD DR H MDL PAD 16 SQ IN/LESS | ABSORB WD DR HOM MDL PRTBLE PAD SZ 16 SQ IN/LESS | No Auth Required       |  |  |                      |
| K0745 | ABS WD DR PAD>16 SQ IN<= 48 SQ IN   | ABSRB WD DR HOM MDL PRT PAD>16 SQ IN<= 48 SQ IN  | No Auth Required       |  |  |                      |
| K0746 | ABSRB WD DR H MDL PAD SZ >48 SQ IN  | ABSORB WND DRSG HOM MDL PRTBLE PAD SZ > 48 SQ IN | No Auth Required       |  |  |                      |
| K0800 | PWR OP VEH GRP 1 STD PT TO 300 LBS  | PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0801 | PWR OP VEH GRP 1 HVY PT 301-450 LBS | PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS    | Authorization Required | DME  |  | Full Clinical Review |
| K0802 | PWR OP VEH GRP 1 HVY PT 451-600 LBS | PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0806 | PWR OP VEH GRP 2 STD PT TO 300 LBS  | PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0807 | PWR OP VEH GRP 2 HVY PT 301-450 LBS | PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS    | Authorization Required | DME  |  | Full Clinical Review |
| K0808 | PWR OP VEH GRP 2 PT 451-600 LBS     | PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0812 | POWER OPERATED VEHICLE NOC          | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED  | Authorization Required | DME  |  | Full Clinical Review |
| K0813 | PWR WC GRP 1 SLING SEAT PT TO 300   | PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS   | Authorization Required | DME  |  | Full Clinical Review |
| K0814 | PWR WC GRP 1 CAPT CHAIR PT TO 300   | PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS   | Authorization Required | DME  |  | Full Clinical Review |
| K0815 | PWR WC GRP 1 SLING PT UP TO 300     | PWR WC GRP 1 STD SLING SEAT PT UP TO &= 300 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0816 | PWR WC GRP 1 CAPT CHAIR PT TO 300   | PWR WC GRP 1 STD CAPTAINS CHAIR PT TO &=300 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0820 | PWR WC GRP 2 SLING SEAT PT TO 300   | PWR WC GRP 2 STD PORT SLING SEAT PT TO &=300 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0821 | PWR WC GRP 2 CAPT CHAIR TO 300      | PWR WC GRP 2 STD PORT CAPT CHAIR PT TO &=300 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0822 | PWR WC GRP 2 SLING SEAT PT TO 300   | PWR WC GRP 2 STD SLING SEAT PT TO &=300 LBS      | Authorization Required | DME  |  | Full Clinical Review |
| K0823 | PWR WC GRP 2 CAPT CHAIR PT TO 300   | PWR WC GRP 2 STD CAPTAINS CHAIR PT TO &=300 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0824 | PWR WC GRP 2 SLING SEAT PT 301-450  | PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0825 | PWR WC GRP 2 CAPT CHAIR PT 301-450  | PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0826 | PWR WC GRP 2 SLING SEAT PT 451-600  | PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB | Authorization Required | DME  |  | Full Clinical Review |
| K0827 | PWR WC GRP 2 CAPT CHAIR PT 451-600  | PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0828 | PWR WC GRP 2 SLING SEAT PT 601/>    | PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/> | Authorization Required | DME  |  | Full Clinical Review |
| K0829 | PWR WC GRP 2X HVY DUTY CHR PT 601/> | PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/>    | Authorization Required | DME  |  | Full Clinical Review |
| K0830 | PWR WC 2 SEAT ELEV SLING PT TO 300  | PWR WC GRP 2 STD SEAT ELEV SLING PT TO &=300 LBS | Authorization Required | DME  |  | Full Clinical Review |
| K0831 | PWR WC 2 SEAT ELEV CAPT PT TO 300   | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB  | Authorization Required | DME  |  | Full Clinical Review |
| K0835 | PWR WC GRP 2 1 PWR SLING PT TO 300  | PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS  | Authorization Required | DME  |  | Full Clinical Review |
| K0836 | PWR WC 2 1 PWR CAPT CHAIR PT TO 300 | PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS  | Authorization Required | DME  |  | Full Clinical Review |



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| K0837 | PWR WC GRP 2 1 PWR SLING PT 301-450 | PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0838 | PWR WC 2 1 PWR CAPT CHR PT 301-450  | PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0839 | PWR WC 2 1 PWR SLNG SEAT PT 451-600 | PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0840 | PWR WC GRP 2 1 PWR SLING PT 601/>   | PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>   | Authorization Required | DME |  | Full Clinical Review |  |
| K0841 | PWR WC GRP 2 MX PWR SLING PT TO 300 | PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS   | Authorization Required | DME |  | Full Clinical Review |  |
| K0842 | PWR WC 2 MX PWR CAPT CHR PT TO 300  | PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0843 | PWR WC 2 MX PWR SLING PT 301-450    | PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0848 | PWR WC GRP 3 SLING SEAT PT TO &=300 | PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS    | Authorization Required | DME |  | Full Clinical Review |  |
| K0849 | PWR WC GRP 3 CAPT CHAIR PT TO &=300 | PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0850 | PWR WC GRP 3 SLING SEAT PT 301-450  | PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0851 | PWR WC GRP 3 CAPT CHAIR PT 301-450  | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0852 | PWR WC GRP 3 SLING SEAT PT 451-600  | PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0853 | PWR WC GRP 3 CAPT CHAIR PT 451-600  | PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0854 | PWR WC GRP 3 SLING SEAT PT 601 LB/> | PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/> | Authorization Required | DME |  | Full Clinical Review |  |
| K0855 | PWR WC GRP 3 CAPT CHAIR PT 601 LB/> | PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>     | Authorization Required | DME |  | Full Clinical Review |  |
| K0856 | PWR WC 3 1 PWR SLING SEAT PT TO 300 | PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0857 | PWR WC 3 1 PWR CAPT CHAIR PT TO 300 | PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0858 | PWR WC 3 1 PWR SLNG SEAT PT 301-450 | PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0859 | PWR WC 3 1 CAP CHAIR PT 301-450     | PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0860 | PWR WC 3 1 PWR SLNG SEAT PT 451-600 | PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0861 | PWR WC 3 MX PWR SLNG SEAT PT TO 300 | PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0862 | PWR WC 3 MX PWR SLING PT 301-450    | PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0863 | PWR WC 3 MX PWR SLING PT 451-600    | PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0864 | PWR WC 3 MX PWR SLNG SEAT PT 601/>  | PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/> | Authorization Required | DME |  | Full Clinical Review |  |
| K0868 | PWR WC GRP 4 SLING SEAT PT TO &=300 | PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS    | Authorization Required | DME |  | Full Clinical Review |  |
| K0869 | PWR WC GRP 4 CAPT CHAIR PT TO &=300 | PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0870 | PWR WC GRP 4 SLING SEAT PT 301-450  | PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0871 | PWR WC GRP 4 SLING SEAT PT 451-600  | PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0877 | PWR WC 4 1 PWR SLING SEAT PT TO 300 | PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0878 | PWR WC 4 1 PWR CAPT CHAIR PT TO 300 | PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0879 | PWR WC 4 1 PWR SLNG SEAT PT 301-450 | PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS  | Authorization Required | DME |  | Full Clinical Review |  |
| K0880 | PWR WC 4 1 PWR SLNG SEAT PT 451-600 | PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0884 | PWR WC 4 MX PWR SLNG SEAT PT TO 300 | PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0885 | PWR WC 4 MX PWR CAP CHAIR PT TO 300 | PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0886 | PWR WC 4 MX PWR SLING PT 301-450    | PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS | Authorization Required | DME |  | Full Clinical Review |  |
| K0890 | PWR WC 5 PED 1 PWR SLING PT TO 125  | PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0891 | PWR WC 5 PED MX PWR SLING PT TO 125 | PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB | Authorization Required | DME |  | Full Clinical Review |  |
| K0898 | POWER WHEELCHAIR NOC                | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED        | Authorization Required | DME |  | Full Clinical Review |  |
| K0899 | PWR MOBILTY DEVC NOT CODED DME PDAC | PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT | Authorization Required | DME |  | Full Clinical Review |  |
| K0900 | CUSTOMIZED DME OTH THAN WHEELCHAIR  | CUSTOMIZED DME OTHER THAN WHEELCHAIR             | No Auth Required       |     |  |                      |  |
| K1001 | ELEC POSIT OBS SLEEP APNEA TX SENS  | ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS | Authorization Required |     |  | Full Clinical Review |  |
| K1002 | CES SYS INCL ALL SPL & ACCESS ANY T | CES SYS INCL ALL SUPPLIES & ACCESSORIES ANY TYPE | Authorization Required |     |  | Full Clinical Review |  |
| K1003 | WHIRLPOOL TUB WALK IN PORTABLE      | WHIRLPOOL TUB WALK IN PORTABLE                   | Authorization Required |     |  | Full Clinical Review |  |
| K1004 | LOW FREQ U/S DIA TX DVC HOME USE    | LW FRQ U/S DIA TX DVC HM USE INCL CMPNT & ACCESS | Authorization Required |     |  | Full Clinical Review |  |
| K1005 | DISP COLL & STRG BAG BM ANY SZ T EA | DISPOSABLE COLL & STRG BAG BM ANY SIZE ANY T EA  | No Auth Required       |     |  |                      |  |
| L0112 | CRANIL CERV ORTHOS CONGN TORTICOLLI | CRANIL CERV ORTHOS CONGN TORTICOLLIS TYPE CUSTOM | Authorization Required | DME |  | Full Clinical Review |  |
| L0113 | CRANIL CERV ORTHOS TORTICOLLI PRFB  | CRANIAL CERVL ORTHOSIS TORTICOLLIS TYPE PREFAB   | No Auth Required       |     |  |                      |  |
| L0120 | CERVICAL FLEX NONADJUSTABLE PREFAB  | CERVICAL FLEXIBLE NONADJUSTABLE PREFAB OFF SHELF | No Auth Required       |     |  |                      |  |
| L0130 | CERV FLXBL THRMOPLSTC COLLR MOLD PT | CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED PT     | No Auth Required       |     |  |                      |  |
| L0140 | CERVICAL SEMI-RIGID ADJUSTABLE      | CERVICAL SEMI-RIGID ADJUSTABLE                   | No Auth Required       |     |  |                      |  |
| L0150 | CERV SEMI-RIGD ADJUST MOLD CHIN CUP | CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP   | No Auth Required       |     |  |                      |  |
| L0160 | CERV SEMI-RIGID OCCIP/MAND PREFAB   | CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB | No Auth Required       |     |  |                      |  |

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| L0170 | CERV COLLAR MOLDED PATIENT MODEL    | CERVICAL COLLAR MOLDED TO PATIENT MODEL           | Authorization Required | DME |  | Full Clinical Review |  |
| L0172 | CERV COLLAR SEMI-RIGID FOAM PREFAB  | CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  | No Auth Required       |     |  |                      |  |
| L0174 | CERV COLLR SEMI-RGD THOR EXT PREFAB | CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB   | No Auth Required       |     |  |                      |  |
| L0180 | CERV MX POST COLLR SUPPS ADJ        | CERV MX POST COLLR OCCIP/MAND SUPPORTS ADJUSTBL   | No Auth Required       |     |  |                      |  |
| L0190 | CERV MX POST COLLR ADJ CERV BARS    | CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS  | Authorization Required | DME |  | Full Clinical Review |  |
| L0200 | CERV COLLR ADJ CERV BARS&THOR EXT   | CERV MX POST COLLR OCCIP/MAND ADJ CERV&THOR EXT   | No Auth Required       |     |  |                      |  |
| L0220 | THORACIC RIB BELT CUSTOM FABRICATED | THORACIC RIB BELT CUSTOM FABRICATED               | No Auth Required       |     |  |                      |  |
| L0450 | TLSO FLEX TRUNK SUPP UP THOR PREFAB | TLSO FLEXIBLE TRUNK SUPP UP THOR REGION PREFAB    | No Auth Required       |     |  |                      |  |
| L0452 | TLSO FLEX TRUNK SUPP UP THOR CUSTOM | TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM    | No Auth Required       |     |  |                      |  |
| L0454 | TLSO FLEX SC JUNC T-9 PRFAB CUSTOM  | TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB CUSTOM FIT   | No Auth Required       |     |  |                      |  |
| L0455 | TLSO FLEX SC JUNC TO T-9 PREFAB     | TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB OFF SHELF    | No Auth Required       |     |  |                      |  |
| L0456 | TLSO FLEX SC SCAP SPN PRFAB CUSTOM  | TLSO FLEXIBLE SC JUNCT SCAP SPINE PREFAB CUSTOM   | Authorization Required | DME |  | Full Clinical Review |  |
| L0457 | TLSO FLX SC JUNC TRM INF SCAP SPINE | TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB    | Authorization Required | DME |  | Full Clinical Review |  |
| L0458 | TLSO TRIPLANR 2 SHELL ANT-XIPHOID   | TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0460 | TLSO TRIPLANR 2 SHELL ANT-STERNL    | TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0462 | TLSO TRIPLANR 3 SHELL ANT-STERNL    | TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0464 | TLSO TRIPLANR 4 SHELL ANT-STERNL    | TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0466 | TLSO SAGITTAL CONTROL PREFAB CUSTOM | TLSO SAGITTAL CONTRL RIGD FRME PREFAB CUSTOM FIT  | No Auth Required       |     |  |                      |  |
| L0467 | TLSO SAGITTAL CONTROL RIGD PREFAB   | TLSO SAGITTAL CONTRL RIGD FRAME PREFAB OFF SHELF  | No Auth Required       |     |  |                      |  |
| L0468 | TLSO SAGITTAL-CORONAL PREFAB CUSTOM | TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT   | No Auth Required       |     |  |                      |  |
| L0469 | TLSO SAGITTAL-CORONAL CONTRL PREFAB | TLSO SAGITTAL-CORONAL CONTROL RIGD FRAME PREFAB   | No Auth Required       |     |  |                      |  |
| L0470 | TLSO TRIPLANAR FRME&APRON W/STRAP   | TLSO TRIPLANAR POST FRME&ANT APRON W/STRAP PRFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0472 | TLSO TRIPLANAR HYPREXT RIGD FRME    | TLSO TRIPLANAR HYPREXT RIGD ANT&LAT FRME PRFAB    | No Auth Required       |     |  |                      |  |
| L0480 | TLSO TRIPLANR 1 PC NO INTERFCE CSTM | TLSO TRIPLANAR 1 PIECE W/O INTERFCE LINER CSTM    | Authorization Required | DME |  | Full Clinical Review |  |
| L0482 | TLSO TRIPLANR 1 PC W/INTERFCE CSTM  | TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM      | Authorization Required | DME |  | Full Clinical Review |  |
| L0484 | TLSO TRIPLANR 2 PC NO INTERFCE CSTM | TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM    | Authorization Required | DME |  | Full Clinical Review |  |
| L0486 | TLSO TRIPLANR 2 PC W/INTERFCE CSTM  | TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM      | Authorization Required | DME |  | Full Clinical Review |  |
| L0488 | TLSO TRIPLANR 1 PC W/INTERFCE PRFAB | TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER PRFAB     | Authorization Required | DME |  | Full Clinical Review |  |
| L0490 | TLSO SAGIT-CORONAL REINFORCE PRFAB  | TLSO SAGIT-CORONAL W/OVLAP REINFORCED ANT PRFAB   | No Auth Required       |     |  |                      |  |
| L0491 | TLSO 2 RIGID PLASTIC SHELLS PREFAB  | TLSO TWO RIGID PLASTIC SHELLS PREFABRICATED       | Authorization Required | DME |  | Full Clinical Review |  |
| L0492 | TLSO 3 RIGID PLASTIC SHELLS PREFAB  | TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED     | No Auth Required       |     |  |                      |  |
| L0621 | SACROILIAC ORTHOSIS FLEXIBLE PREFAB | SACROILIAC ORTHOSIS FLEXIBLE PREFABRICATED        | No Auth Required       |     |  |                      |  |
| L0622 | SACROILIAC ORTHOSIS FLEXIBLE CUSTOM | SACROILIAC ORTHOSIS FLEXIBLE CUSTOM FABRICATED    | No Auth Required       |     |  |                      |  |
| L0623 | SACROILIAC ORTHOSIS RIGID PREFAB    | SACROILIAC ORTHOSIS RIGID/SEMI-RIGID PANL PREFAB  | No Auth Required       |     |  |                      |  |
| L0624 | SACROILIAC ORTHOSIS RIGID CUSTOM    | SACROILIAC ORTHOSIS RIGID/SEMI-RIGD PANELS CUSTOM | No Auth Required       |     |  |                      |  |
| L0625 | LUMBAR ORTHOSIS FLEXIBLE PREFAB     | LUMBAR ORTHOSIS FLEXIBLE PREFABRICATED OFF SHELF  | No Auth Required       |     |  |                      |  |
| L0626 | LUMB ORTHOS RIGID POST PREFAB CUSTM | LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB  | No Auth Required       |     |  |                      |  |
| L0627 | LUMB ORTHOS RIGD A&P PNL PRFAB CSTM | LUMB ORTHOSIS SAGIT CNTRL RIGID A&P PANEL PREFAB  | No Auth Required       |     |  |                      |  |
| L0628 | LSO FLEXIBLE PREFAB OFF THE SHELF   | LUMBAR-SACRAL ORTHOSIS FLEXIBLE PREFAB OFF SHELF  | No Auth Required       |     |  |                      |  |
| L0629 | LSO FLEXIBLE CUSTOM FABRICATED      | LUMBAR-SACRAL ORTHOSIS FLEXIBLE CUSTOM FAB        | No Auth Required       |     |  |                      |  |
| L0630 | LSO SAGIT CONTROL RIGID POST PREFAB | LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB  | No Auth Required       |     |  |                      |  |
| L0631 | LSO SAGIT CNTRL RIGID POST CUSTOM   | LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A&P PREFAB   | Authorization Required | DME |  | Full Clinical Review |  |
| L0632 | LSO SAGIT CNTRL RIGID A&P CUSTOM    | LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A&P CUSTOM   | No Auth Required       |     |  |                      |  |
| L0633 | LSO SAG-COR CNTRL RIGID POST PREFAB | LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST PREFAB  | No Auth Required       |     |  |                      |  |
| L0634 | LSO SAG-COR CNTRL RIGID POST CUSTOM | LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST CUSTOM  | No Auth Required       |     |  |                      |  |
| L0635 | LSO SAG-COR CNTRL LUMB FLEX PREFAB  | LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST PREFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0636 | LSO SAG-COR CNTRL LUMB FLEX CUSTOM  | LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM  | Authorization Required | DME |  | Full Clinical Review |  |
| L0637 | LSO SAG-COR CNTRL RIGID A&P PREFAB  | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P PREFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0638 | LSO SAG-COR CNTRL RIGID A&P CUSTOM  | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P CUSTOM  | Authorization Required | DME |  | Full Clinical Review |  |
| L0639 | LSO SAG-COR CNTRL RIGD SHELL PREFAB | LUMB-SAC ORTHOS SAG-COR CNTRL RIGID SHELL PREFAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0640 | LSO SAG-COR CNTRL RIGD SHELL CUSTOM | LSO SAGITTAL-CORONAL RIGID SHELL/PANEL CUSTM FAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L0641 | LUMB ORTHOS SAGIT CTRL RIGD PST PNL | LUMB ORTHOS SAGITTAL CTRL RIGD POST PANLS PREFAB  | No Auth Required       |     |  |                      |  |

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| L0642 | LUMB ORTHOS SAGIT CTRL ANT POST PNL  | LUMB ORTHOS SAGITTAL CTRL RIGD ANT POST PANELS    | No Auth Required       |     |  |                      |
| L0643 | LSO SAGITTAL CNTRL RIGID POST PANEL  | LSO SAGITTAL CONTROL RIGID POST PANELS PREFAB     | No Auth Required       |     |  |                      |
| L0648 | LSO SAGIT CNTRL RIGD ANT POST PANEL  | LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB  | Authorization Required | DME |  | Full Clinical Review |
| L0649 | LSO SAGIT-CORNRL CNTRL RIGD PST PANL | LSO SAGITTAL-CORONAL CONTROL RIGD POST PANELS     | No Auth Required       |     |  |                      |
| L0650 | LSO SAGIT-CORNRL CNTRL ANT PST PANL  | LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS   | Authorization Required | DME |  | Full Clinical Review |
| L0651 | LSO SAGIT-CORNRL CNTRL RIGD SHLL/PNL | LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS/PANELS   | Authorization Required | DME |  | Full Clinical Review |
| L0700 | CTL SO ANT-POST-LAT CNTRL MOLD PT    | CTL SO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL  | Authorization Required | DME |  | Full Clinical Review |
| L0710 | CTL SO-MOLD PT-INTERFACE MATERIAL    | CTL SO ANT-POST-LAT CNTRL MOLD PT-INTRFC MATL     | Authorization Required | DME |  | Full Clinical Review |
| L0810 | HALO PROC CERV HALO IN JACKET VEST   | HALO PROC CERV HALO INCORPORATED IN JACKET VEST   | Authorization Required | DME |  | Full Clinical Review |
| L0820 | HALO PROC CERV HALO-PLAST BDY JACKET | HALO PROC CERV HALO INC IN PLASTR BDY JACKET      | Authorization Required | DME |  | Full Clinical Review |
| L0830 | HALO PROC CERV HALO-MLWAKEE ORTHOS   | HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS  | Authorization Required | DME |  | Full Clinical Review |
| L0859 | RINGS&PINS                           | ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL  | Authorization Required | DME |  | Full Clinical Review |
| L0861 | ADD HALO PROC REPLCMT LINER/INTERFC  | ADD HALO PROC REPLCMT LINER/INTERFACE MATERIAL    | No Auth Required       |     |  |                      |
| L0970 | TL SO CORSET FRONT                   | TL SO CORSET FRONT                                | No Auth Required       |     |  |                      |
| L0972 | LSO CORSET FRONT                     | LSO CORSET FRONT                                  | No Auth Required       |     |  |                      |
| L0974 | TL SO FULL CORSET                    | TL SO FULL CORSET                                 | No Auth Required       |     |  |                      |
| L0976 | LSO FULL CORSET                      | LSO FULL CORSET                                   | No Auth Required       |     |  |                      |
| L0978 | AXILLARY CRUTCH EXTENSION            | AXILLARY CRUTCH EXTENSION                         | No Auth Required       |     |  |                      |
| L0980 | PERONEAL STRAPS PREFAB PAIR          | PERONEAL STRAPS PREFABRICATED OFF THE SHELF PAIR  | No Auth Required       |     |  |                      |
| L0982 | STOCKING SUPPORT GRIPS PREFAB SET 4  | STOCKING SUPPORTER GRIPS PREFAB OFF SHELF SET 4   | No Auth Required       |     |  |                      |
| L0984 | PROTECTIVE BODY SOCK PREFAB EACH     | PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH        | No Auth Required       |     |  |                      |
| L0999 | ADDITION TO SPINAL ORTHOSIS NOS      | ADD TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED    | No Auth Required       |     |  |                      |
| L1000 | CTL SO INCL FURNISH INIT ORTHOS-MDL  | CTL SO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL  | Authorization Required | DME |  | Full Clinical Review |
| L1001 | CTLS IMMOBILIZER INFANT SZ PREFAB    | CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB  | No Auth Required       |     |  |                      |
| L1005 | TENSION BASED SCOLIOSIS ORTHOSIS     | TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PADS   | Authorization Required | DME |  | Full Clinical Review |
| L1010 | ADD CTL SO/SCOLIO ORTHOS AX SLING    | ADDITION CTL SO/SCOLIOSIS ORTHOSIS AXILLA SLING   | No Auth Required       |     |  |                      |
| L1020 | ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD  | ADDITION CTL SO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD   | No Auth Required       |     |  |                      |
| L1025 | ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD  | ADD CTL SO/SCOLIOS ORTHOS KYPHOS PAD FLOATING     | No Auth Required       |     |  |                      |
| L1030 | ADD CTL SO/SCOLIO ORTHOS LUMB PAD    | ADD CTL SO/SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD  | No Auth Required       |     |  |                      |
| L1040 | ADD CTL SO/SCOLIO ORTHO LUMB/RIB PAD | ADD CTL SO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD   | No Auth Required       |     |  |                      |
| L1050 | ADD CTL SO/SCOLIOS ORTHOS STERNL PAD | ADDITION TO CTL SO/SCOLIOSIS ORTHOSIS STERNAL PAD | No Auth Required       |     |  |                      |
| L1060 | ADD CTL SO/SCOLIOS ORTHOS THOR PAD   | ADDITION CTL SO/SCOLIOSIS ORTHOSIS THORACIC PAD   | No Auth Required       |     |  |                      |
| L1070 | ADD CTL SO/SCOLIO ORTHO TRPEZUS SLNG | ADD CTL SO/SCOLIOSIS ORTHOSIS TRAPEZIUS SLING     | No Auth Required       |     |  |                      |
| L1080 | ADD CTL SO/SCOLIOSIS ORTHOSIS OUTRIG | ADDITION TO CTL SO/SCOLIOSIS ORTHOSIS OUTRIGGER   | No Auth Required       |     |  |                      |
| L1085 | ADD CTL SO/SCOLIO OUTRIG BIL-VRT EXT | ADD CTL SO/SCOLIO ORTHO OUTRIG BIL-VERTICL EXT    | No Auth Required       |     |  |                      |
| L1090 | ADD CTL SO/SCOLIOS ORTHOS LUMB SLING | ADDITION CTL SO/SCOLIOSIS ORTHOSIS LUMBAR SLING   | No Auth Required       |     |  |                      |
| L1100 | ADD CTL SO/SCOLIOS RING PLSTC/LEATHR | ADD CTL SO/SCOLIOS ORTHOS RING FLNGE PLSTC/LEATHR | No Auth Required       |     |  |                      |
| L1110 | ADD CTL SO/SCOLIOS RING MOLD PT MDL  | ADD CTL SO/SCOLIOS RING FLNGE MOLD PT MDL         | No Auth Required       |     |  |                      |
| L1120 | ADD CTL SO SCOLIO ORTHO COVR UPRT EA | ADDITION CTL SO SCOLIOSIS ORTHOSIS COVER UPRT EA  | No Auth Required       |     |  |                      |
| L1200 | TL SO INCL FURNISH INIT ORTHOS ONLY  | TL SO INCLUSIVE FURNISHING INITIAL ORTHOS ONLY    | Authorization Required | DME |  | Full Clinical Review |
| L1210 | ADDITION TL SO LATERAL THORACIC EXT  | ADDITION TO TL SO LATERAL THORACIC EXTENSION      | No Auth Required       |     |  |                      |
| L1220 | ADDITION TL SO ANT THORACIC EXT      | ADDITION TO TL SO ANTERIOR THORACIC EXTENSION     | No Auth Required       |     |  |                      |
| L1230 | ADD TL SO MLWAKEE TYPE SUPERSTRCT    | ADDITION TO TL SO MILWAUKEE TYPE SUPERSTRUCTURE   | Authorization Required | DME |  | Full Clinical Review |
| L1240 | ADDITION TL SO LUMBAR DEROTATION PAD | ADDITION TO TL SO LUMBAR DEROTATION PAD           | No Auth Required       |     |  |                      |
| L1250 | ADDITION TO TL SO ANTERIOR ASIS PAD  | ADDITION TO TL SO LOW PROFILE ANTERIOR ASIS PAD   | No Auth Required       |     |  |                      |
| L1260 | ADD TL SO ANT THOR DEROTATION PAD    | ADDITION TL SO ANTERIOR THORACIC DEROTATION PAD   | No Auth Required       |     |  |                      |
| L1270 | ADDITION TO TL SO ABDOMINAL PAD      | ADDITION TO TL SO LOW PROFILE ABDOMINAL PAD       | No Auth Required       |     |  |                      |
| L1280 | ADDITION TO TL SO RIB GUSSET EACH    | ADDITION TO TL SO LOW PROFILE RIB GUSSET EACH     | No Auth Required       |     |  |                      |
| L1290 | ADDITION TL SO LAT TROCHANTERIC PAD  | ADDITION TO TL SO LOW LATERAL TROCHANTERIC PAD    | No Auth Required       |     |  |                      |
| L1300 | OTH SCOLIOS PROC BDY JACKET MOLD PT  | OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL    | Authorization Required | DME |  | Full Clinical Review |
| L1310 | OTH SCOLIOSIS PROC POSTOP BDY JACKET | OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET      | Authorization Required | DME |  | Full Clinical Review |
| L1499 | SPINAL ORTHOSIS NOS                  | SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED           | No Auth Required       |     |  |                      |
| L1600 | HIP ORTHOS ABDUCT FLX FREJKA PREFAB  | HIP ORTHOSIS ABDUCTION CNTRL FLEX FREJKA PREFAB   | No Auth Required       |     |  |                      |
| L1610 | HIP ORTHOS ABDUCT CNTRL FLEX PREFAB  | HIP ORTHOSIS ABDUCTION CNTRL FLEXIBLE PREFAB      | No Auth Required       |     |  |                      |
| L1620 | HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB  | HIP ORTHOSIS ABDUCTION FLEX PAVLIK HARN PREFAB    | No Auth Required       |     |  |                      |

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|-------|--------------------------------------|--|------------------------|-----|--|----------------------|
| L1630 | HIP ORTHOSIS ABDUCT CNTRL/SEMI-FLX   | HO ABDUCT CONTROL OF HIP JNT SEMI-FLEX CSTM FAB  | No Auth Required       |     |  |                      |
| L1640 | HIP ORTHOSIS-PELV BAND/SPRDR BAR     | HIP ORTHOSIS-PELV BAND/SPRDR BAR THI CUFFS FAB   | No Auth Required       |     |  |                      |
| L1650 | HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ  | HIP ORTHOSIS ABDUCT CNTRL STAT ADJ PRFAB-FIT&ADJ | No Auth Required       |     |  |                      |
| L1652 | HIP ORTHOS BIL THI CUFF ADLT PRFAB   | HIP ORTHOS BIL THI CUFF ADLT SZ PRFAB ANY TYPE   | No Auth Required       |     |  |                      |
| L1660 | HIP ORTHOS ABDUCT CNTRL-STATC PLSTC  | HIP ORTHOS ABDUCT CNTRL STAT PLSTC PRFAB-FIT&ADJ | No Auth Required       |     |  |                      |
| L1680 | HIP ORTHOS DYN PELV CNTRL THI CSTM   | HIP ORTHOS DYN PELV CONTROL THIGH CUFF CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |
| L1685 | HIP ORTHOS POSTOP HIP ABDCT CSTM     | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM     | Authorization Required | DME |  | Full Clinical Review |
| L1686 | HIP ORTHOS POSTOP HIP ABDCT PRFAB    | HIP ORTHOS ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ | Authorization Required | DME |  | Full Clinical Review |
| L1690 | COMB BIL LUMBO-SAC HIP FEM ORTHOS    | COMB BIL LUMBO-SAC HIP FEM ORTHOS PRFB W/FIT&ADJ | Authorization Required | DME |  | Full Clinical Review |
| L1700 | LEGG PERTHES ORTHOSIS TORONTO CSTM   | LEGG PERTHES ORTHOSIS TORONTO CUSTOM FABRICATED  | Authorization Required | DME |  | Full Clinical Review |
| L1710 | LEGG PERTHES ORTHOS NEWINGTON CSTM   | LEGG PERTHES ORTHOSIS NEWINGTON CUSTOM FAB       | Authorization Required | DME |  | Full Clinical Review |
| L1720 | LEGG PERTHES ORTHO TRILAT TACHDIJAN  | LEGG PERTHES ORTHOSIS TRILAT TACHDIJAN CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |
| L1730 | LEGG PERTHES ORTHOSIS SCOTTISH RITE  | LEGG PERTHES ORTHOSIS SCOTTISH RITE CUSTOM FAB   | Authorization Required | DME |  | Full Clinical Review |
| L1755 | LEGG PERTHES ORTHOS PATTEN BOTTOM    | LEGG PERTHES ORTHOSIS PATTEN BOTTOM CSTM FAB     | Authorization Required | DME |  | Full Clinical Review |
| L1810 | KNEE ORTHOSIS ELASTIC JOINTS PRFAB   | KNEE ORTHOSIS ELASTIC JOINTS PRFAB CUSTOM FIT    | No Auth Required       |     |  |                      |
| L1812 | KNEE ORTHOSIS ELASTIC W/JINTS PRFAB  | KNEE ORTHOSIS ELASTIC WITH JOINTS PRFAB          | No Auth Required       |     |  |                      |
| L1820 | KO ELAST W/CONDYLR PADS&JNT PRFAB    | KO ELAST W/CONDYLR PADS&JNT PRFAB INCL FIT&ADJ   | No Auth Required       |     |  |                      |
| L1830 | KNEE ORTHOSIS IMMOBLIZER PRFAB       | KNEE ORTHOSIS IMMOBLIZER CANVAS LONGTUDNL PRFAB  | No Auth Required       |     |  |                      |
| L1831 | KNEE ORTHS LOCK KNEE JNT PSTN ORTH   | KNEE ORTHOS LOCK KNEE JNT PSTN ORTHOS PRFAB      | No Auth Required       |     |  |                      |
| L1832 | KNEE ORTHOS IMMOBLZR ADJUST PRFAB    | KNEE ORTHOSIS IMMOBLIZER ADJUSTABLE JOINT PRFAB  | Authorization Required | DME |  | Full Clinical Review |
| L1833 | KNEE ORTHOSIS ADJUST JNT RIGD SUPP   | KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PRFAB   | Authorization Required | DME |  | Full Clinical Review |
| L1834 | KO W/O KNEE JOINT RIGID CUSTOM FAB   | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED    | Authorization Required | DME |  | Full Clinical Review |
| L1836 | KNEE ORTHOSIS RIGD W/O JOINT PRFAB   | KNEE ORTHOSIS RIGID WITHOUT JOINT PREFABRICATED  | No Auth Required       |     |  |                      |
| L1840 | KO DEROTATION MED-LAT ACL CSTM FAB   | KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB      | Authorization Required | DME |  | Full Clinical Review |
| L1843 | KNEE ORTHOS 1 UPRT THI&CALF PRFAB    | KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PRFAB  | Authorization Required | DME |  | Full Clinical Review |
| L1844 | KNEE ORTHOS 1 UPRT THI&CALF CUSTOM   | KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF CUSTOM | Authorization Required | DME |  | Full Clinical Review |
| L1845 | KNEE ORTHOS DBL UPRT THI&CALF PRFAB  | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF PRFAB  | Authorization Required | DME |  | Full Clinical Review |
| L1846 | KNEE ORTHOS DBL UPRT THI&CALF CUSTOM | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM | Authorization Required | DME |  | Full Clinical Review |
| L1847 | KNEE ORTHOS DBL UPRT ADJ JNT PRFAB   | KNEE ORTHOSIS DOUBLE UPRIGHT AIR PRFAB CUSTOM    | Authorization Required | DME |  | Full Clinical Review |
| L1848 | KNEE ORTHOS DBL UPRT AIR SUPP PRFAB  | KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PRFAB    | Authorization Required | DME |  | Full Clinical Review |
| L1850 | KNEE ORTHOS SWEDISH TYPE PRFAB       | KNEE ORTHOSIS SWEDISH TYPE PRFAB OFF SHELF       | No Auth Required       |     |  |                      |
| L1851 | KNEE ORTHOS SNG UPRT THIGH & CALF    | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF      | Authorization Required | DME |  | Full Clinical Review |
| L1852 | KNEE ORTHOS DBL UPRT THIGH & CALF    | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF      | Authorization Required | DME |  | Full Clinical Review |
| L1860 | KO MOD SUPRACNDYLR PROSTH SCKT CSTM  | KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB | Authorization Required | DME |  | Full Clinical Review |
| L1900 | AFO SPRNG WIRE DORSIFLX ASST CSTM    | AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB  | No Auth Required       |     |  |                      |
| L1902 | ANK ORTH ANK GAUNTLT/SIM PRFAB OTS   | ANKLE ORTH ANKLE GAUNT/SIM PRFAB OFF-THE-SHELF   | No Auth Required       |     |  |                      |
| L1904 | ANK ORTH ANK GAUNTLT/SIM CUSTOM FAB  | ANKLE ORTH ANKLE GAUNTLET/SIMILAR CUSTOM FAB     | No Auth Required       |     |  |                      |
| L1906 | AFO MX-LIGAMENT ANK SUPT PRFB OTS    | ANK FT ORTHOS MX-LIG ANK SUPT PRFB OFF SHELF     | No Auth Required       |     |  |                      |
| L1907 | ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM   | ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM | Authorization Required | DME |  | Full Clinical Review |
| L1910 | AFO POST 1 BAR CLASP ATTCH SHOE      | AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB    | No Auth Required       |     |  |                      |
| L1920 | AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB  | AFO SINGLE UPRT W/STATIC/ADJUSTBL STOP CSTM FAB  | No Auth Required       |     |  |                      |
| L1930 | AFO PLASTIC/OTH MATERIAL PRFAB       | ANKLE FOOT ORTHOSIS PLASTIC/OTH MATL PRFAB       | No Auth Required       |     |  |                      |
| L1932 | AFO RIGD ANT TIBL CARB FIBR/= PRFAB  | AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB | Authorization Required | DME |  | Full Clinical Review |
| L1940 | ANK FT ORTHOS PLSTC/OTH MATL CSTM    | ANK FT ORTHOSIS PLASTIC/OTH MATERIAL CUSTOM FAB  | No Auth Required       |     |  |                      |
| L1945 | AFO MOLD PLSTC RIGD ANT TIBL CSTM    | AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM    | Authorization Required | DME |  | Full Clinical Review |
| L1950 | AFO SPIRAL PLASTIC CUSTOM FAB        | ANKLE FOOT ORTHOSIS SPIRAL PLASTIC CUSTOM-FAB    | Authorization Required | DME |  | Full Clinical Review |
| L1951 | ANK FT ORTHOS SPIRAL PLSTC/OTH MATL  | ANK FT ORTHOS SPIRAL PLSTC/OTH MATL PRFAB W/FIT  | Authorization Required | DME |  | Full Clinical Review |
| L1960 | AFO POST SOLID ANK PLSTC CSTM FAB    | AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB       | No Auth Required       |     |  |                      |
| L1970 | AFO PLASTIC W/ANK JOINT CUSTOM FAB   | AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED   | Authorization Required | DME |  | Full Clinical Review |
| L1971 | ANK FT ORTHOS PLSTC/OTH MATL PRFAB   | ANK FT ORTHOSIS PLSTC/OTH MATL W/ANK JNT PRFAB   | No Auth Required       |     |  |                      |
| L1980 | AFO 1 UPRT DORSIFLX SLID STIRUP FAB  | AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB | No Auth Required       |     |  |                      |

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|-------|--------------------------------------|--|------------------------|-----|--|----------------------|
| L1990 | AFO DBL UPRT DORSIFLX STIRUP CSTM    | AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM   | No Auth Required       |     |  |                      |
| L2000 | KAFO 1 UPRT SOLID STIRUP CSTM        | KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM | Authorization Required | DME |  | Full Clinical Review |
| L2005 | KAFO ANY MATL AUTO RLS ANK JNT CSTM  | KAFO ANY MATL AUTO LOCK&SWNG RLS W/ANK JNT CSTM  | Authorization Required | DME |  | Full Clinical Review |
| L2006 | KAF DVC ANY MATERIAL ADJ CUSTOM FAB  | KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB    | Authorization Required |     |  | Full Clinical Review |
| L2010 | KAFO 1 UPRT STIRUP NO KNEE JNT CSTM  | KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB   | Authorization Required | DME |  | Full Clinical Review |
| L2020 | KAFO DBL UPRT STIRUP THI&CALF CSTM   | KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB     | Authorization Required | DME |  | Full Clinical Review |
| L2030 | KAFO DBL UPRT STIRUP NO KNEE JNT     | KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM     | Authorization Required | DME |  | Full Clinical Review |
| L2034 | KAFO PLSTC MED LAT ROTAT CNTRL CSTM  | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB        | Authorization Required | DME |  | Full Clinical Review |
| L2035 | KAFO FULL PLSTC STAT PED SZ PRFAB    | KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB  | No Auth Required       |     |  |                      |
| L2036 | KAFO FULL PLSTC DBL UPRT CSTM FAB    | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB        | Authorization Required | DME |  | Full Clinical Review |
| L2037 | KAFO FULL PLSTC 1 UPRIGHT CSTM FAB   | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB      | Authorization Required | DME |  | Full Clinical Review |
| L2038 | KAFO FULL PLSTC MX-AXIS ANKLE CSTM   | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB       | Authorization Required | DME |  | Full Clinical Review |
| L2040 | HKAFO TORSN CNTRL BIL ROTAT STRAPS   | HKAFO TORSION CNTRL BIL ROTAT STRAPS CSTM        | No Auth Required       |     |  |                      |
| L2050 | HKAFO BIL TORSION CABLES CSTM FAB    | HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB  | No Auth Required       |     |  |                      |
| L2060 | HKAFO BIL TORSION BALL BEAR CSTM     | HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM   | Authorization Required | DME |  | Full Clinical Review |
| L2070 | HKAFO UNI ROTAT STRAPS CSTM FAB      | HKAFO TORSION CNTRL UNI ROTAT STRAPS CSTM FAB    | No Auth Required       |     |  |                      |
| L2080 | HKAFO UNI TORSION CABLE CSTM FAB     | HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB   | No Auth Required       |     |  |                      |
| L2090 | HKAFO UNI TORSN CABL BALL BEAR CSTM  | HKAFO UNI TORSION CABLE BALL BEAR CSTM           | No Auth Required       |     |  |                      |
| L2106 | AFO TIB FX CAST THERMOPLSTC CSTM     | AFO FX ORTHOSIS TIB FX CAST THERMOPLSTC CSTM FAB | Authorization Required | DME |  | Full Clinical Review |
| L2108 | AFO TIB FX CAST ORTHS CSTM           | AFO FX ORTHOSIS TIB FX CAST ORTHOSIS CSTM FAB    | Authorization Required | DME |  | Full Clinical Review |
| L2112 | AFO TIB FX ORTHOS SFT PRFAB FIT      | AFO FX ORTHO TIB FX ORTHO SFT PRFAB W/FIT & ADJ  | No Auth Required       |     |  |                      |
| L2114 | AFO TIBL FX ORTHOS SEMI-RIGD PRFAB   | AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W/FIT & ADJ   | Authorization Required | DME |  | Full Clinical Review |
| L2116 | AFO TIB FX ORTHOS RIGD PRFAB FIT     | AFO TIB FX ORTHOSIS RIGID PRFAB W/FIT & ADJ      | Authorization Required | DME |  | Full Clinical Review |
| L2126 | KAFO FEM FX CAST THERMOPLSTC CSTM    | KAFO FEM FX CAST ORTHOSIS THERMOPLSTC CSTM FAB   | Authorization Required | DME |  | Full Clinical Review |
| L2128 | KAFO FEM FX CAST ORTHOS CSTM FAB     | KAFO FX ORTHOSIS FEM FX CAST ORTHOSIS CSTM FAB   | Authorization Required | DME |  | Full Clinical Review |
| L2132 | KAFO FEM FX CAST ORTHOS SFT PRFAB    | KAFO FEM FX CAST ORTHOSIS SFT PRFAB W/FIT & ADJ  | Authorization Required | DME |  | Full Clinical Review |
| L2134 | KAFO FEM FX CAST SEMI-RIGD PRFAB     | KAFO FEM FX CAST ORTHOS SEMI-RIGD PRFAB FIT&ADJ  | Authorization Required | DME |  | Full Clinical Review |
| L2136 | KAFO FEM FX CAST ORTHOS RIGD PRFAB   | KAFO FEM FX CAST ORTHOSIS RIGD PRFAB W/FIT & ADJ | Authorization Required | DME |  | Full Clinical Review |
| L2180 | ADD LW EXTRM ORTH PLSTC SHOE INSRT   | ADD LW EXTRM FX ORTHOS PLSTC SHOE INSRT ANK JNT  | No Auth Required       |     |  |                      |
| L2182 | ADD LW EXT ORTH DROP LOCK KNEE JNT   | ADD LOW EXTREM FX ORTHOSIS DROP LOCK KNEE JOINT  | No Auth Required       |     |  |                      |
| L2184 | ADD LW EXTRM ORTH LTD MOT KNEE JNT   | ADD LOW EXTREM FX ORTHOSIS LTD MOTION KNEE JOINT | No Auth Required       |     |  |                      |
| L2186 | ADD LW EXT ORTH ADJ MOT KNEE JNT     | ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE  | No Auth Required       |     |  |                      |
| L2188 | ADD LW EXT FX ORTHOS QUADRILAT BRIM  | ADD LOW EXTREM FRACTURE ORTHOSIS QUADRILAT BRIM  | No Auth Required       |     |  |                      |
| L2190 | ADD LOW EXTREM FX ORTHOS WAIST BELT  | ADDITION LOW EXTREM FRACTURE ORTHOSIS WAIST BELT | No Auth Required       |     |  |                      |
| L2192 | ADD LW EXT ORTH HIP JNT THI FLNGE    | ADD LW EXT ORTHOSIS HIP JNT THI FLNGE&PELV BELT  | No Auth Required       |     |  |                      |
| L2200 | ADD LOW EXTRM LTD ANK MOTION EA JNT  | ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT | No Auth Required       |     |  |                      |
| L2210 | ADD LOW EXTREM DORSIFLX ASST EA JNT  | ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT  | No Auth Required       |     |  |                      |
| L2220 | ADD LW EXT DRSFLX&PLANTR ASST EA JNT | ADD LW EXTRM DORSIFLX&PLANTR ASST/RSIST EA JNT   | No Auth Required       |     |  |                      |
| L2230 | ADD LW EXT SPLIT FLAT CALIPR STIRUP  | ADD LW EXTRM SPLIT FLAT CALIPRR STIRRUPS & PLATE | No Auth Required       |     |  |                      |
| L2232 | ADD LOW EXT ORTHOS ROCKR BOTTM CSTM  | ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM    | No Auth Required       |     |  |                      |
| L2240 | ADD LW EXT ROUND CALIPER&PLAT ATTCH  | ADD LOW EXTREM ROUND CALIPER&PLATE ATTACHMENT    | No Auth Required       |     |  |                      |
| L2250 | ADD LW EXT FT PLAT MOLD PT STIRUP    | ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH | No Auth Required       |     |  |                      |
| L2260 | ADD LW EXT REINFORCED SOLID STIRUP   | ADDITION LOWER EXTREM REINFORCED SOLID STIRRUP   | No Auth Required       |     |  |                      |
| L2265 | ADD LOW EXTREM LONG TONGUE STIRUP    | ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP  | No Auth Required       |     |  |                      |
| L2270 | ADD LW EXT VARUS/VALGUS CORR STRAP   | ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD  | No Auth Required       |     |  |                      |
| L2275 | ADD LW EXT VARUS/VULGUS CORR PLSTC   | ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN | No Auth Required       |     |  |                      |
| L2280 | ADD LOW EXTREM MOLDED INNR BOOT      | ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT    | No Auth Required       |     |  |                      |
| L2300 | ADD LW EXTRM ABDUCT BAR JNTED ADJ    | ADDITION LOW EXTREM ABDUCT BAR JOINTED ADJUSTBLE | No Auth Required       |     |  |                      |
| L2310 | ADD LOW EXTREM ABDUCT BAR STRAIGHT   | ADDITION LOWER EXTREMITY ABDUCTION BAR STRAIGHT  | No Auth Required       |     |  |                      |
| L2320 | ADD LOW EXT NONMOLD LACER CSTM ONLY  | ADD LOW EXT NONMOLD LACER CSTM FAB ORTHOS ONLY   | No Auth Required       |     |  |                      |
| L2330 | ADD LOW EXT LACER MOLD PT CSTM ONLY  | ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOSIS ONLY | No Auth Required       |     |  |                      |
| L2335 | ADDITION LOW EXTREM ANT SWING BAND   | ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND  | No Auth Required       |     |  |                      |

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|-------|-------------------------------------|--|------------------------|-----|--|----------------------|
| L2340 | ADD LW EXTRM PRETIBL SHELL MOLD PT  | ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL     | No Auth Required       |     |  |                      |
| L2350 | ADD LW EXT PROSTH TYPE SCKT MOLD PT | ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL | Authorization Required | DME |  | Full Clinical Review |
| L2360 | ADDITION LOW EXTREM EXT STEEL SHANK | ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK | No Auth Required       |     |  |                      |
| L2370 | ADDITION LOWER EXTREM PATTEN BOTTOM | ADDITION TO LOWER EXTREMITY PATTEN BOTTOM        | No Auth Required       |     |  |                      |
| L2375 | ADD LW EXT TORSION CNTRL ANK JNT    | ADD LW EXT TORSION CNTRL ANK JNT&HALF STIRUP     | No Auth Required       |     |  |                      |
| L2380 | ADD LW EXT TORSN CNTRL STRAIT KNEE  | ADD LW EXT TORSION CNTRL STRAIT KNEE JNT EA JNT  | No Auth Required       |     |  |                      |
| L2385 | ADD LW EXTREM STRAIT KNEE JNT HD EA | ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT  | No Auth Required       |     |  |                      |
| L2387 | ADD LW EXT POLYCNTRC KNEE CSTM KAFO | ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT | No Auth Required       |     |  |                      |
| L2390 | ADD LW EXTRM OFFSET KNEE JNT EA JNT | ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT | No Auth Required       |     |  |                      |
| L2395 | ADD LW EXT OFFSET KNEE JNT HD EA    | ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT  | No Auth Required       |     |  |                      |
| L2397 | ADD LOW EXTREM ORTHOSIS SUSP SLEEVE | ADDITION LOWER EXTREM ORTHOSIS SUSPENSION SLEEVE | No Auth Required       |     |  |                      |
| L2405 | ADDITION KNEE JOINT DROP LOCK EACH  | ADDITION TO KNEE JOINT DROP LOCK EACH            | No Auth Required       |     |  |                      |
| L2415 | ADD KNEE LOCK-INTEGRATD RLSE EA JNT | ADD KNEE LOCK W/INTEGRATED RLSE MECH MATL EA JNT | No Auth Required       |     |  |                      |
| L2425 | ADD KNEE JNT DISC/DIAL LOCK EA JNT  | ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLX EA JNT  | No Auth Required       |     |  |                      |
| L2430 | ADD KNEE JNT RATCHT LOCK EXT EA JNT | ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT        | No Auth Required       |     |  |                      |
| L2492 | ADD KNEE LIFT LOOP DROP LOCK RING   | ADDITION TO KNEE JOINT LIFT LOOP DROP LOCK RING  | No Auth Required       |     |  |                      |
| L2500 | ADD LW EXTRM THIGH/WT BEAR RING     | ADD LW EXTRM THI/WT BEAR GLUTL/ISCH WT BEAR RING | No Auth Required       |     |  |                      |
| L2510 | ADD LW EXTRM THI/WT BEAR MOLD PT    | ADD LW EXTRM THI/WT BEAR QUADRILAT BRIM MOLD PT  | Authorization Required | DME |  | Full Clinical Review |
| L2520 | ADD LW EXTRM THI/WT BEAR CSTM       | ADD LW EXTRM THI/WT BEAR QUADRILAT BRIM CSTM     | No Auth Required       |     |  |                      |
| L2525 | ADD LW EXT ISCH M-L BRIM MOLD PT    | ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL           | Authorization Required | DME |  | Full Clinical Review |
| L2526 | ADD LW EXTRM ISCH M-L BRIM CSTM FIT | ADD LW EXTRM ISCH M-L BRIM CSTM FIT              | Authorization Required | DME |  | Full Clinical Review |
| L2530 | ADD LW EXT THI/WT BEAR LACR NONMOLD | ADD LOW EXTREM THIGH/WEIGHT BEAR LACER NONMOLDED | No Auth Required       |     |  |                      |
| L2540 | ADD LW EXT THI/WT BEAR LACR MOLD PT | ADD LOW EXTREM THI/WEIGHT BEAR LACER MOLD PT MDL | No Auth Required       |     |  |                      |
| L2550 | ADD LW EXT THI/WT BEAR HI ROLL CUFF | ADD LOW EXTREM THIGH/WEIGHT BEAR HIGH ROLL CUFF  | No Auth Required       |     |  |                      |
| L2570 | ADD LW EXT PELV HIP JNT CLEVIS      | ADD LW EXT PELV HIP JNT CLEVIS TYPE TWO PSTN JNT | Authorization Required | DME |  | Full Clinical Review |
| L2580 | ADD LOW EXTRM PELV CNTRL PELV SLING | ADDITION LOWER EXTREM PELV CONTROL PELV SLING    | Authorization Required | DME |  | Full Clinical Review |
| L2600 | ADD LW EXT PELV THRUST BEAR FREE    | ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR FREE  | No Auth Required       |     |  |                      |
| L2610 | ADD LW EXT PELV THRUST BEAR LOCK    | ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR LOCK  | No Auth Required       |     |  |                      |
| L2620 | ADD LW EXT PLV HIP JNT HEVY-DUTY EA | ADD LOW EXTREM PELV CNTRL HIP JOINT HEVY-DUTY EA | No Auth Required       |     |  |                      |
| L2622 | ADD LW EXT PELV HIP JNT ADJ FLX EA  | ADD LOW EXTRM PELV CNTRL HIP JNT ADJUSTBL FLX EA | No Auth Required       |     |  |                      |
| L2624 | ADD LW EXTRM PELV HIP JNT FLX EXT   | ADD LW EXTRM PELV HIP JNT ADJ FLX EXT ABDUCT EA  | No Auth Required       |     |  |                      |
| L2627 | ADD LW EXT PELV PLSTC MOLD PT-CABLE | ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT&CABLES | Authorization Required | DME |  | Full Clinical Review |
| L2628 | ADD LW EXT PELV METL FRME-CABLES    | ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES   | Authorization Required | DME |  | Full Clinical Review |
| L2630 | ADD LW EXTRM PELV BAND&BELT UNI     | ADD LOW EXTREM PELVIC CONTROL BAND & BELT UNI    | No Auth Required       |     |  |                      |
| L2640 | ADD LW EXTRM PELV BAND&BELT BIL     | ADDITION LOW EXTREM PELV CONTROL BAND & BELT BIL | No Auth Required       |     |  |                      |
| L2650 | ADD LW EXTRM PELV&THOR GLUTL PAD EA | ADD LOW EXTREM PELV&THOR CONTROL GLUTEAL PAD EA  | No Auth Required       |     |  |                      |
| L2660 | ADD LOW EXTREM THOR CNTRL THOR BAND | ADDITION LOWER EXTREM THOR CONTROL THOR BAND     | No Auth Required       |     |  |                      |
| L2670 | ADD LW EXTRM THOR CNTRL PARASP UPRT | ADD LOW EXTREM THOR CONTROL PARASPINAL UPRIGHTS  | No Auth Required       |     |  |                      |
| L2680 | ADD LW EXT THOR CNTRL LAT SLIPP     | ADD LOW EXTREM THOR CNTRL LAT                    | No Auth Required       |     |  |                      |
| L2750 | ADD LW EXT ORTHOS PLAT CHROME/NICKL | ADD LOW EXTREM ORTHOSIS PLATING CHROME/NICKL-BAR | No Auth Required       |     |  |                      |
| L2755 | ADD LOW EXT ORTHOS PER SEG CSTM     | ADD LOW EXT ORTHOSIS HYBRID COMPOS PER SEG CSTM  | No Auth Required       |     |  |                      |
| L2760 | ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR | ADDITION LOW EXTREM ORTHOSIS EXT PER EXT PER BAR | No Auth Required       |     |  |                      |
| L2768 | ORTHOTIC SIDE BAR DISCNCT DEVC-BAR  | ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR      | No Auth Required       |     |  |                      |
| L2780 | ADD LW EXT ORTH NONCORROSIVE BAR    | ADD LOW EXTREM ORTHOSIS NONCORROSIVE FINISH BAR  | No Auth Required       |     |  |                      |
| L2785 | ADD LW EXT ORTHOS DROP LOCK RETN EA | ADDITION LOW EXTREM ORTHOSIS DROP LOCK RETAIN EA | No Auth Required       |     |  |                      |
| L2795 | ADD LW EXT ORTH KNEE CNTRL FULL CAP | ADD LOW EXTREM ORTHOSIS KNEE CNTRL FULL KNEECAP  | No Auth Required       |     |  |                      |
| L2800 | ADD LOW EXT ORTHOS KNEE CAP CSTM    | ADD LOW EXT ORTHOS KNEE CNTRL KNEE CAP CSTM ONLY | No Auth Required       |     |  |                      |
| L2810 | ADD LW EXT ORTH KNEE CNDYLR PAD     | ADD LOW EXTREM ORTHOSIS KNEE CONTROL CONDYLR PAD | No Auth Required       |     |  |                      |
| L2820 | ADD LW EXT ORTH SFT INTRFC BLW KNEE | ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE      | No Auth Required       |     |  |                      |
| L2830 | ADD LW EXT ORTH SFT INTRFC ABV KNEE | ADD LW EXT ORTHOSIS SOFT INTERFCE MOLD ABVE KNEE | No Auth Required       |     |  |                      |
| L2840 | ADD LW EXT ORTHOS TIB LEN SOCK FX/= | ADD LOW EXTREM ORTHOSIS TIB LENGTH SOCK FX/= EA  | No Auth Required       |     |  |                      |
| L2850 | ADD LW EXT ORTHO FEM LEN SOCK FX/=  | ADD LOW EXTREM ORTHOS FEM LENGTH SOCK FX/EQUL EA | No Auth Required       |     |  |                      |
| L2999 | LOWER EXTREMITY ORTHOSES NOS        | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | No Auth Required       |     |  |                      |

|       |                                       |   |                        |     |  |                      |  |
|-------|---------------------------------------|---|------------------------|-----|--|----------------------|--|
| L3000 | FT INSRT MOLD UCB TYPE BERKLY SHELL   | FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA     | Authorization Required | DME |  | Full Clinical Review |  |
| L3001 | FOOT INSRT REMV MOLD PT SPENCO EA     | FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3002 | FT INSRT REMV MOLD PLASTAZOTE/= EA    | FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA  | Authorization Required | DME |  | Full Clinical Review |  |
| L3003 | FOOT INSRT REMV MOLD SILCON GEL EA    | FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA  | Authorization Required | DME |  | Full Clinical Review |  |
| L3010 | FT INSRT MOLD LNGTUDNL ARCH SUPP EA   | FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3020 | FT INSRT REMV MOLD LNGTUDNL SUPP EA   | FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3030 | FOOT INSERT REMV FORMED PT FT EA      | FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH    | Authorization Required | DME |  | Full Clinical Review |  |
| L3031 | FOOT INSRT/PLAT REMV ADD LW EXT ORS   | FOOT INSRT/PLAT REMV ADD LW EXT ORTHOS HI STRGTH  | Authorization Required | DME |  | Full Clinical Review |  |
| L3040 | FOOT ARCH SUPP PREMOLD LNGTUDNL EA    | FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA     | Authorization Required | DME |  | Full Clinical Review |  |
| L3050 | FOOT ARCH SUPP REMV PREMOLD MT EA     | FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA       | Authorization Required | DME |  | Full Clinical Review |  |
| L3060 | FT ARCH SUPP PREMOLD LNGTUDNL/MT EA   | FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA  | Authorization Required | DME |  | Full Clinical Review |  |
| L3070 | FOOT ARCH SUPP NONREMV LNGTUDNL EA    | FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA  | Authorization Required | DME |  | Full Clinical Review |  |
| L3080 | FT ARCH SUPP NONREMV ATTCH SHOE MT    | FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3090 | FT ARCH SUPP NONREMV LNGTUDNL/MT EA   | FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA  | Authorization Required | DME |  | Full Clinical Review |  |
| L3100 | HALLUS-VALGUS NIGHT DYN SPLNT PRFAB   | HALLUS-VALGUS NIGHT DYNAMIC SPLINT PREFABRICATED  | No Auth Required       |     |  |                      |  |
| L3140 | FOOT ABDUCT ROTATION BAR INCL SHOES   | FOOT ABDUCTION ROTATION BAR INCLUDING SHOES       | Authorization Required | DME |  | Full Clinical Review |  |
| L3150 | FOOT ABDUCT ROTATION BAR W/O SHOES    | FOOT ABDUCTION ROTATION BAR WITHOUT SHOES         | Authorization Required | DME |  | Full Clinical Review |  |
| L3160 | FOOT ADJUSTBL SHOE-STYLD PSTN DEVC    | FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE    | Authorization Required | DME |  | Full Clinical Review |  |
| L3170 | FOOT PLASTC SIL HEEL STAB PREFAB EA   | FOOT PLASTIC SILICONE HEEL STABILIZER PREFAB EACH | Authorization Required | DME |  | Full Clinical Review |  |
| L3201 | ORTHOPEID SHOE OXFORD SUPINATR INFNT  | ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT   | Authorization Required | DME |  | Full Clinical Review |  |
| L3202 | ORTHOPEID SHOE OXFORD W/SUPINATR CHLD | ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD   | Authorization Required | DME |  | Full Clinical Review |  |
| L3203 | ORTHOPEID SHOE OXFORD W/SUPINATR JR   | ORTHOPEDIC SHOE OXFORD W/SUPINATOR/PRONATOR JR    | Authorization Required | DME |  | Full Clinical Review |  |
| L3204 | ORTHOPEID SHOE HITOP SUPINATR INFNT   | ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT  | Authorization Required | DME |  | Full Clinical Review |  |
| L3206 | ORTHOPEID SHOE HITOP W/SUPINATR CHLD  | ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD  | Authorization Required | DME |  | Full Clinical Review |  |
| L3207 | ORTHOPEID SHOE HITOP W/SUPINATR JR    | ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR/PRONATOR JR   | Authorization Required | DME |  | Full Clinical Review |  |
| L3208 | SURGICAL BOOT EACH INFANT             | SURGICAL BOOT EACH INFANT                         | No Auth Required       |     |  |                      |  |
| L3209 | SURGICAL BOOT EACH CHILD              | SURGICAL BOOT EACH CHILD                          | No Auth Required       |     |  |                      |  |
| L3211 | SURGICAL BOOT EACH JUNIOR             | SURGICAL BOOT EACH JUNIOR                         | No Auth Required       |     |  |                      |  |
| L3212 | BENESCH BOOT PAIR INFANT              | BENESCH BOOT PAIR INFANT                          | No Auth Required       |     |  |                      |  |
| L3213 | BENESCH BOOT PAIR CHILD               | BENESCH BOOT PAIR CHILD                           | No Auth Required       |     |  |                      |  |
| L3214 | BENESCH BOOT PAIR JUNIOR              | BENESCH BOOT PAIR JUNIOR                          | No Auth Required       |     |  |                      |  |
| L3224 | ORTHO FTWEAR WOMAN OXFORD PART BRACE  | ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFORD PART BRACE  | Authorization Required | DME |  | Full Clinical Review |  |
| L3225 | ORTHO FTWEAR MAN OXFORD PART BRACE    | ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE    | Authorization Required | DME |  | Full Clinical Review |  |
| L3230 | ORTHO FTWEAR CSTM SHOE DEPTH INLAY    | ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH  | Authorization Required | DME |  | Full Clinical Review |  |
| L3250 | ORTHOPEID FOOTWEAR CSTM MOLD PROSTH   | ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH   | Authorization Required | DME |  | Full Clinical Review |  |
| L3251 | FOOT SHOE MOLD PT SILCON SHOE EA      | FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3252 | FOOT SHOE MOLD PT PLASTAZOTE CSTM     | FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA   | Authorization Required | DME |  | Full Clinical Review |  |
| L3253 | FOOT MOLD SHOE PLASTAZOTE CSTM FIT    | FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH    | Authorization Required | DME |  | Full Clinical Review |  |
| L3254 | NONSTANDARD SIZE OR WIDTH             | NONSTANDARD SIZE OR WIDTH                         | Authorization Required | DME |  | Full Clinical Review |  |
| L3255 | NONSTANDARD SIZE OR LENGTH            | NONSTANDARD SIZE OR LENGTH                        | Authorization Required | DME |  | Full Clinical Review |  |
| L3257 | ORTHOPEID FOOTWEAR ADD CHRGE SPLIT SZ | ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE  | Authorization Required | DME |  | Full Clinical Review |  |
| L3260 | SURGICAL BOOT/SHOE EACH               | SURGICAL BOOT/SHOE EACH                           | Authorization Required | DME |  | Full Clinical Review |  |
| L3265 | PLASTAZOTE SANDAL EACH                | PLASTAZOTE SANDAL EACH                            | Authorization Required | DME |  | Full Clinical Review |  |
| L3300 | LIFT ELEV HEEL TAPERED MTS PER INCH   | LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH  | Authorization Required | DME |  | Full Clinical Review |  |
| L3310 | LIFT ELEV HEEL&SOLE NEOPRENE-INCH     | LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH    | Authorization Required | DME |  | Full Clinical Review |  |
| L3320 | LIFT ELEV HEEL&SOLE CORK PER INCH     | LIFT ELEVATION HEEL AND SOLE CORK PER INCH        | Authorization Required | DME |  | Full Clinical Review |  |
| L3330 | LIFT ELEVATION METAL EXTENSION        | LIFT ELEVATION METAL EXTENSION                    | Authorization Required | DME |  | Full Clinical Review |  |
| L3332 | LIFT ELEV IN SHOE TAPERED TO 1/2 IN   | LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH    | Authorization Required | DME |  | Full Clinical Review |  |
| L3334 | LIFT ELEVATION HEEL PER INCH          | LIFT ELEVATION HEEL PER INCH                      | No Auth Required       |     |  |                      |  |
| L3340 | HEEL WEDGE SACH                       | HEEL WEDGE SACH                                   | Authorization Required | DME |  | Full Clinical Review |  |
| L3350 | HEEL WEDGE                            | HEEL WEDGE  | Authorization Required | DME |  | Full Clinical Review |  |
| L3360 | SOLE WEDGE OUTSIDE SOLE               | SOLE WEDGE OUTSIDE SOLE                           | Authorization Required | DME |  | Full Clinical Review |  |
| L3370 | SOLE WEDGE BETWEEN SOLE               | SOLE WEDGE BETWEEN SOLE                           | Authorization Required | DME |  | Full Clinical Review |  |
| L3380 | CLUBFOOT WEDGE                        | CLUBFOOT WEDGE                                    | Authorization Required | DME |  | Full Clinical Review |  |
| L3390 | OUTFLARE WEDGE                        | OUTFLARE WEDGE                                    | No Auth Required       |     |  |                      |  |
| L3400 | METATARSAL BAR WEDGE ROCKER           | METATARSAL BAR WEDGE ROCKER                       | Authorization Required | DME |  | Full Clinical Review |  |

|       |                                      |  |                        |     |  |                      |  |
|-------|--------------------------------------|--|------------------------|-----|--|----------------------|--|
| L3410 | METATARSAL BAR WEDGE BETWEEN SOLE    | METATARSAL BAR WEDGE BETWEEN SOLE                | No Auth Required       |     |  |                      |  |
| L3420 | FULL SOLE&HEEL WEDGE BETWEEN SOLE    | FULL SOLE AND HEEL WEDGE BETWEEN SOLE            | No Auth Required       |     |  |                      |  |
| L3430 | HEEL COUNTER PLASTIC REINFORCED      | HEEL COUNTER PLASTIC REINFORCED                  | Authorization Required | DME |  | Full Clinical Review |  |
| L3440 | HEEL COUNTER LEATHER REINFORCED      | HEEL COUNTER LEATHER REINFORCED                  | Authorization Required | DME |  | Full Clinical Review |  |
| L3450 | HEEL SACH CUSHION TYPE               | HEEL SACH CUSHION TYPE                           | Authorization Required | DME |  | Full Clinical Review |  |
| L3455 | HEEL NEW LEATHER STANDARD            | HEEL NEW LEATHER STANDARD                        | Authorization Required | DME |  | Full Clinical Review |  |
| L3460 | HEEL NEW RUBBER STANDARD             | HEEL NEW RUBBER STANDARD                         | Authorization Required | DME |  | Full Clinical Review |  |
| L3465 | HEEL THOMAS WITH WEDGE               | HEEL THOMAS WITH WEDGE                           | Authorization Required | DME |  | Full Clinical Review |  |
| L3470 | HEEL THOMAS EXTENDED TO BALL         | HEEL THOMAS EXTENDED TO BALL                     | Authorization Required | DME |  | Full Clinical Review |  |
| L3480 | HEEL PAD AND DEPRESSION FOR SPUR     | HEEL PAD AND DEPRESSION FOR SPUR                 | Authorization Required | DME |  | Full Clinical Review |  |
| L3485 | HEEL PAD REMOVABLE FOR SPUR          | HEEL PAD REMOVABLE FOR SPUR                      | Authorization Required | DME |  | Full Clinical Review |  |
| L3500 | ORTHOPEDE SHOE ADD INSOLE LEATHR     | ORTHOPEDIC SHOE ADDITION INSOLE LEATHER          | Authorization Required | DME |  | Full Clinical Review |  |
| L3510 | ORTHOPEDE SHOE ADD INSOLE RUBBER     | ORTHOPEDIC SHOE ADDITION INSOLE RUBBER           | Authorization Required | DME |  | Full Clinical Review |  |
| L3520 | ORTHO SHOE ADD INSOLE FELT W/LEATHR  | ORTHOPED SHOE ADDITION INSOLE FELT COVR W/LEATHR | Authorization Required | DME |  | Full Clinical Review |  |
| L3530 | ORTHOPEDIC SHOE ADDITION SOLE HALF   | ORTHOPEDIC SHOE ADDITION SOLE HALF               | Authorization Required | DME |  | Full Clinical Review |  |
| L3540 | ORTHOPEDIC SHOE ADDITION SOLE FULL   | ORTHOPEDIC SHOE ADDITION SOLE FULL               | Authorization Required | DME |  | Full Clinical Review |  |
| L3550 | ORTHOPEDE SHOE ADD TOE TAP STANDARD  | ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD        | Authorization Required | DME |  | Full Clinical Review |  |
| L3560 | ORTHOPEDE SHOE ADD TOE TAP HORSESHOE | ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE       | Authorization Required | DME |  | Full Clinical Review |  |
| L3570 | ORTHOPEDE SHOE ADD SPCL EXT INSTEP   | ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP      | Authorization Required | DME |  | Full Clinical Review |  |
| L3580 | ORTHO SHOE ADD CNVRT INSTP-VELC CLO  | ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS     | Authorization Required | DME |  | Full Clinical Review |  |
| L3590 | ORTHO SHOE ADD CONVERT FIRM TO SOFT  | ORTHO SHOE ADD CNVRT FIRM COUNTER SFT COUNTER    | Authorization Required | DME |  | Full Clinical Review |  |
| L3595 | ORTHOPEDIC SHOE ADDITION MARCH BAR   | ORTHOPEDIC SHOE ADDITION MARCH BAR               | Authorization Required | DME |  | Full Clinical Review |  |
| L3600 | TRF ORTHOS 1 SHOE-ANR CALIP PL EXST  | TRANSF ORTHOS 1 SHOE TO ANOTH CALIP PLATE EXIST  | Authorization Required | DME |  | Full Clinical Review |  |
| L3610 | TX ORTHOS 1 SHOE-ANOTH CALIP PLT N   | TRNSF ORTHOS ONE SHOE TO ANOTHER CALIP PLATE NEW | Authorization Required | DME |  | Full Clinical Review |  |
| L3620 | TRF ORTHOS 1 SHOE-ANOTH SLD STIR EX  | TRANS ORTHOS 1 SHOE-ANOTHER SLD STIRRUP EXISTING | Authorization Required | DME |  | Full Clinical Review |  |
| L3630 | TRNS ORTHOS 1 SHOE-ANOTH SLD STIR N  | TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW | Authorization Required | DME |  | Full Clinical Review |  |
| L3640 | TRNS ORTHOS SHOE-SHOE DENNS BRWNE B  | TRNS ORTHOS SHOE TO ANOTH DENNIS BRWNE BTH SHOES | Authorization Required | DME |  | Full Clinical Review |  |
| L3649 | ORTHOPEDE SHOE MOD ADD/TRANSFER NOS  | ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS | Authorization Required | DME |  | Full Clinical Review |  |
| L3650 | SHOULDER ORTHOS FIG 8 ABDUCT PREFAB  | SHOULDER ORTHOSIS FIG 8 ABDUCT RESTRAINER PREFAB | No Auth Required       |     |  |                      |  |
| L3660 | SHOULDER ORTHOS FIG 8 CANVAS PREFAB  | SHOULDER ORTHOSIS FIG 8 CANVAS WEBBING PREFAB    | No Auth Required       |     |  |                      |  |
| L3670 | SHOULDER ORTHOS ACROMIO/CLAV PREFAB  | SHOULDER ORTHOSIS ACROMIO/CLAVICULAR PREFAB      | No Auth Required       |     |  |                      |  |
| L3671 | SO JOINT DESIGN W/O JOINTS CUSTOM    | SHOULDER ORTHOSIS JOINT DESIGN W/O JNTS CUSTOM   | Authorization Required | DME |  | Full Clinical Review |  |
| L3674 | SHOULDER ORTHOSIS ABDUCT PSTN CSTM   | SHOULDER ORTHOSIS ABDUCT PSTN THOR COMP CUSTOM   | Authorization Required | DME |  | Full Clinical Review |  |
| L3675 | SHLDR VEST ABDUCT RESTRAINR PREFAB   | SHOULDER ORTHOSIS VEST ABDUCT RESTRAINER PREFAB  | No Auth Required       |     |  |                      |  |
| L3677 | SHLDR ORTHOS JNT DSGN PREFAB CUSTOM  | SHOULDER ORTHOSIS JNT DSGN NO JNTS PREFAB CUSTOM | No Auth Required       |     |  |                      |  |
| L3678 | SHLDR ORTHOS JNT DSGN NO JNT PREFAB  | SHOULDER ORTHOSIS JOINT DESIGN NO JOINT PREFAB   | No Auth Required       |     |  |                      |  |
| L3702 | EO W/O JOINTS CUSTOM FABRICATED      | ELBOW ORTHOSIS W/O JOINTS CUSTOM FABRICATED      | No Auth Required       |     |  |                      |  |
| L3710 | ELB ORTHOS ELASTIC METL JNTS PREFAB  | ELBOW ORTHOSIS ELASTIC W/METAL JOINTS PREFAB     | No Auth Required       |     |  |                      |  |
| L3720 | EO DBL UPRT W/CUFF FREE MOT CSTM     | EO DBL UPRT W/FORARM/ARM CUFF FREE MOT CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L3730 | EO DBL UPRT-CUFF EXT/FLX ASST CSTM   | EO DBL UPRT W/CUFF EXT/FLX ASST CSTM FAB         | Authorization Required | DME |  | Full Clinical Review |  |
| L3740 | EO DBL UPRT W/CUFF ADJ LOCK CSTM     | EO DBL UPRT W/CUFF ADJ LOCK W/ACTV CNTRL CSTM    | Authorization Required | DME |  | Full Clinical Review |  |
| L3760 | EO ADJ POS LOCKING JNT PREFAB ITEM   | ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB ITEM | No Auth Required       |     |  |                      |  |
| L3762 | ELBOW ORTHOS RIGID W/O JOINT PREFAB  | ELBOW ORTHOSIS RIGID W/O JOINT PREFAB OFF SHELF  | No Auth Required       |     |  |                      |  |
| L3763 | EWHO RIGID W/O JOINTS CUSTOM FAB     | EWHO RIGID W/O JOINTS CUSTOM FABRICATED          | Authorization Required | DME |  | Full Clinical Review |  |
| L3764 | EWHO 1/> NONTORSION JNTS CSTM FAB    | EWHO INCL 1/MORE NONTORSION JOINTS CSTM FAB      | Authorization Required | DME |  | Full Clinical Review |  |
| L3765 | EWHFO RIGID W/O JOINTS CUSTOM FAB    | EWHFO RIGID W/O JOINTS CUSTOM FABRICATED         | Authorization Required | DME |  | Full Clinical Review |  |
| L3766 | EWHFO 1/> NONTORSION JNTS CSTM FAB   | EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB     | Authorization Required | DME |  | Full Clinical Review |  |
| L3806 | WHFO CUSTOM FAB INCL FIT & ADJUST    | WHFO CUSTOM FABRICATED INCL FITTING & ADJUSTMENT | No Auth Required       |     |  |                      |  |
| L3807 | WHF ORTHOS NO JNT PRFAB CUSTOM FIT   | WRIST HAND FINGR ORTHOS W/O JNT PREFAB CSTM FIT  | No Auth Required       |     |  |                      |  |
| L3808 | WHF ORTHOSIS RIGID NO JNT; CUSTOM    | WRIST HAND FINGER ORTHOSIS RIGID W/O JNT; CUSTOM | No Auth Required       |     |  |                      |  |
| L3809 | WHF ORTHO NO JOINTS PREFAB ANY TYPE  | WRIST HAND FINGER W/O JOINT PREFAB ANY TYPE      | No Auth Required       |     |  |                      |  |
| L3900 | WHFO DYN FLX HNG WRST DRVN CSTM FAB  | WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |  |



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| L3901 | WHFO DYN FLX HNG CABLE DRIVEN CSTM  | WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB      | Authorization Required | DME |  | Full Clinical Review |  |
| L3904 | WHFO EXTERNAL POWER ELEC CSTM FAB   | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | Authorization Required | DME |  | Full Clinical Review |  |
| L3905 | WHO 1/> NONTORSION JOINTS CSTM FAB  | WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB       | Authorization Required | DME |  | Full Clinical Review |  |
| L3906 | WHO W/O JOINTS STRAPS CSTM FAB      | WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB | No Auth Required       |     |  |                      |  |
| L3908 | WRST-HND ORTHOS CNTRL COCK-UP PRFAB | WRIST-HAND ORTHOSIS EXT CONTROL COCK-UP PRFAB    | No Auth Required       |     |  |                      |  |
| L3912 | HAND FINGR ORTHOS FINGR CNTRL PRFAB | HAND FINGER ORTHOSIS FLEX GLOV FINGR CNTRL PRFAB | No Auth Required       |     |  |                      |  |
| L3913 | HFO W/O JOINTS CUSTOM FABRICATED    | HAND FINGER ORTHOTIC W/O JOINTS CUSTOM FAB       | No Auth Required       |     |  |                      |  |
| L3915 | WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT | WRIST HAND ORTHOSIS 1/>NONTORSION JNT PRFAB CSTM | No Auth Required       |     |  |                      |  |
| L3916 | WH ORTHOS 1/> NONTORSN JOINT PRFAB  | WRIST HAND ORTHOSIS 1/> NONTORSION JOINT PRFAB   | No Auth Required       |     |  |                      |  |
| L3917 | HAND ORTHOSIS MC FX PRFAB CSTM FIT  | HAND ORTHOSIS METACARPAL FX PRFAB CUSTOM FIT     | No Auth Required       |     |  |                      |  |
| L3918 | HAND ORTHOSIS METACARPL FX ORTHOSIS | HAND ORTHOSIS METACARPAL FX ORTHOSIS PRFAB       | No Auth Required       |     |  |                      |  |
| L3919 | HAND ORTHOSIS W/O JOINTS CUSTOM FAB | HAND ORTHOSIS W/O JOINTS CUSTOM FABRICATED       | No Auth Required       |     |  |                      |  |
| L3921 | HFO 1/> NONTORSION JOINTS CSTM FAB  | HFO INCL 1/MORE NONTORSION JOINTS CUSTOM FAB     | No Auth Required       |     |  |                      |  |
| L3923 | HF ORTHOSIS NO JOINT PRFAB CSTM FIT | HAND-FINGER ORTHOSIS W/O JOINT PRFAB CUSTOM FIT  | No Auth Required       |     |  |                      |  |
| L3924 | HAND-FINGER ORTHOSIS W/O JOINTS     | HAND-FINGER ORTHOSIS WITHOUT JOINTS PRFAB        | No Auth Required       |     |  |                      |  |
| L3925 | FINGER ORTHOS NONTORSION JNT PRFAB  | FINGER ORTHOSIS PIP/DIP NONTORSION JOINT PRFAB   | No Auth Required       |     |  |                      |  |
| L3927 | FINGER ORTHOSIS W/O JOINT PRFAB     | FINGER ORTHOSIS PIP/DIP W/O JOINT PRFABRICATED   | No Auth Required       |     |  |                      |  |
| L3929 | HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM | HAND-FINGER ORTHOSIS 1/> NONTORSN JNT PRFAB CSTM | No Auth Required       |     |  |                      |  |
| L3930 | HF ORTHOS 1/> NONTORSION JNT PRFAB  | HAND-FINGER ORTHOSIS 1/> NONTORSION JOINT PRFAB  | No Auth Required       |     |  |                      |  |
| L3931 | WHFO PRFAB INCL FITTING & ADJ       | WHFO PRFABRICATED INCL FITTING & ADJUSTMENT      | No Auth Required       |     |  |                      |  |
| L3933 | FINGER ORTHOSIS W/O JOINTS CSTM FAB | FINGER ORTHOSIS W/O JOINTS CUSTOM FABRICATED     | No Auth Required       |     |  |                      |  |
| L3935 | FO NONTORSION JOINT CUSTOM FAB      | FINGER ORTHOSIS NONTORSION JOINT CUSTOM FAB      | No Auth Required       |     |  |                      |  |
| L3956 | ADD JNT UP EXTREM ORTHOS MATL; JNT  | ADD JNT UPPER EXTREM ORTHOSIS ANY MATERIAL; JNT  | No Auth Required       |     |  |                      |  |
| L3960 | SEWHO ABDUCT PSTN AIRPLANE DESIGN   | SEWHO ABDUCT PSTN AIRPLANE DESN PRFAB W/FIT&ADJ  | Authorization Required | DME |  | Full Clinical Review |  |
| L3961 | SEWHO SHLDR CAP DESN NO JNTS CSTM   | SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB    | Authorization Required | DME |  | Full Clinical Review |  |
| L3962 | SEWHO ABDUCT PSTN ERBS PALS DESIGN  | SEWHO ABDUCT PSTN ERBS PALS DESN PRFAB W/FIT&ADJ | Authorization Required | DME |  | Full Clinical Review |  |
| L3967 | SEWHO ABDUCT PSTN W/O JNTS CSTM FAB | SEWHO ABDUCTION POSITIONING W/O JOINTS CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L3971 | SEWHO SHOULDER CAP DESIGN CSTM FAB  | SEWHO SHOULDER CAP DESIGN CSTM FAB               | Authorization Required | DME |  | Full Clinical Review |  |
| L3973 | SEWHO ABDUCTION POSITION CSTM FAB   | SEWHO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB   | Authorization Required | DME |  | Full Clinical Review |  |
| L3975 | SEWHFO SHLDR CAP DESN NO JNTS CSTM  | SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB   | Authorization Required | DME |  | Full Clinical Review |  |
| L3976 | SEWHFO ABDUCT PSTN W/O JNTS CUS FAB | SEWHFO ABDUCT PSTN THOR CMPNT W/O JOINTS CUS FAB | Authorization Required | DME |  | Full Clinical Review |  |
| L3977 | SEWHFO SHOULD CAP DESIGN CUSTOM FAB | SEWHFO SHOULD CAP DESIGN CUSTOM FAB ELASTIC BAND | Authorization Required | DME |  | Full Clinical Review |  |
| L3978 | SEWHFO ABDUCTION POSITION CSTM FAB  | SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB  | Authorization Required | DME |  | Full Clinical Review |  |
| L3980 | UP EXT FX ORTHOS HUM PRFAB-FIT&ADJ  | UP EXTREM FX ORTHOSIS HUM PRFABR INCL FIT&ADJ    | No Auth Required       |     |  |                      |  |
| L3981 | UE FX ORTHOSIS HUMERAL PREF STRAPS  | UPPER EXTREMITY FX ORTHOSIS HUMERAL PREF STRAPS  | Authorization Required | DME |  | Full Clinical Review |  |
| L3982 | UP EXTRM FX ORTH RADUS/ULNAR PRFAB  | UP EXTRM FX ORTHOS RADUS/ULNAR PRFAB W/FIT&ADJ   | No Auth Required       |     |  |                      |  |
| L3984 | UP EXTRM FX ORTHOSIS WRST PRFAB     | UP EXTRM FX ORTHOSIS WRST PRFAB INCL FIT & ADJ   | No Auth Required       |     |  |                      |  |
| L3995 | ADD UP EXTREM ORTHOS SOCK FX/= EA   | ADD UPPER EXTREM ORTHOSIS SOCK FRACTURE/EQUAL EA | No Auth Required       |     |  |                      |  |
| L3999 | UPPER LIMB ORTHOSIS NOS             | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED      | No Auth Required       |     |  |                      |  |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS  | REPLACE GIRDLE FOR SPINAL ORTHOSIS CTLSO OR SO   | Authorization Required | DME |  | Full Clinical Review |  |
| L4002 | REPL STRAP ANY ORTHOSIS ALL CMPNTS  | REPL STRAP ANY ORTHOSIS ALL CMPNTS ANY LEN TYPE  | No Auth Required       |     |  |                      |  |
| L4010 | REPLACE TRILATERAL SOCKET BRIM      | REPLACE TRILATERAL SOCKET BRIM                   | Authorization Required | DME |  | Full Clinical Review |  |
| L4020 | REPL QUADRILAT SOCKT BRIM MOLD PT   | REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL    | Authorization Required | DME |  | Full Clinical Review |  |
| L4030 | REPL QUADRILAT SOCKT BRIM CSTM FIT  | REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED  | No Auth Required       |     |  |                      |  |
| L4040 | REPL MOLDED THI LACER CSTM ONLY     | REPLACE MOLDED THI LACER CSTM FAB ORTHOSIS ONLY  | No Auth Required       |     |  |                      |  |
| L4045 | REPL NONMOLD THI LACER CSTM ONLY    | REPLACE NONMOLD THI LACER CSTM FAB ORTHOSIS ONLY | No Auth Required       |     |  |                      |  |
| L4050 | REPL MOLDED CALF LACER CSTM ONLY    | REPLACE MOLDED CALF LACER CSTM FAB ORTHOSIS ONLY | No Auth Required       |     |  |                      |  |
| L4055 | REPL NONMOLD CALF LACER CSTM ONLY   | REPLACE NONMOLD CALF LACER CSTM FAB ORTHOS ONLY  | No Auth Required       |     |  |                      |  |
| L4060 | REPLACE HIGH ROLL CUFF              | REPLACE HIGH ROLL CUFF                           | No Auth Required       |     |  |                      |  |
| L4070 | REPLACE PROXIMAL&DIST UPRIGHT KAFO  | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO     | No Auth Required       |     |  |                      |  |
| L4080 | REPLACE METAL BANDS KAFO PROX THIGH | REPLACE METAL BANDS KAFO PROXIMAL THIGH          | No Auth Required       |     |  |                      |  |
| L4090 | REPL METL BANDS KAFO-AFO CALF/THI   | REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH   | No Auth Required       |     |  |                      |  |
| L4100 | REPLACE LEATHR CUFF KAFO PROX THIGH | REPLACE LEATHER CUFF KAFO PROXIMAL THIGH         | No Auth Required       |     |  |                      |  |

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| L4110 | REPL LEATHR CUFF KAFO-AFO CALF/THI  | REPLACE LEATHER CUFF KAFO-AFO CALF/DISTAL THIGH  | No Auth Required       |     |  |                      |
| L4130 | REPLACE PRETIBIAL SHELL             | REPLACE PRETIBIAL SHELL                          | Authorization Required | DME |  | Full Clinical Review |
| L4205 | REPR ORTHOT DEVC LABR CMPNT 15 MIN  | REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN  | No Auth Required       |     |  |                      |
| L4210 | REP ORTHOT DEVC REP/REPL MINOR PART | REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS  | No Auth Required       |     |  |                      |
| L4350 | ANKLE CONTROL ORTHOS STIRRUP PREFAB | ANKLE CONTROL ORTHOSIS STIRRUP STYL RIGID PREFAB | No Auth Required       |     |  |                      |
| L4360 | WALK BOOT PNEUMAT&/VAC PREFAB CUSTM | WALKING BOOT PNEUMATC &/ VACUUM PREFAB CUSTM FIT | No Auth Required       |     |  |                      |
| L4361 | WALKING BOOT PNEUMATIC AND/OR VAC   | WALKING BOOT PNEUMATIC AND OR VACUUM PREFAB      | No Auth Required       |     |  |                      |
| L4370 | PNEUMATIC FULL LEG SPLINT PREFAB    | PNEUMATIC FULL LEG SPLINT PREFAB OFF THE SHELF   | No Auth Required       |     |  |                      |
| L4386 | WALK BOOT NON-PNEUMATIC PREFAB CSTM | WALKING BOOT NON-PNEUMATIC PREFAB CUSTOM FIT     | No Auth Required       |     |  |                      |
| L4387 | WALKING BOOT NON-PNEUMATIC PREFAB   | WALKING BOOT NON-PNEUMATIC PREFAB OFF THE SHELF  | No Auth Required       |     |  |                      |
| L4392 | REPLCMT SFT INTERFCE MATL STAT AFO  | REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO   | No Auth Required       |     |  |                      |
| L4394 | REPL SFT INTRFCE MATL FT DROP SPLNT | REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT | No Auth Required       |     |  |                      |
| L4396 | STAT/DYN ANK FT ORTHOS PREFAB CSTM  | STATIC/DYNAMIC ANK FOOT ORTHOSIS PREFAB CSTM FIT | No Auth Required       |     |  |                      |
| L4397 | STATIC/DYNAMIC AFO MIN ABM PREFAB   | STATIC/DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB | No Auth Required       |     |  |                      |
| L4398 | FOOT DROP SPLINT RECUMBNT POS PRFAB | FOOT DROP SPLINT RECUMBENT POSITIONING PREFAB    | No Auth Required       |     |  |                      |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTOM CSTM | AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM | Authorization Required | DME |  | Full Clinical Review |
| L5000 | PART FT SHOE INSR T W/LNGTUDNL ARCH | PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER  | Authorization Required | DME |  | Full Clinical Review |
| L5010 | PART FT MOLD SOCKT ANK HT W/TOE FIL | PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER | Authorization Required | DME |  | Full Clinical Review |
| L5020 | PART FT MOLD SOCKT TIB TUBERCLE HT  | PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL  | Authorization Required | DME |  | Full Clinical Review |
| L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | ANKLE SYMES MOLDED SOCKET SACH FOOT              | Authorization Required | DME |  | Full Clinical Review |
| L5060 | ANK SYMS METL FRME MOLD LEATHR SCKT | ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK  | Authorization Required | DME |  | Full Clinical Review |
| L5100 | BELW KNEE MOLD SOCKT SHIN SACH FOOT | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT          | Authorization Required | DME |  | Full Clinical Review |
| L5105 | BK PLSTC SCKT JNT&THI LACER SACH FT | BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT | Authorization Required | DME |  | Full Clinical Review |
| L5150 | KNEE DISRTC MOLD SCKT EXT KNEE JNT  | KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT | Authorization Required | DME |  | Full Clinical Review |
| L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE  | KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT  | Authorization Required | DME |  | Full Clinical Review |
| L5200 | AK MOLD SOCKT 1 AXIS CONSTANT FRICT | ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION   | Authorization Required | DME |  | Full Clinical Review |
| L5210 | AK SHRT PROS NO KNEE JNT-ANK JNT EA | ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA | Authorization Required | DME |  | Full Clinical Review |
| L5220 | AK SHRT PROSTH W/ARTIC ANK/FOOT DYN | ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN     | Authorization Required | DME |  | Full Clinical Review |
| L5230 | AK PROX FEM FOCAL DEFIC SACH FOOT   | ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT    | Authorization Required | DME |  | Full Clinical Review |
| L5250 | HIP DISRTC CANADIAN; MOLD SCKT HIP  | HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT   | Authorization Required | DME |  | Full Clinical Review |
| L5270 | HIP DISRTC TLT TABL; MOLD SCKT LOCK | HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT    | Authorization Required | DME |  | Full Clinical Review |
| L5280 | HEMIPELVECT CANADIAN; MOLD SOCKT    | HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT    | Authorization Required | DME |  | Full Clinical Review |
| L5301 | BK MOLD SCKT SHIN SACH FT ENDO SYS  | BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS | Authorization Required | DME |  | Full Clinical Review |
| L5312 | KNEE DISART MOLD SOCKET 1 AXIS KNEE | KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT  | Authorization Required | DME |  | Full Clinical Review |
| L5321 | AK OPEN END SACH FT ENDO SYS 1 AXIS | ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE | Authorization Required | DME |  | Full Clinical Review |
| L5331 | JOINT SINGLE AXIS KNEE SACH FOOT    | JOINT SINGLE AXIS KNEE SACH FOOT                 | Authorization Required | DME |  | Full Clinical Review |
| L5341 | SINGLE AXIS KNEE SACH FOOT          | SINGLE AXIS KNEE SACH FOOT                       | Authorization Required | DME |  | Full Clinical Review |
| L5400 | IMMED POSTSURG RIGD DRSG W/1 CHG BK | IMMED PSTSRG/ERLY FIT APPLY RIGD DRSS W/1 CHG BK | Authorization Required | DME |  | Full Clinical Review |
| L5410 | IMMED POSTSURG RIGD DRS BK-EA CAST  | IMMD POSTSURG APPL RIGD DRS BK W/EA ADD CAST CHG | No Auth Required       |     |  |                      |
| L5420 | IMMED POSTSURG RIGD DRSG 1 CHG AK   | IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE     | Authorization Required | DME |  | Full Clinical Review |
| L5430 | IMMED POSTSURG RIGD DRSG AK EA CAST | IMMED POSTSURG INIT RIGD DRSG AK EA ADD CAST CHG | No Auth Required       |     |  |                      |
| L5450 | IMMED POSTSURG NONWT BEAR RIGD BK   | IMMED POSTSURG APPLIC NONWT BEAR RIGD BELW KNEE  | No Auth Required       |     |  |                      |
| L5460 | IMMED POSTSURG NONWT BEAR RIGD AK   | IMMED POSTSURG APPLIC NONWT BEAR RIGD ABOVE KNEE | Authorization Required | DME |  | Full Clinical Review |
| L5500 | INIT BK PTB SCKT NON-ALIGN DIR FORM | INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED  | Authorization Required | DME |  | Full Clinical Review |
| L5505 | INIT AK-DISRTC ISCH LEVL NON-ALIGN  | INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN | Authorization Required | DME |  | Full Clinical Review |
| L5510 | PREP BK PTB SCKT NON-ALIGN MOLD MDL | PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL  | Authorization Required | DME |  | Full Clinical Review |
| L5520 | PREP BK PTB THERMOPLSTC/=DIR FORM   | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM | Authorization Required | DME |  | Full Clinical Review |
| L5530 | PREP BK PTB THERMOPLSTC/=MOLD MODEL | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL | Authorization Required | DME |  | Full Clinical Review |
| L5535 | PREP BK PTB PRFAB ADJ OPEN END SCKT | PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END | Authorization Required | DME |  | Full Clinical Review |
| L5540 | PREP BK PTB LAMINATED SCKT MOLD MDL | PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL | Authorization Required | DME |  | Full Clinical Review |
| L5560 | PREP AK-DISARTIC PLASTER MOLD MODEL | PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL | Authorization Required | DME |  | Full Clinical Review |
| L5570 | PREP AK-DISRTC THRMOPSTC/=DIR FORM  | PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED | Authorization Required | DME |  | Full Clinical Review |

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| L5580 | PREP AK-DISARTIC THERMOPLSTC/=MOLD   | PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL  | Authorization Required | DME |  | Full Clinical Review |
| L5585 | PREP AK-DISARTIC PRFAB ADJ OPEN END  | PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT | Authorization Required | DME |  | Full Clinical Review |
| L5590 | PREP AK-DISARTIC LAMINATD SCKT MOLD  | PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD  | Authorization Required | DME |  | Full Clinical Review |
| L5595 | PREP HIP DISARTIC THERMOPLSTC/=MOLD  | PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD   | Authorization Required | DME |  | Full Clinical Review |
| L5600 | PREP HIP DISARTIC LAMINATD SCKT MOLD | PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD  | Authorization Required | DME |  | Full Clinical Review |
| L5610 | ADD LW EXTRM ENDO AK HYDRACADENCE    | ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS  | Authorization Required | DME |  | Full Clinical Review |
| L5611 | ADD LW EXT AK-DISARTIC W/FRICT CNTRL | ADD LW EXTRM ENDO AK-DISRTIC 4-BAR LINK W/FRICT   | Authorization Required | DME |  | Full Clinical Review |
| L5613 | ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL  | ADD LOW EXTRM ENDO AK-DISARTIC 4 BAR W/HYDRAULIC  | Authorization Required | DME |  | Full Clinical Review |
| L5614 | ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL  | ADD LOW EXT EXOSKEL SYS AK-DISARTIC 4-BAR PNEUMAT | Authorization Required | DME |  | Full Clinical Review |
| L5616 | ADD LOW EXT AK UNIVRSL MXPLX FRICT   | ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT   | Authorization Required | DME |  | Full Clinical Review |
| L5617 | ADD LW EXTREM QUICK CHANGE AK/BK EA  | ADD LOW EXTREMITY QUICK CHG SLF-ALIGN U AK/BK EA  | Authorization Required | DME |  | Full Clinical Review |
| L5618 | ADD LOW EXTREM TEST SOCKT SYMES      | ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES     | No Auth Required       |     |  |                      |
| L5620 | ADD LOW EXTREM TEST SOCKT BELW KNEE  | ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE   | No Auth Required       |     |  |                      |
| L5622 | ADD LW EXTRM TST SOCKT KNEE DISARTIC | ADDITION LOWER EXTREM TEST SOCKET KNEE DISARTIC   | No Auth Required       |     |  |                      |
| L5624 | ADD LOW EXTREM TEST SOCKT ABVE KNEE  | ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE   | No Auth Required       |     |  |                      |
| L5626 | ADD LW EXTRM TST SOCKT HIP DISARTIC  | ADDITION LOWER EXTREM TEST SOCKET HIP DISARTIC    | No Auth Required       |     |  |                      |
| L5628 | ADD LOW EXTRM TST SOCKT HEMIPELVECT  | ADDITION LOWER EXTREM TEST SOCKET HEMIPELVECTOMY  | No Auth Required       |     |  |                      |
| L5629 | ADD LW EXTRM BELW KNEE ACRYLC SOCKT  | ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET   | No Auth Required       |     |  |                      |
| L5630 | ADD LW EXT SYMS TYPE XPND WALL SCKT  | ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKET  | No Auth Required       |     |  |                      |
| L5631 | ADD LW EXT ABVE KNEE/DISARTIC ACRYLC | ADD LOW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT  | No Auth Required       |     |  |                      |
| L5632 | ADD LW EXT SYMS PTB BRIM DESN SOCKT  | ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT   | No Auth Required       |     |  |                      |
| L5634 | ADD LW EXT SYMS POST OPENING SOCKT   | ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT      | No Auth Required       |     |  |                      |
| L5636 | ADD LW EXT SYMS MED OPENING SOCKT    | ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKT  | No Auth Required       |     |  |                      |
| L5637 | ADD LOW EXTREM BELW KNEE TOTAL CNTC  | ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CONTCT  | No Auth Required       |     |  |                      |
| L5638 | ADD LW EXTRM BELW KNEE LEATHR SOCKT  | ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET   | No Auth Required       |     |  |                      |
| L5639 | ADD LOW EXTREM BELW KNEE WOOD SOCKT  | ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET   | Authorization Required | DME |  | Full Clinical Review |
| L5640 | ADD LW EXT KNEE DISARTIC LEATHR SCKT | ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT  | Authorization Required | DME |  | Full Clinical Review |
| L5642 | ADD LW EXTRM ABVE KNEE LEATHR SOCKT  | ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET   | Authorization Required | DME |  | Full Clinical Review |
| L5643 | ADD LW EXT HIP DISRTIC FLX EXT FRAME | ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME  | Authorization Required | DME |  | Full Clinical Review |
| L5644 | ADD LOW EXTREM ABVE KNEE WOOD SOCKT  | ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET   | Authorization Required | DME |  | Full Clinical Review |
| L5645 | ADD LOW EXTRM BK FLX INNR EXT FRME   | ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME  | Authorization Required | DME |  | Full Clinical Review |
| L5646 | ADD LOW EXT BELOW KNEE CUSHN SOCKT   | ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT   | Authorization Required | DME |  | Full Clinical Review |
| L5647 | ADD LOW EXTRM BELW KNEE SUCTN SOCKT  | ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET   | Authorization Required | DME |  | Full Clinical Review |
| L5648 | ADD LOW EXT ABOVE KNEE CUSHN SOCKT   | ADD LOW EXT ABOVE KNEE AIR FL GEL/= CUSHN SOCKT   | Authorization Required | DME |  | Full Clinical Review |
| L5649 | ADD LW EXT ISCHIAL CONTAINMENT SCKT  | ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET  | Authorization Required | DME |  | Full Clinical Review |
| L5650 | ADD LW EXTRM TOT CONTACT AK/DISARTIC | ADD LOW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTIC | No Auth Required       |     |  |                      |
| L5651 | ADD LOW EXTRM AK FLX INNR EXT FRME   | ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME  | Authorization Required | DME |  | Full Clinical Review |
| L5652 | ADD LOW EXTRM SUCTN SUSP AK/DISARTIC | ADD LOW EXTREM SUCTN SUSP ABV KNEE/KNEE DISARTIC  | No Auth Required       |     |  |                      |
| L5653 | ADD LW EXT KNEE DISRTIC XPNDABL WALL | ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKET | Authorization Required | DME |  | Full Clinical Review |
| L5654 | ADD LOW EXTREM SOCKT INSERT SYMES    | ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES   | No Auth Required       |     |  |                      |
| L5655 | ADD LOW EXTRM SOCKT INSRT BELW KNEE  | ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE    | No Auth Required       |     |  |                      |
| L5656 | ADD LW EXT SOCKT INSRT KNEE DISARTIC | ADDITION LOWER EXTREM SOCKET INSERT KNEE DISARTIC | No Auth Required       |     |  |                      |
| L5658 | ADD LOW EXTRM SOCKT INSRT ABVE KNEE  | ADDITION LOWER EXTREM SOCKET INSERT ABOVE KNEE    | No Auth Required       |     |  |                      |
| L5661 | ADD LW EXT INSRT MXIDUROMETER SYMES  | ADD LOW EXTREM SOCKT INSERT MULTIDUROMETER SYMES  | Authorization Required | DME |  | Full Clinical Review |
| L5665 | ADD LW EXT INSRT MXDROMTR BELW KNEE  | ADD LOW EXTRM SOCKT INSRT MXIDUROMETER BELW KNEE  | No Auth Required       |     |  |                      |
| L5666 | ADD LOW EXTREM BELOW KNEE CUFF SUSP  | ADDITION LOWER EXTREM BELOW KNEE CUFF SUSPENSION  | No Auth Required       |     |  |                      |
| L5668 | ADD LW EXTRM BK MOLD DISTAL CUSHION  | ADDITION LOW EXTREM BELOW KNEE MOLDED DIST CUSHN  | No Auth Required       |     |  |                      |
| L5670 | ADD LW EXTRM BK MOLD SUPRACOND SUSP  | ADD LOW EXTREM BELOW KNEE MOLD SUPRACONDYLRL SUSP | No Auth Required       |     |  |                      |
| L5671 | ADD LOW EXTRM BK/AK SUSP LOCK MECH   | ADD LOWER EXTRM BELOW/ABOVE KNEE SUSP LOCK MECH   | Authorization Required | DME |  | Full Clinical Review |
| L5672 | ADD LOW EXTRM BK REMV MED BRIM SUSP  | ADD LOWER EXTREM BELOW KNEE REMV MED BRIM SUSP    | No Auth Required       |     |  |                      |
| L5673 | ADD LOW EXT BK/AK CSTM FAB XST MOLD  | ADD LOW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH   | Authorization Required | DME |  | Full Clinical Review |
| L5676 | ADD LOW EXT BK KNEE JNT 1 AXIS PAIR  | ADD LOWER EXTREM BELW KNEE KNEE JNT 1 AXIS PAIR   | No Auth Required       |     |  |                      |

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| L5677 | ADD LW EXT BK KNEE JNT POLYCNTRC PR  | ADD LOW EXTREM BELW KNEE KNEE JNT POLYCNTRC PAIR | No Auth Required       |     |  |                      |
| L5678 | ADD LW EXT BELW KNEE JNT COVRS PAIR  | ADDITION LOW EXTREM BELOW KNEE JOINT COVERS PAIR | No Auth Required       |     |  |                      |
| L5679 | ADD LOW EXT BK/AK CSTM FAB XST MOLD  | ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH | Authorization Required | DME |  | Full Clinical Review |
| L5680 | ADD LOW EXTRM BK THI LACER NONMOLD   | ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED  | No Auth Required       |     |  |                      |
| L5681 | ADD LW EXT BK/AK CONGN/AMPUTE INIT   | ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT | Authorization Required | DME |  | Full Clinical Review |
| L5682 | ADD LOW EXTREM BK THIGH LACER MOLD   | ADD LW EXTRM BELW KNEE THI LACER GLUTL/ISCH MOLD | Authorization Required | DME |  | Full Clinical Review |
| L5683 | ADD LOW EXT BK/AK NO CONGN/AMP INIT  | ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT | Authorization Required | DME |  | Full Clinical Review |
| L5684 | ADD LOW EXTREM BELW KNEE FORK STRAP  | ADDITION LOWER EXTREMITY BELOW KNEE FORK STRAP   | No Auth Required       |     |  |                      |
| L5685 | ADD LOW EXT PROS BELW KNEE SLEEVE    | ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA   | No Auth Required       |     |  |                      |
| L5686 | ADD LOW EXTREM BELW KNEE BACK CHECK  | ADDITION LOWER EXTREMITY BELOW KNEE BK BACK CHCK | No Auth Required       |     |  |                      |
| L5688 | ADD LOWER EXTRM BK WAIST BELT WEBNG  | ADD LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBNG | No Auth Required       |     |  |                      |
| L5690 | ADD LOW EXTRMITY BK WAIST BELT PAD   | ADD LOW EXTREM BELOW KNEE WAIST BELT PADD& LINED | No Auth Required       |     |  |                      |
| L5692 | ADD LW EXTRM AK PELVIC CONTROL BELT  | ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT | No Auth Required       |     |  |                      |
| L5694 | ADD LW EXTRM AK PELV CNTRL BELT PAD  | ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD&LN | No Auth Required       |     |  |                      |
| L5695 | ADD LW EXT AK PELV CNTRL SLV NEOPRN  | ADD LOW EXTRM ABOVE KNEE PELV CNTRL SLV NEOPRENE | No Auth Required       |     |  |                      |
| L5696 | ADD LOW EXTRM AK/DISARTIC PELV JNT   | ADD LOW EXTREM ABOVE KNEE/KNEE DISARTIC PELV JNT | No Auth Required       |     |  |                      |
| L5697 | ADD LOW EXTRM AK/DISARTIC PELV BAND  | ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV BAND | No Auth Required       |     |  |                      |
| L5698 | ADD LW EXTRM AK/KD SILESIA BANDAGE   | ADD LOW EXTRMITY AK/KNEE DISRTC SILESIA BANDGE   | No Auth Required       |     |  |                      |
| L5699 | ALL LOW EXTREM PROSTH SHLDR HARNESS  | ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS  | No Auth Required       |     |  |                      |
| L5700 | REPL SOCKET BELOW KNEE MOLD PT MDL   | REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL | Authorization Required | DME |  | Full Clinical Review |
| L5701 | REPL SCKT AK/DISARTIC W/ ATTCH PLAT  | REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT | Authorization Required | DME |  | Full Clinical Review |
| L5702 | REPL SCKT HIP DISRTC W/HIP JNT MOLD  | REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL | Authorization Required | DME |  | Full Clinical Review |
| L5703 | ANK SYMES MLD PT MDL SACH FT REPL    | ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY    | Authorization Required | DME |  | Full Clinical Review |
| L5704 | CUSTOM SHAP PROTVE COVER BELOW KNEE  | CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE BK     | Authorization Required | DME |  | Full Clinical Review |
| L5705 | CUSTOM SHAP PROTVE COVER ABOVE KNEE  | CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK     | Authorization Required | DME |  | Full Clinical Review |
| L5706 | CUSTOM SHAPED COVER KNEE DISARTIC    | CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC     | Authorization Required | DME |  | Full Clinical Review |
| L5707 | CUSTOM SHAPED COVER HIP DISARTIC     | CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC      | Authorization Required | DME |  | Full Clinical Review |
| L5710 | ADD EXOSKL KNEE-SHIN 1 AXIS MNL LOCK | ADD EXOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK  | No Auth Required       |     |  |                      |
| L5711 | ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT  | ADD EXOSKEL KNEE-SHIN 1 AXIS MNL LOCK ULTRA-LGHT | No Auth Required       |     |  |                      |
| L5712 | ADD EXO KNEE-SHIN FRICT SWING CNTRL  | ADD EXOSKEL KNEE-SHIN 1 AXIS FRICT SWING CNTRL   | No Auth Required       |     |  |                      |
| L5714 | ADD EXO KNEE-SHIN VARBL FRICT SWING  | ADD EXOSKEL KNEE-SHIN VARIBL FRICT SWING CNTRL   | No Auth Required       |     |  |                      |
| L5716 | ADD EXO KNEE-SHIN MECH STANCE LOCK   | ADD EXOSKEL KNEE-SHIN POLYCNTRC MECH STANCE LOCK | Authorization Required | DME |  | Full Clinical Review |
| L5718 | ADD EXO KNEE-SHIN FRICT SWING CNTRL  | ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL | Authorization Required | DME |  | Full Clinical Review |
| L5722 | ADD EXO KNEE-SHIN PNUMAT SWNG FRICT  | ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL  | Authorization Required | DME |  | Full Clinical Review |
| L5724 | ADD KNEE-SHIN 1 AXIS FL SWING PHASE  | ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL    | Authorization Required | DME |  | Full Clinical Review |
| L5726 | ADD EXO KNEE-SHIN EXT JNT FL SWING   | ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL   | Authorization Required | DME |  | Full Clinical Review |
| L5728 | ADD EXO KNEE-SHIN FL SWING&STANCE    | ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL   | Authorization Required | DME |  | Full Clinical Review |
| L5780 | ADD EXO KNEE-SHIN PNEUMAT/HYDRA      | ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL | Authorization Required | DME |  | Full Clinical Review |
| L5781 | ADD LW LIMB PROS LIMB MGMT SYS       | ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS       | Authorization Required | DME |  | Full Clinical Review |
| L5782 | ADD LW LIMB PROS LIMB MGMT HVY DUTY  | ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY | Authorization Required | DME |  | Full Clinical Review |
| L5785 | ADD EXOSKEL BELW KNEE ULTRA-LT MATL  | ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL | Authorization Required | DME |  | Full Clinical Review |
| L5790 | ADD EXOSKEL ABVE KNEE ULTRA-LT MATL  | ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL | Authorization Required | DME |  | Full Clinical Review |
| L5795 | ADD EXOSKEL HIP DISARTIC ULTRA-LGHT  | ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL  | Authorization Required | DME |  | Full Clinical Review |
| L5810 | ADD ENDOSKEL KNEE-SHIN MANUAL LOCK   | ADD ENDOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK | No Auth Required       |     |  |                      |
| L5811 | ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT  | ADD ENDOSKEL KNEE-SHIN MNL LOCK ULTRA-LGHT MATL  | Authorization Required | DME |  | Full Clinical Review |
| L5812 | ADD ENDO KNEE-SHIN FRICT SWNG CNTRL  | ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL  | Authorization Required | DME |  | Full Clinical Review |
| L5814 | ADD ENDO KNEE-SHN HYDRAUL MECH LOCK  | ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK | Authorization Required | DME |  | Full Clinical Review |
| L5816 | ADD ENDO KNEE-SHIN MECH STANCE LOCK  | ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK    | Authorization Required | DME |  | Full Clinical Review |
| L5818 | ADD ENDO KNEE-SHIN FRICT SWNG&STANC  | ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL  | Authorization Required | DME |  | Full Clinical Review |
| L5822 | ADD ENDO KNEE-SHIN PNEUMATIC FRICT   | ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL | Authorization Required | DME |  | Full Clinical Review |
| L5824 | ADD ENDO KNEE-SHIN FL SWING CNTRL    | ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL   | Authorization Required | DME |  | Full Clinical Review |
| L5826 | ADD ENDO KNEE-SHIN MIN HI ACTV FRME  | ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME | Authorization Required | DME |  | Full Clinical Review |

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| L5828 | ADD ENDO KNEE-SHIN FL SWING&STANCE  | ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL   | Authorization Required | DME |  | Full Clinical Review |  |
| L5830 | ADD ENDO KNEE-SHIN PNEUMAT/SWING    | ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL | Authorization Required | DME |  | Full Clinical Review |  |
| L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK SWING | ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT   | Authorization Required | DME |  | Full Clinical Review |  |
| L5845 | ADD ENDOSKL KNEE-SHIN STANC FLX ADJ | ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ     | Authorization Required | DME |  | Full Clinical Review |  |
| L5848 | ADD ENDOSKEL KNEE-SHIN FLUID EXT    | ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSNS | Authorization Required | DME |  | Full Clinical Review |  |
| L5850 | ADD ENDO AK/HIP DSRTC KNEE EXT ASST | ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST   | No Auth Required       |     |  |                      |  |
| L5855 | ADD ENDO HIP DISARTIC MECH EXT ASST | ADD ENDOSKEL SYS HIP DISARTIC MECH HIP EXT ASST  | No Auth Required       |     |  |                      |  |
| L5856 | ADD LOW EXT PROS KN-SHN SWING&STNCE | ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE | Authorization Required | DME |  | Full Clinical Review |  |
| L5857 | ADD LOW EXT PROS KN-SHN SWING ONLY  | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY  | Authorization Required | DME |  | Full Clinical Review |  |
| L5858 | ADD LW EXT PROS KNEE SHN SYS STANCE | ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY  | Authorization Required | DME |  | Full Clinical Review |  |
| L5859 | ADD LW EXT PROS KN-SHN PROG FLX/EXT | ADD LOW EXT PROS KN-SHIN PROG FLX/EXT ANY MOTOR  | Authorization Required | DME |  | Full Clinical Review |  |
| L5910 | ADD ENDOSKEL BELOW KNEE ALIGNBL SYS | ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM  | No Auth Required       |     |  |                      |  |
| L5920 | ADD ENDOSKEL AK/HIP DISRTC ALIGNBL  | ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM | Authorization Required | DME |  | Full Clinical Review |  |
| L5925 | ADD ENDO AK/HIP DISARTIC MNL LOCK   | ADD ENDOSKEL AK-DISARTIC/HIP DISARTIC MNL LOCK   | No Auth Required       |     |  |                      |  |
| L5930 | ADD ENDO HI ACTV KNEE CNTRL FRAME   | ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME | Authorization Required | DME |  | Full Clinical Review |  |
| L5940 | ADD ENDOSKEL BELOW KNEE ULTRA-LGHT  | ADD ENDOSKEL SYSTEM BELOW KNEE ULTRA-LGHT MATL   | No Auth Required       |     |  |                      |  |
| L5950 | ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT  | ADD ENDOSKEL SYSTEM ABVE KNEE AK ULTRA-LGHT MATL | Authorization Required | DME |  | Full Clinical Review |  |
| L5960 | ADD ENDOSKL HIP DISARTIC ULTRA-LGHT | ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL | Authorization Required | DME |  | Full Clinical Review |  |
| L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT    | ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL  | Authorization Required | DME |  | Full Clinical Review |  |
| L5962 | ADD ENDO BK FLEX PROTVE OUTER COVER | ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING | Authorization Required | DME |  | Full Clinical Review |  |
| L5964 | ADD ENDO AK FLXBL PROTVE OUTR COVER | ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER  | Authorization Required | DME |  | Full Clinical Review |  |
| L5966 | ADD ENDO HIP DISRTC FLX PROTVE COVR | ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR | Authorization Required | DME |  | Full Clinical Review |  |
| L5968 | ADD LW LIMB PROSTH MX-AXIAL ANKLE   | ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE    | Authorization Required | DME |  | Full Clinical Review |  |
| L5969 | ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST | ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST  | No Auth Required       |     |  |                      |  |
| L5970 | ALL LW EXTRM PROSTH FOOT SACH FOOT  | ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT | No Auth Required       |     |  |                      |  |
| L5971 | ALL LW EXT PROS SACH FOOT REPL ONLY | ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY | No Auth Required       |     |  |                      |  |
| L5972 | ALL LOW EXT PROS FOOT FLEXIBLE KEEL | ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL    | No Auth Required       |     |  |                      |  |
| L5973 | ENDO ANK FOOT MICROPCSS CNTRL PWR   | ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC | Authorization Required | DME |  | Full Clinical Review |  |
| L5974 | ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT | ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT  | No Auth Required       |     |  |                      |  |
| L5975 | ALL LW EXTRM PROSTH COMB 1 AXIS ANK | ALL LW EXTRM PRSTH COMB 1 AXIS ANK&FLXBL KEEL FT | No Auth Required       |     |  |                      |  |
| L5976 | ALL LW EXTRM PROSTH ENERGY STOR FT  | ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT  | Authorization Required | DME |  | Full Clinical Review |  |
| L5978 | ALL LW EXTRM PRSTH FT MX-AXL ANK/FT | ALL LOWER EXTREM PROSTH FT MULTI-AXIAL ANK/FOOT  | No Auth Required       |     |  |                      |  |
| L5979 | ALL LW XTRM PRSTH MX-AXL ANK 1 PECE | ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE | Authorization Required | DME |  | Full Clinical Review |  |
| L5980 | ALL LOW EXTREM PROSTH FLX-FOOT SYS  | ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM  | Authorization Required | DME |  | Full Clinical Review |  |
| L5981 | ALL LOW EXTRM PROSTH FLX-WALK SYS/= | ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL   | Authorization Required | DME |  | Full Clinical Review |  |
| L5982 | ALL EXOSKEL LW EXT PROS AXIAL ROTAT | ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT   | Authorization Required | DME |  | Full Clinical Review |  |
| L5984 | ALL ENDOSKEL LW EXT PRSTH AXL ROTAT | ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ | Authorization Required | DME |  | Full Clinical Review |  |
| L5985 | ALL ENDOSKL LW XTRM PROSTH DYNAMIC  | ALL ENDOSKEL LOW EXTREM PROSTH DYN PROSTH PYLN   | No Auth Required       |     |  |                      |  |
| L5986 | ALL LW EXTRM PROSTH MX-AXIAL ROT U  | ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT  | Authorization Required | DME |  | Full Clinical Review |  |
| L5987 | ALL LW EXTRM PROSTH SHANK FOOT SYS  | ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN  | Authorization Required | DME |  | Full Clinical Review |  |
| L5988 | ADD LW LMB PRSTH VERTCL SHOCK RDUC  | ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR | Authorization Required | DME |  | Full Clinical Review |  |
| L5990 | ADD LW EXTRM PROSTH USE ADJ HEEL HT | ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT     | Authorization Required | DME |  | Full Clinical Review |  |
| L5999 | LOWER EXTREMITY PROSTHESIS NOS      | LOWER EXTREMITY PROSTHESIS NOS                   | No Auth Required       |     |  |                      |  |
| L6000 | PARTIAL HAND THUMB REMAINING        | PARTIAL HAND THUMB REMAINING                     | Authorization Required | DME |  | Full Clinical Review |  |
| L6010 | PART HAND LITTLE &/ RING FINGER REM | PARTIAL HAND LITTLE & OR RING FINGER REMAINING   | Authorization Required | DME |  | Full Clinical Review |  |
| L6020 | PARTIAL HAND NO FINGER REMAINING    | PARTIAL HAND NO FINGER REMAINING                 | Authorization Required | DME |  | Full Clinical Review |  |
| L6026 | TRANSCARPL/MC/PART HAND DISART PROS | TRANSCARPAL/MC/PART HAND DISARTICULATION PROS    | Authorization Required | DME |  | Full Clinical Review |  |
| L6050 | WRST DSRTC MOLD SOCKET FLEX ELB HNG | WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD | Authorization Required | DME |  | Full Clinical Review |  |
| L6055 | WRST DSRTC MOLD SCKT W/XPND INTRFCE | WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE     | Authorization Required | DME |  | Full Clinical Review |  |
| L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HNG | BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD  | Authorization Required | DME |  | Full Clinical Review |  |
| L6110 | BELOW ELBOW MOLDED SOCKET           | BELOW ELBOW MOLDED SOCKET                        | Authorization Required | DME |  | Full Clinical Review |  |
| L6120 | BELW ELB STEP-UP HINGES HALF CUFF   | BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF | Authorization Required | DME |  | Full Clinical Review |  |

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| L6130 | BELW ELB STMP ACTV LCK HNG 1/2 CUFF | BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF       | Authorization Required | DME |  | Full Clinical Review |  |
| L6200 | ELB DSRTC MOLD SCKT OTSD LCK FORARM | ELB DISARTC MOLD SOCKET OUTSIDE LOCK HINGE FORARM | Authorization Required | DME |  | Full Clinical Review |  |
| L6205 | ELB DSRTC MOLD SCKT XPND INTRFC ARM | ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM  | Authorization Required | DME |  | Full Clinical Review |  |
| L6250 | ABOVE ELB INTERNAL LOCK ELB FOREARM | ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM  | Authorization Required | DME |  | Full Clinical Review |  |
| L6300 | SHLDR DISARTC INTRL LOCK ELB FORARM | SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM  | Authorization Required | DME |  | Full Clinical Review |  |
| L6310 | SHLDR DISART PASS REST COMPL PROSTH | SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH    | Authorization Required | DME |  | Full Clinical Review |  |
| L6320 | SHLDR DISART PASS REST SHLDR CAP    | SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY    | Authorization Required | DME |  | Full Clinical Review |  |
| L6350 | INTRSCAP THOR INTRL LOCK ELB FORARM | INTRSCAP THOR HUM SECT INTRL LOCK ELB FORARM      | Authorization Required | DME |  | Full Clinical Review |  |
| L6360 | INTERSCAPULAR THOR COMPLT PROSTH    | INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH       | Authorization Required | DME |  | Full Clinical Review |  |
| L6370 | INTERSCAPULAR THOR SHLDR CAP ONLY   | INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY    | Authorization Required | DME |  | Full Clinical Review |  |
| L6380 | IMMED POSTSURG RIGD DRSG WRST DSRTC | IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DSRTC    | Authorization Required | DME |  | Full Clinical Review |  |
| L6382 | IMMED POSTSURG RIGD DRSG ELB DSRTC  | IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC  | Authorization Required | DME |  | Full Clinical Review |  |
| L6384 | IMMED POSTSRG RIGD DRSG SHLDR DSRTC | IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DSRTC   | Authorization Required | DME |  | Full Clinical Review |  |
| L6386 | IMMED POSTSURG EA ADD CAST CHANGE   | IMMED POSTSURG/EARLY FIT EA ADD CAST CHG&REALIGN  | No Auth Required       |     |  |                      |  |
| L6388 | IMMED POSTSURG RIGID DRSG ONLY      | IMMED POSTSURG/EARLY FIT APPLIC RIGID DRESS ONLY  | No Auth Required       |     |  |                      |  |
| L6400 | BE MOLD SCKT ENDOSKEL-SFT PROS TISS | BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP  | Authorization Required | DME |  | Full Clinical Review |  |
| L6450 | ELB DISARTIC MOLD SOCKET ENDOSKEL   | ELB DSRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS    | Authorization Required | DME |  | Full Clinical Review |  |
| L6500 | ABOVE ELBOW MOLD SOCKET ENDOSKEL    | ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS     | Authorization Required | DME |  | Full Clinical Review |  |
| L6550 | SHLDR DISARTC MOLD SOCKET ENDOSKEL  | SHLDR DSRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS    | Authorization Required | DME |  | Full Clinical Review |  |
| L6570 | INTRSCAP THOR MOLD SOCKET ENDOSKEL  | INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS  | Authorization Required | DME |  | Full Clinical Review |  |
| L6580 | PREP WRST DISARTIC PLSTC SOCKT MOLD | PREP WRST DSRTC/BELW ELB 1 WALL PLSTC SCKT MOLD   | Authorization Required | DME |  | Full Clinical Review |  |
| L6582 | PREP WRST DISARTC ELB SCKT DIR FORM | PREP WRST DSRTC/BELW ELB 1 WALL SCKT DIR FORMED   | Authorization Required | DME |  | Full Clinical Review |  |
| L6584 | PREP ELB DISARTC PLASTIC SOCKT MOLD | PREP ELB DSRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD   | Authorization Required | DME |  | Full Clinical Review |  |
| L6586 | PREP ELB DISARTIC SOCKET DIR FORM   | PREP ELB DSRTC/ABVE ELB 1 WALL SOCKT DIR FORMED   | Authorization Required | DME |  | Full Clinical Review |  |
| L6588 | PREP SHLDR DSRTC THOR PLSTC SOCKT   | PREP SHLDR DSRTC THOR 1 WALL PLSTC SCKT MOLD      | Authorization Required | DME |  | Full Clinical Review |  |
| L6590 | PREP SHLDR DSRTC THOR SCKT DIR FORM | PREP SHLDR DSRTC THOR 1 WALL SOCKT DIR FORM       | Authorization Required | DME |  | Full Clinical Review |  |
| L6600 | UP EXTREM ADD POLYCNTRC HINGE PAIR  | UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR  | No Auth Required       |     |  |                      |  |
| L6605 | UPPER EXTREM ADD 1 PIVOT HINGE PAIR | UPPER EXTREMITY ADD SINGLE PIVOT HINGE PAIR       | No Auth Required       |     |  |                      |  |
| L6610 | UP EXT ADD FLEX METAL HINGE PAIR    | UPPER EXTREMITY ADD FLEXIBLE METAL HINGE PAIR     | No Auth Required       |     |  |                      |  |
| L6611 | ADD UP EXT PROS EXT PWR ADD SWITCH  | ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWTCH  | No Auth Required       |     |  |                      |  |
| L6615 | UP EXTREM ADD DISCNCT LOCK WRST U   | UPPER EXTREM ADD DISCONNECT LOCKING WRST UNIT     | No Auth Required       |     |  |                      |  |
| L6616 | UP EXT ADD-DSCNCT INSRT LCK WRST EA | UP EXTREM ADD DISCNCT INSERT LOCK WRST U EA       | No Auth Required       |     |  |                      |  |
| L6620 | UP EXT ADD FLEX/EXT WRIST UNIT      | UPPER EXT ADD FLEX/EXT WRIST UNIT W/WO FRICTION   | No Auth Required       |     |  |                      |  |
| L6621 | UP EXTREM PROS ADD FLEX/EXTEN WRIST | UP EXTREM PROS ADD FLEXION/EXTENSION WRIST        | Authorization Required | DME |  | Full Clinical Review |  |
| L6623 | UP EXT ADD ROTATL WRST W/LATCH RLSE | UP EXT ADD SPRNG ASST ROTATL WRST U W/LATCH RLSE  | Authorization Required | DME |  | Full Clinical Review |  |
| L6624 | UP EXT ADD FLX/EXT ROT WRIST UNIT   | UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT   | Authorization Required | DME |  | Full Clinical Review |  |
| L6625 | UP EXT ADD ROTAT WRST W/CABLE LOCK  | UPPER EXTREM ADD ROTATION WRST UNIT W/CABLE LOCK  | Authorization Required | DME |  | Full Clinical Review |  |
| L6628 | UP EXTRM ADD QUICK DISCNCT HOOK     | UP EXTRM ADD QUICK DISCNCT HOOK OTTO BOCK/=       | No Auth Required       |     |  |                      |  |
| L6629 | UP EXT ADD QUIK DSCNCT LAMNAT COLLR | UP EXTRM ADD QUICK DISCNCT LAMINATION COLLR       | No Auth Required       |     |  |                      |  |
| L6630 | UP EXTREM ADD STAINLESS STEEL WRIST | UPPER EXTREM ADDITION STAINLESS STEEL ANY WRIST   | No Auth Required       |     |  |                      |  |
| L6632 | UP EXTREM ADD LATX SUSP SLEEVE EA   | UPPER EXTREM ADDITION LATEX SUSPENSION SLEEVE EA  | No Auth Required       |     |  |                      |  |
| L6635 | UPPER EXTREM ADD LIFT ASSIST ELB    | UPPER EXTREMITY ADDITION LIFT ASSIST FOR ELBOW    | No Auth Required       |     |  |                      |  |
| L6637 | UP EXTREM ADD NUDGE CNTRL ELB LOCK  | UPPER EXTREMITY ADDITION NUDGE CONTROL ELB LOCK   | No Auth Required       |     |  |                      |  |
| L6638 | UP EXT ADD PROS LOCK W/MNL PWR ELB  | UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB      | Authorization Required | DME |  | Full Clinical Review |  |
| L6640 | UP EXTREM ADD SHLDR ABDUCT JNT PAIR | UPPER EXTREMITY ADD SHOULDER ABDUCT JOINT PAIR    | No Auth Required       |     |  |                      |  |
| L6641 | UP EXTRM ADD EXCURSN AMPL PULLEY    | UPPER EXTREM ADD EXCURSIONUPPER EXTREM ADD EXCUR  | No Auth Required       |     |  |                      |  |
| L6642 | UP EXTRM ADD EXCURSN AMPL LEVER     | UPPER EXTREM ADD EXCURSION AMPLIFIER LEVER TYPE   | No Auth Required       |     |  |                      |  |
| L6645 | UP EXT ADD SHLDR FLX-ABDUCT JNT EA  | UPPER EXTREM ADDITION SHLDR FLEX-ABDUCT JOINT EA  | No Auth Required       |     |  |                      |  |
| L6646 | UP EXT ADD SHLDR JNT MX PSTN SYS    | UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS    | Authorization Required | DME |  | Full Clinical Review |  |
| L6647 | UP EXT ADD SHLDR LOCK MECH BDY PWR  | UP EXTREM ADD SHLDR LOCK MECH BDY PWR ACTUATOR    | Authorization Required | DME |  | Full Clinical Review |  |
| L6648 | UP EXT ADD SHLDR LOCK MECH EXT PWR  | UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR    | Authorization Required | DME |  | Full Clinical Review |  |
| L6650 | UP EXTRM ADD SHLDR UNIVERSAL JNT EA | UPPER EXTREM ADDITION SHLDR UNIVERSAL JOINT EA    | No Auth Required       |     |  |                      |  |

|       |                                      |   |                        |     |  |                      |
|-------|--------------------------------------|---|------------------------|-----|--|----------------------|
| L6655 | UP EXTREM ADD STD CNTRL CABLE XTRA   | UPPER EXTREM ADD STANDARD CONTROL CABLE EXTRA       | No Auth Required       |     |  |                      |
| L6660 | UP EXTREM ADD HEVY DUTY CNTRL CABLE  | UPPER EXTREM ADDITION HEAVY DUTY CONTROL CABLE      | No Auth Required       |     |  |                      |
| L6665 | UP EXTREM ADD TEFLON/= CABLE LINING  | UPPER EXTREM ADDITION TEFLON/EQUAL CABLE LINING     | No Auth Required       |     |  |                      |
| L6670 | UP EXTREM ADD HOOK HND CABLE ADAPTR  | UPPER EXTREMITY ADDITION HOOK HAND CABLE ADAPTER    | No Auth Required       |     |  |                      |
| L6672 | UP EXT ADD HRNSS CHST/SHLDR SADDLE   | UPPER EXTREM ADD HARNESS CHST/SHLDR UPPER EXTREM AD | No Auth Required       |     |  |                      |
| L6675 | UP EXT ADD HARNESS 1 CABLE DESIGN    | UPPER EXTREMITY ADD HARNESS SINGLE CABLE DESIGN     | No Auth Required       |     |  |                      |
| L6676 | UP EXT ADD HARNESS 2 CABLE DESIGN    | UPPER EXTREMITY ADD HARNESS DUAL CABLE DESIGN       | No Auth Required       |     |  |                      |
| L6677 | UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB  | UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DVC&ELB      | No Auth Required       |     |  |                      |
| L6680 | UP EXTRM ADD TST SCKT WRIST DISARTIC | UP EXTREM ADD TST SOCKET WRST DISARTIC/BELW ELB     | No Auth Required       |     |  |                      |
| L6682 | UP EXTRM ADD TST SOCKET ELB DISARTIC | UPPER EXTREM ADD TST SOCKET ELB DISARTIC/ABVE ELB   | No Auth Required       |     |  |                      |
| L6684 | UP EXTRM ADD TST SCKT SHLDR DISARTIC | UP EXTRM ADD TST SCKT SHLDR DISRTIC/INTRSCAP THOR   | No Auth Required       |     |  |                      |
| L6686 | UPPER EXTREM ADDITION SUCTION SOCKET | UPPER EXTREMITY ADDITION SUCTION SOCKET             | Authorization Required | DME |  | Full Clinical Review |
| L6687 | UP EXT ADD FRME TYPE SCKT BELW ELB   | UP EXTRM ADD FRME TYPE SCKT BELW ELB/WRST DISRTC    | Authorization Required | DME |  | Full Clinical Review |
| L6688 | UP EXT ADD FRME TYPE SOCKET ABVE ELB | UP EXTRM ADD FRME TYPE SOCKET ABVE ELB/ELB DISRTC   | Authorization Required | DME |  | Full Clinical Review |
| L6689 | UP EXT ADD FRAME SCKT SHLDR DISARTIC | UPPER EXTREM ADD FRAME TYPE SOCKET SHLDR DISARTIC   | Authorization Required | DME |  | Full Clinical Review |
| L6690 | UP EXT ADD FRAME SCKT INTRSCAP-THOR  | UPPER EXTREM ADD FRAME TYPE SOCKET INTRSCAP-THOR    | Authorization Required | DME |  | Full Clinical Review |
| L6691 | UPPER EXTREM ADD REMV INSERT EA      | UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH      | No Auth Required       |     |  |                      |
| L6692 | UP EXTREM ADD SILCON GEL INSRT/=EA   | UPPER EXTREM ADDITION SILCON GEL INSERT/EQUAL EA    | Authorization Required | DME |  | Full Clinical Review |
| L6693 | UP EXT ADD LOCK ELB FORARM CNTRBAL   | UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE     | Authorization Required | DME |  | Full Clinical Review |
| L6694 | ADD UP EXT PROS CSTM W/LOCK MECH     | ADD UP EXT PROS BELW/ABVE ELB CSTM W/LOCK MECH      | Authorization Required | DME |  | Full Clinical Review |
| L6695 | ADD UP EXT PROS CSTM W/O LOCK MECH   | ADD UP EXT PROS BELW/ABVE ELB CSTM W/O LOCK MECH    | Authorization Required | DME |  | Full Clinical Review |
| L6696 | ADD UP EXT PROS CNGN/TRAUMAT AMP     | ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT      | Authorization Required | DME |  | Full Clinical Review |
| L6697 | ADD UP EXT PROS NOT CNGN/TRAUM AMP   | ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT    | Authorization Required | DME |  | Full Clinical Review |
| L6698 | ADD UP EXT PROS LOCK MECH EXC INSRT  | ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT       | Authorization Required | DME |  | Full Clinical Review |
| L6703 | TERMINAL DEVICE PASSIVE HAND/MITT    | TERMINAL DEVICE PASSIVE HND/MITT ANY MATERIAL SZ    | No Auth Required       |     |  |                      |
| L6704 | TERMINAL DEVC SPORT/REC/WORK ATTACH  | TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH      | Authorization Required | DME |  | Full Clinical Review |
| L6706 | TERMINAL DEVC HOOK MECH VOL OPENING  | TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING         | No Auth Required       |     |  |                      |
| L6707 | TERMINAL DEVC HOOK MECH VOL CLOSING  | TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING         | Authorization Required | DME |  | Full Clinical Review |
| L6708 | TERMINAL DEVC HAND MECH VOL OPENING  | TERMINAL DEVICE HAND MECH VOLUNTARY OPENING         | Authorization Required | DME |  | Full Clinical Review |
| L6709 | TERMINAL DEVC HAND MECH VOL CLOSING  | TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING         | Authorization Required | DME |  | Full Clinical Review |
| L6711 | TERM DVC HOOK MECH VOL OPN PED       | TERM DVC HOOK MECH VOL OPN ANY MATL ANY SZ PED      | Authorization Required | DME |  | Full Clinical Review |
| L6712 | TERM DVC HOOK MECH VOL CLOS PED      | TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED     | Authorization Required | DME |  | Full Clinical Review |
| L6713 | TERM DVC HAND MECH VOL OPN PED       | TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED    | Authorization Required | DME |  | Full Clinical Review |
| L6714 | TERM DEVC HAND MECH VOL CLOS PED     | TERM DEVC HAND MECH VOL CLOS ANY MATL ANY SZ PED    | Authorization Required | DME |  | Full Clinical Review |
| L6715 | TERM DEVC MX ARTC DIG INIT ISS/REPL  | TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL    | Authorization Required | DME |  | Full Clinical Review |
| L6721 | TERM DEVC HOOK/HAND HD MECH VOL OPN  | TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ     | Authorization Required | DME |  | Full Clinical Review |
| L6722 | TERM DEVC HOOK/HND HD MECH VOL CLOS  | TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS          | Authorization Required | DME |  | Full Clinical Review |
| L6805 | ADD TERM DEVICE MODIFIER WRIST UNIT  | ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT        | No Auth Required       |     |  |                      |
| L6810 | ADD TERM DEVC PRECISION PINCH DEVC   | ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE     | No Auth Required       |     |  |                      |
| L6880 | ELEC HAND SW/MYOIELEC CNTRL ARTC DIG | ELEC HAND SWTCH/MYOIELEC CNTRL INDEP ARTC DIG MTR   | Authorization Required | DME |  | Full Clinical Review |
| L6881 | AUTO GRASP ADD UPPER LIMB PROS DEVC  | AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC     | Authorization Required | DME |  | Full Clinical Review |
| L6882 | MICRPROCSS CNTRL ADD UP LIMB PROSTH  | MICRPROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC     | Authorization Required | DME |  | Full Clinical Review |
| L6883 | REPL SOCKET BE/WD MOLDED TO PT MDL   | REPL SOCKET BE/WD MOLDED TO PATIENT MODEL           | Authorization Required | DME |  | Full Clinical Review |
| L6884 | REPL SCKT ABOVE ELB DISART MOLD PT   | REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT     | Authorization Required | DME |  | Full Clinical Review |
| L6885 | REPL SCKT SD/INTRSCAP THOR MOLD PT   | REPL SOCKET SD/INTRSCAPULAR THOR MOLD PT MODEL      | Authorization Required | DME |  | Full Clinical Review |
| L6890 | ADD UP EXT PROSTH GLOV TERM PRFAB    | ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W/FIT&ADJ    | No Auth Required       |     |  |                      |
| L6895 | ADD UP EXT PROSTH GLOV TERM CSTM     | ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB      | Authorization Required | DME |  | Full Clinical Review |
| L6900 | HND REST PART W/GLOV THUMB/1 FNGR    | HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN     | Authorization Required | DME |  | Full Clinical Review |
| L6905 | HND REST PART HND W/GLOV MX FNGR     | HAND REST PART HAND W/GLOVE MX FNGR REMAIN          | Authorization Required | DME |  | Full Clinical Review |
| L6910 | HND REST PART HND W/GLOV NO FNGR     | HAND REST PART HAND W/GLOVE NO FNGR REMAIN          | Authorization Required | DME |  | Full Clinical Review |
| L6915 | HAND REST REPL GLOVE FOR ABOVE       | HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE        | Authorization Required | DME |  | Full Clinical Review |

|       |                                      |   |                        |     |  |                      |  |
|-------|--------------------------------------|---|------------------------|-----|--|----------------------|--|
| L6920 | WRST DISARTC OTTO BOCK/=SWTCH CNTRL  | WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVICE  | Authorization Required | DME |  | Full Clinical Review |  |
| L6925 | WRIST DSRTC OTTO BOCK/=MYOELC CNTRL  | WRST DISARTIC OTTO BOCK/=MYOEELEC CNTRL TERM DEVC | Authorization Required | DME |  | Full Clinical Review |  |
| L6930 | BELW ELBOW OTTO BOCK/=SWITCH CNTRL   | BELOW ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVICE   | Authorization Required | DME |  | Full Clinical Review |  |
| L6935 | BELW ELBOW OTTO BOCK/=MYOEELEC CNTRL | BELOW ELBOW OTTO BOCK/=MYOEELEC CNTRL TERM DEVICE | Authorization Required | DME |  | Full Clinical Review |  |
| L6940 | ELB DISRTC OTTO BOCK/=SWITCH CNTRL   | ELBOW DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC  | Authorization Required | DME |  | Full Clinical Review |  |
| L6945 | ELB DISRTC OTTO BOCK/=MYOELC CNTRL   | ELB DISARTIC OTTO BOCK/=MYOEELEC CNTRL TERM DEVC  | Authorization Required | DME |  | Full Clinical Review |  |
| L6950 | ABOVE ELB OTTO BOCK/=SWITCH CONTROL  | ABOVE ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVC     | Authorization Required | DME |  | Full Clinical Review |  |
| L6955 | ABVE ELBOW OTTO BOCK/=MYOEELEC CNTRL | ABOVE ELBOW OTTO BOCK/=MYOEELEC CNTRL TERM DEVC   | Authorization Required | DME |  | Full Clinical Review |  |
| L6960 | SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL   | SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC   | Authorization Required | DME |  | Full Clinical Review |  |
| L6965 | SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL  | SHOULDR DISARTIC OTTO BOCK/=MYOEELEC CNTRL TERM   | Authorization Required | DME |  | Full Clinical Review |  |
| L6970 | INTERSCAPULR-THOR OTTO BOCK/=SWITCH  | INTERSCAP-THOR OTTO BOCK/=SWITCH CNTRL TERM DEVC  | Authorization Required | DME |  | Full Clinical Review |  |
| L6975 | INTERSCAP-THORAC OTTO BOCK/=MYOEELEC | INTERSCAP-THOR OTTO BOCK/=MYOEELEC CNTRL TERM DVC | Authorization Required | DME |  | Full Clinical Review |  |
| L7007 | ELEC HND SWTCH/MYOEELEC CNTRL ADULT  | ELECTRIC HAND SWITCH/MYOEELECTRIC CONTROL ADULT   | Authorization Required | DME |  | Full Clinical Review |  |
| L7008 | ELEC HAND SWITCH/MYOEELEC CNTRL PED  | ELECTRIC HAND SWITCH/MYOEELECTRIC CNTRL PEDIATRIC | Authorization Required | DME |  | Full Clinical Review |  |
| L7009 | ELEC HOOK SWITCH/MYOELC CNTRL ADULT  | ELECTRIC HOOK SWITCH/MYOEELECTRIC CONTROL ADULT   | Authorization Required | DME |  | Full Clinical Review |  |
| L7040 | PREHENSILE ACTUATOR SWITCH CONTROL   | PREHENSILE ACTUATOR SWITCH CONTROLLED             | Authorization Required | DME |  | Full Clinical Review |  |
| L7045 | ELEC HOOK SWITCH MYOEELEC CNTRL PED  | ELEC HOOK SWITCH/MYOEELECTRIC CONTOL PEDIATRIC    | Authorization Required | DME |  | Full Clinical Review |  |
| L7170 | ELEC ELB HOSMER/EQUAL SWITCH CNTRL   | ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED   | Authorization Required | DME |  | Full Clinical Review |  |
| L7180 | ELEC ELB SEQENTL CNTRL ELB&TRM DEV   | ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB&TERM DEVC  | Authorization Required | DME |  | Full Clinical Review |  |
| L7181 | ELEC ELB SIMULTAN CNTRL ELB&TRM DEV  | ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC    | Authorization Required | DME |  | Full Clinical Review |  |
| L7185 | ELEC ELB ADOLES VRITY VILL/=SWITCH   | ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL  | Authorization Required | DME |  | Full Clinical Review |  |
| L7186 | ELEC ELB CHLD VRITY VILL/=SWITCH     | ELEC ELB CHLD VRITY VILLAGE/EQUAL SWITCH CNTRL    | Authorization Required | DME |  | Full Clinical Review |  |
| L7190 | ELEC ELB ADOLES VRITY VILL/=MYOELC   | ELEC ELB ADOLES VRITY VILLAGE/=MYOEELEC CNTRL     | Authorization Required | DME |  | Full Clinical Review |  |
| L7191 | ELEC ELB CHLD VRITY VILL/=MYOEELEC   | ELEC ELB CHLD VRITY VILL/=MYOEELECTRNICALY CNTRL  | Authorization Required | DME |  | Full Clinical Review |  |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE    | ELECTRONIC WRIST ROTATOR ANY TYPE                 | Authorization Required | DME |  | Full Clinical Review |  |
| L7360 | SIX VOLT BATTERY EACH                | SIX VOLT BATTERY EACH                             | No Auth Required       |     |  |                      |  |
| L7362 | BATTERY CHARGER SIX VOLT EACH        | BATTERY CHARGER SIX VOLT EACH                     | No Auth Required       |     |  |                      |  |
| L7364 | TWELVE VOLT BATTERY EACH             | TWELVE VOLT BATTERY EACH                          | No Auth Required       |     |  |                      |  |
| L7366 | BATTERY CHARGER 12 VOLT EACH         | BATTERY CHARGER 12 VOLT EACH                      | Authorization Required | DME |  | Full Clinical Review |  |
| L7367 | LITHIUM ION BATT RECHARGEABLE REPL   | LITHIUM ION BATTERY RECHARGEABLE REPLACEMENT      | No Auth Required       |     |  |                      |  |
| L7368 | LITHIUM ION BATT CHARGER REPL ONLY   | LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY      | No Auth Required       |     |  |                      |  |
| L7400 | ADD UP EXT PROS BE/WD ULTRALT MATL   | ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL   | No Auth Required       |     |  |                      |  |
| L7401 | ADD UP EXT PROS ABV ED ULTRALT MATL  | ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL      | No Auth Required       |     |  |                      |  |
| L7402 | ADD UP EXT PROS SD/INTRSCAP THOR     | ADD UP EXT PROS SD/INTRSCAPULR THOR ULTRALT MATL  | No Auth Required       |     |  |                      |  |
| L7403 | ADD UP EXT PROS BE/WD ACRYLIC MATL   | ADD UP EXTREM PROS BE/WRIST DISART ACRYLIC MATL   | No Auth Required       |     |  |                      |  |
| L7404 | ADD UP EXT PROS ABVE ED ACRYLC MATL  | ADD UP EXTREM PROS ABOVE ELB DISART ACRYLIC MATL  | Authorization Required | DME |  | Full Clinical Review |  |
| L7405 | ADD UP EXT PROS SD/INTERSCAP THOR    | ADD UP EXTREM PROS SD/INTERSCAP THOR ACRYLC MATL  | Authorization Required | DME |  | Full Clinical Review |  |
| L7499 | UPPER EXTREMITY PROSTHESIS NOS       | UPPER EXTREMITY PROSTHESIS NOS                    | No Auth Required       |     |  |                      |  |
| L7510 | REP PROS DEVC REP/REPL MINOR PART    | REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS   | No Auth Required       |     |  |                      |  |
| L7520 | REPR PROSTH DEVC LABR CMPNT-15 MIN   | REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN   | No Auth Required       |     |  |                      |  |
| L8000 | BREAST PROS MAST BRA NO INTEG FORM   | BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM    | No Auth Required       |     |  |                      |  |
| L8001 | BREAST PROS MAST BRA INTEG FORM UNI  | BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI   | No Auth Required       |     |  |                      |  |
| L8002 | BREAST PROS MAST BRA INTEG FORM BIL  | BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL   | No Auth Required       |     |  |                      |  |
| L8010 | BREAST PROSTHESIS MASTECTOMY SLEEVE  | BREAST PROSTHESIS MASTECTOMY SLEEVE               | No Auth Required       |     |  |                      |  |
| L8015 | EXT BREAST PROS GARMNT POST-MASTECT  | EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT  | No Auth Required       |     |  |                      |  |
| L8020 | BREAST PROSTHESIS MASTECTOMY FORM    | BREAST PROSTHESIS MASTECTOMY FORM                 | No Auth Required       |     |  |                      |  |
| L8030 | BREAST PROS SILCON/=NO INTGRL ADHES  | BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES   | No Auth Required       |     |  |                      |  |
| L8031 | BREAST PROS SILCON/= W/NTGRL ADHES   | BREAST PROSTHESIS SILICONE/EQUAL W/NTEGRAL ADHES  | No Auth Required       |     |  |                      |  |



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| L8032 | NIPPLE PROS PREFAB REUSABL ANY T EA | NIPPLE PROSTHESIS PREFAB REUSABLE ANY TYPE EACH   | No Auth Required       |     |  |                      |
| L8033 | NIP PRS CSTM FB RUSABL ANY MTL T EA | NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA  | Authorization Required |     |  | Full Clinical Review |
| L8035 | CSTM BRST PROSTH POST MASTECT MOLD  | CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL   | Authorization Required | DME |  | Full Clinical Review |
| L8039 | BREAST PROSTHESIS NOS               | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED         | No Auth Required       |     |  |                      |
| L8040 | NASL PROSTH PROVIDED NON-PHYSICIAN  | NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN      | Authorization Required | DME |  | Full Clinical Review |
| L8041 | MIDFCE PROSTH PROV NON-PHYSICIAN    | MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN  | Authorization Required | DME |  | Full Clinical Review |
| L8042 | ORB PROSTH PROVIDED NON-PHYSICIAN   | ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN    | Authorization Required | DME |  | Full Clinical Review |
| L8043 | UPPER FCE PROSTH PROV NON-PHYSICIAN | UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN  | Authorization Required | DME |  | Full Clinical Review |
| L8044 | HEMI-FCE PROSTH PROV NON-PHYSICIAN  | HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN   | Authorization Required | DME |  | Full Clinical Review |
| L8045 | AURICULAR PROSTH PROV NON-PHYSICIAN | AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN  | Authorization Required | DME |  | Full Clinical Review |
| L8046 | PART FCE PROSTH PROV NON-PHYSICIAN  | PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN  | Authorization Required | DME |  | Full Clinical Review |
| L8047 | NASL SEPTAL PROSTH PROV NON-PHYS    | NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN  | Authorization Required | DME |  | Full Clinical Review |
| L8048 | UNS MAXLOFCE PROSTH BR PROV NON-MD  | UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN   | No Auth Required       |     |  |                      |
| L8049 | REP MAXLOFCE PROS EA 15 MIN NON-MD  | REP/MOD MAXLOFCE PROSTH LABR EA 15 MIN NON-MD     | No Auth Required       |     |  |                      |
| L8300 | TRUSS SINGLE WITH STANDARD PAD      | TRUSS SINGLE WITH STANDARD PAD                    | No Auth Required       |     |  |                      |
| L8310 | TRUSS DOUBLE WITH STANDARD PADS     | TRUSS DOUBLE WITH STANDARD PADS                   | No Auth Required       |     |  |                      |
| L8320 | TRUSS ADDITION STANDARD PAD H2O PAD | TRUSS ADDITION TO STANDARD PAD WATER PAD          | No Auth Required       |     |  |                      |
| L8330 | TRUSS ADD STANDARD PAD SCROTAL PAD  | TRUSS ADDITION TO STANDARD PAD SCROTAL PAD        | No Auth Required       |     |  |                      |
| L8400 | PROSTHETIC SHEATH BELOW KNEE EACH   | PROSTHETIC SHEATH BELOW KNEE EACH                 | No Auth Required       |     |  |                      |
| L8410 | PROSTHETIC SHEATH ABOVE KNEE EACH   | PROSTHETIC SHEATH ABOVE KNEE EACH                 | No Auth Required       |     |  |                      |
| L8415 | PROSTHETIC SHEATH UPPER LIMB EACH   | PROSTHETIC SHEATH UPPER LIMB EACH                 | No Auth Required       |     |  |                      |
| L8417 | PROS SHEATH/SOCK-GEL CUSHN BK/AK EA | PROSTH SHEATH/SOCK W/GEL CUSHION LAY BK/AK EACH   | No Auth Required       |     |  |                      |
| L8420 | PROSTHETIC SOCK MX PLY BELW KNEE EA | PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE BK EACH   | No Auth Required       |     |  |                      |
| L8430 | PROSTHETIC SOCK MX PLY ABVE KNEE EA | PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE AK EACH   | No Auth Required       |     |  |                      |
| L8435 | PROSTH SOCK MX PLY UPPER LIMB EA    | PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH      | No Auth Required       |     |  |                      |
| L8440 | PROSTHETIC SHRINKER BELOW KNEE EACH | PROSTHETIC SHRINKER BELOW KNEE BK EACH            | No Auth Required       |     |  |                      |
| L8460 | PROSTHETIC SHRINKER ABOVE KNEE EACH | PROSTHETIC SHRINKER ABOVE KNEE AK EACH            | No Auth Required       |     |  |                      |
| L8465 | PROSTHETIC SHRINKER UPPER LIMB EACH | PROSTHETIC SHRINKER UPPER LIMB EACH               | No Auth Required       |     |  |                      |
| L8470 | PROSTH SOCK SINGLE PLY FIT BK EACH  | PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA  | No Auth Required       |     |  |                      |
| L8480 | PROSTH SOCK 1 PLY FIT ABOVE KNEE EA | PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA  | No Auth Required       |     |  |                      |
| L8485 | PROSTH SOCK 1 PLY FIT UPPER LIMB EA | PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA  | No Auth Required       |     |  |                      |
| L8499 | UNLISTED PROC MISC PROSTH SERVICES  | UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES   | Authorization Required | DME |  | Full Clinical Review |
| L8500 | ARTIFICIAL LARYNX ANY TYPE          | ARTIFICIAL LARYNX ANY TYPE                        | Authorization Required | DME |  | Full Clinical Review |
| L8501 | TRACHEOSTOMY SPEAKING VALVE         | TRACHEOSTOMY SPEAKING VALVE                       | No Auth Required       |     |  |                      |
| L8505 | ARTIFCL LARYNX REPLCMT BATTY/ACSS   | ARTIFCL LARYNX REPLCMT BATTY/ACCESS ANY TYPE      | No Auth Required       |     |  |                      |
| L8507 | TRACHEO-ESOPH VOICE PROSTH PT INSRT | TRACHEO-ESOPH VOICE PROSTH PT INSRT ANY TYPE EA   | No Auth Required       |     |  |                      |
| L8509 | TRACHEO-ESOPH VOICE PROS INSRT PROV | TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV  | No Auth Required       |     |  |                      |
| L8510 | VOICE AMPLIFIER                     | VOICE AMPLIFIER                                   | No Auth Required       |     |  |                      |
| L8511 | INSRT INDWLL TRACHEOESOPH PROS W/WO | INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT  | No Auth Required       |     |  |                      |
| L8512 | GELATIN CAPS/EQUVALNT W/TRACHEOESOP | GELATIN CAPS/EQUVALNT W/TRACHEOESOPH VOICE PROS   | No Auth Required       |     |  |                      |
| L8513 | CLEANING DEVC USED W/TRACHEOESOPH V | CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP  | No Auth Required       |     |  |                      |
| L8514 | TRACHEOESOPH PUNCT DILAT REPLCMT ON | TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA   | No Auth Required       |     |  |                      |
| L8515 | GELATN CAP APPLC DEV TE VOICE PRSTH | GELATIN CAP APPLIC DEVC TRACHEOESOPH VOICE PROSTH | No Auth Required       |     |  |                      |
| L8600 | IMPL BREAST PROSTH SILICONE/EQUAL   | IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL   | Authorization Required | DME |  | Full Clinical Review |
| L8603 | INJ COLL IMPL URIN TRACT 2.5 ML SYR | INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE  | No Auth Required       |     |  |                      |
| L8604 | INJ BULKING AGT URINARY TRACT 1 ML  | INJECTABLE BULKING AGENT URINARY TRACT 1 ML       | No Auth Required       |     |  |                      |
| L8605 | INJ BLK AGT DX/HA CP IMPL ANAL 1 ML | INJ BULK AGT DX/HA COPOLYMER IMPL ANAL CNL 1 ML   | Authorization Required | DME |  | Full Clinical Review |
| L8606 | INJ SYNTH IMPL URIN TRACT 1 ML SYR  | INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE   | No Auth Required       |     |  |                      |
| L8607 | INJ BLK AGT VC MEDIALIZATION 0.1 ML | INJ BULKING AGT VOCAL CORD MEDIALIZATION 0.1 ML   | No Auth Required       |     |  |                      |
| L8608 | MISC EXT COMP SPL/ACCESS ARGUS II   | MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS  | Authorization Required |     |  | Full Clinical Review |
| L8609 | ARTIFICIAL CORNEA                   | ARTIFICIAL CORNEA                                 | Authorization Required | DME |  | Full Clinical Review |
| L8610 | OCULAR IMPLANT                      | OCULAR IMPLANT                                    | Authorization Required | DME |  | Full Clinical Review |
| L8612 | AQUEOUS SHUNT                       | AQUEOUS SHUNT                                     | Authorization Required | DME |  | Full Clinical Review |

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| L8613 | OSSICULA IMPLANT                     | OSSICULA IMPLANT                                  | No Auth Required       |              |  |                      |
| L8614 | COCHLEAR DEVC INCL INT&EXT COMPNENT  | COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS   | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8615 | HEADSET/HEADPIECE COCHLR IMPL REPL   | HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL    | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8616 | MICROPHONE COCHLEAR IMPL DEVC REPL   | MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT    | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8617 | TRNSMTTNG COIL COCHLEAR IMPL REPL    | TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL    | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8618 | TX CBL U CI/AUD OSSEOINTG DVC REPL   | TRNSMT CBL USE CI DEVC/AUD OSSEOINTG DEVC REPL    | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8619 | COCHLR IMPL SPCH PRCSSR/CNTRLR REPL  | COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLER REPL | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8621 | ZUBC AIR BA CI & AUD SD PRC RPL E    | ZINC AIR BATT COCHLR IMPL&AUD SD PROC REPL EA     | No Auth Required       |              |  |                      |
| L8622 | ALKALIN BATT COCHLR IMPL ANY SZ RPL  | ALKALIN BATTERY COCHLEAR IMPL DEVC ANY SZ REPL EA | No Auth Required       |              |  |                      |
| L8623 | LITH ION BATT NOT EAR LEVEL REPL EA  | LITHIUM ION BATTERY OTH THAN EAR LEVEL REPL EA    | No Auth Required       |              |  |                      |
| L8624 | LIB CI/AO DVC SP EAR LEVEL REPL EA   | LIB CI/AUD OSSEOINTG DEVC SP EAR LEVEL REPL EA    | No Auth Required       |              |  |                      |
| L8625 | EXT RECHRG BATT CI/AO DEVC REPL EA   | EXT RECHARGING SYS BATT CI/AO DEVC REPL ONLY EA   | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8627 | COCHLEAR IMPL EXT PROCSSR CMPNT RPL  | COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL  | Authorization Required | DME          |  | Full Clinical Review |
| L8628 | COCHLR IMPL EXT CONTRLLR CMPNT REPL  | COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL    | Authorization Required | DME          |  | Full Clinical Review |
| L8629 | TRANSMIT COIL CABLE COCHLR DEV RPL   | TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL    | No Auth Required       |              |  |                      |
| L8630 | METACARPOPHALANGEAL JOINT IMPLANT    | METACARPOPHALANGEAL JOINT IMPLANT                 | No Auth Required       |              |  |                      |
| L8631 | MPJ REPLCMT TWO/MORE PECES METL CER  | MPJ REPLCMT TWO/MORE PECES METL CERAM-LIKE MATL   | Authorization Required | DME          |  | Full Clinical Review |
| L8641 | METATARSAL JOINT IMPLANT             | METATARSAL JOINT IMPLANT                          | No Auth Required       |              |  |                      |
| L8642 | HALLUX IMPLANT                       | HALLUX IMPLANT                                    | No Auth Required       |              |  |                      |
| L8658 | IP JOINT SPACER SILICONE/= EA        | INTERPHALANGEAL JOINT SPACER SILICONE/EQUAL EACH  | No Auth Required       |              |  |                      |
| L8659 | IP FNGR JNT REPL TWO/> PECES METAL   | IP FNGR JNT REPL TWO/MORE PECES METL CERAM-LIKE   | Authorization Required | DME          |  | Full Clinical Review |
| L8670 | VASC GRAFT MATERIAL SYNTH IMPLANT    | VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT         | Authorization Required | DME          |  | Full Clinical Review |
| L8679 | IMPL NEUROSTIMULATOR PULSE GEN ANY   | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY   | Authorization Required | DME          |  | Full Clinical Review |
| L8681 | PT PROG IMPL NEUROSTM PLSE GEN REPL  | PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY  | Authorization Required | DME          |  | Full Clinical Review |
| L8682 | IMPL NEUROSTIMULATOR RADIOFREQ RECV  | IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER    | Authorization Required | DME          |  | Full Clinical Review |
| L8683 | RF TRNSMT W/IMPL NEUROSTM RF RECV    | RF TRNSMT USE W/IMPLANTABLE NEUROSTM RF RECV      | Authorization Required | DME          |  | Full Clinical Review |
| L8684 | RF TRNSMT BOWEL BLADDR MGMT REPL     | RF TRNSMT IMPL SCRL NEURO BOWEL BLADDR MGMT REPL  | Authorization Required | DME          |  | Full Clinical Review |
| L8689 | EXT RECHARG SYS IMPL NEUROSTM REPL   | EXT RECHARG SYS BATTERY IMPL NEUROSTM REPL ONLY   | Authorization Required | DME          |  | Full Clinical Review |
| L8690 | AUDITORY OSSEOINTEGRD INT/EXT COMP   | AUDITORY OSSEOINTEGRATED DEVC INT/EXT COMPONENTS  | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8691 | AO D EXT SP EXCL TRNSDCR/ACTR RPL EA | AUD OI DEVC EXT SP EXCL TRNSDCR/ACTUATR REPL EA   | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8693 | AUD OSSEOINTEGRATED DEVC ABUT REPL   | AUD OSSEOINTEGRATED DEVC ABUT LENGTH REPL ONLY    | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8694 | AUD OI DVC TRNSDCR/ACTUATR REPL EA   | AUD OSSEOINTEG DEVC TRANSDUCER/ACTR REPL ONLY EA  | Authorization Required | Hearing Aids |  | Full Clinical Review |
| L8695 | EXT RECHARG SYS IMPL NEUROSTM REPL   | EXT RECHARGING SYS BATTERY W/IMPL NEUROSTM REPL   | No Auth Required       |              |  |                      |
| L8696 | ANT FOR IMPL DIA/PN ST DEV REPL EA   | ANTENNA FOR USE W/IMPL DIA/PN ST DEV REPL EA      | No Auth Required       |              |  |                      |
| L8698 | MISC COMP SPL/ACS USE W/TOT AH SYS   | MISC COMP SPL/ACCESS FOR USE WITH TOT AH SYSTEM   | Authorization Required |              |  | Full Clinical Review |
| L8699 | PROSTHETIC IMPLANT NOS               | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED        | No Auth Required       |              |  |                      |
| L8701 | PWR UE ROM AD ELB WR H 1/DBL UP CUS  | PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB   | No Auth Required       |              |  |                      |
| L8702 | PWR UE ROM AD E WR H F 1/DBL UP CUS  | PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS  | No Auth Required       |              |  |                      |
| L9900 | ORTHO/PROSTH SUPP ACCES &/ SERV      | ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE  | No Auth Required       |              |  |                      |
| M1027 | IMAGING OF THE HEAD WAS OBTAINED     | IMAGING OF THE HEAD WAS OBTAINED                  | No Auth Required       |              |  |                      |
| P2028 | CEPHALIN FLOCCULATION BLOOD          | CEPHALIN FLOCCULATION BLOOD                       | No Auth Required       |              |  |                      |
| P2029 | CONGO RED BLOOD                      | CONGO RED BLOOD                                   | No Auth Required       |              |  |                      |
| P2033 | THYMOL TURBIDITY BLOOD               | THYMOL TURBIDITY BLOOD                            | No Auth Required       |              |  |                      |
| P2038 | MUCOPROTEIN BLOOD                    | MUCOPROTEIN BLOOD                                 | No Auth Required       |              |  |                      |
| P3000 | SCR PAP SMER UP TO 3 TECH W/MD SUPV  | SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV   | No Auth Required       |              |  |                      |
| P3001 | SCR PAP SMER UP TO 3 RQR INTEPR MD   | SCR PAP SMER CERV/VAG TO 3 SMERS RQR INTEPR PHYS  | No Auth Required       |              |  |                      |
| P9010 | BLOOD FOR TRANSFUSION PER UNIT       | BLOOD FOR TRANSFUSION PER UNIT                    | No Auth Required       |              |  |                      |
| P9011 | BLOOD SPLIT UNIT                     | BLOOD SPLIT UNIT                                  | No Auth Required       |              |  |                      |
| P9012 | CRYOPRECIPITATE EACH UNIT            | CRYOPRECIPITATE EACH UNIT                         | No Auth Required       |              |  |                      |
| P9016 | RBCS LEUKOCYTES REDUCED EACH UNIT    | RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT      | No Auth Required       |              |  |                      |
| P9017 | FFP FRZN WITHIN 8 HRS CLCT EA UNIT   | FRESH FRZN PLASMA FRZN WITHIN 8 HRS CLCT EA UNIT  | No Auth Required       |              |  |                      |
| P9019 | PLATELETS EACH UNIT                  | PLATELETS EACH UNIT                               | No Auth Required       |              |  |                      |
| P9021 | RED BLOOD CELLS EACH UNIT            | RED BLOOD CELLS EACH UNIT                         | No Auth Required       |              |  |                      |
| P9022 | RED BLOOD CELLS WASHED EACH UNIT     | RED BLOOD CELLS WASHED EACH UNIT                  | No Auth Required       |              |  |                      |
| P9023 | PLASMA POOL MX DONOR FROZEN EA UNIT  | PLSMA MX DONR SOLVNT/DETRGNT TREATD FRZN EA U     | No Auth Required       |              |  |                      |
| P9031 | PLATLTS LEUKOCYTES REDUCED EA UNIT   | PLATELETS LEUKOCYTES REDUCED EACH UNIT            | No Auth Required       |              |  |                      |
| P9032 | PLATELETS IRRADIATED EACH UNIT       | PLATELETS IRRADIATED EACH UNIT                    | No Auth Required       |              |  |                      |
| P9033 | PLATLTS LEUKOCYTES RDOC IRRADATD EA  | PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT   | No Auth Required       |              |  |                      |

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| P9034 | PLATELETS PHERESIS EACH UNIT         | PLATELETS PHERESIS EACH UNIT                      | No Auth Required       |                                  |  |                      |
| P9035 | PLATLTS PHERES LEUKOCYTES RDUCE EA U | PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT   | No Auth Required       |                                  |  |                      |
| P9036 | PLATELETS PHERESIS IRRADATD EA UNIT  | PLATELETS PHERESIS IRRADIATED EACH UNIT           | No Auth Required       |                                  |  |                      |
| P9037 | PLATLT PHERES LEUKOCYR RDUCE IRRADTD | PLATLTS PHERES LEUKOCYTES RDUCE IRRADATD EA UNIT  | No Auth Required       |                                  |  |                      |
| P9038 | RBCS IRRADIATED EACH UNIT            | RED BLOOD CELLS IRRADIATED EACH UNIT              | No Auth Required       |                                  |  |                      |
| P9039 | RBCS DEGLYCEROLIZED EACH UNIT        | RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT          | No Auth Required       |                                  |  |                      |
| P9040 | RBCS LEUKOCYTES RDUCE IRRADATD EA U  | RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT      | No Auth Required       |                                  |  |                      |
| P9041 | INFUSION ALBUMIN HUMAN 5% 50 ML      | INFUSION ALBUMIN HUMAN 5% 50 ML                   | No Auth Required       |                                  |  |                      |
| P9043 | INFUS PLSMA PROT FRAC HUMN 5% 50 ML  | INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 50 ML   | No Auth Required       |                                  |  |                      |
| P9044 | PLSMA CRYOPRECIPITATE RDUCE EA UNIT  | PLASMA CRYOPRECIPITATE REDUCED EACH UNIT          | No Auth Required       |                                  |  |                      |
| P9045 | INFUSION ALBUMIN HUMAN 5% 250 ML     | INFUSION ALBUMIN HUMAN 5% 250 ML                  | No Auth Required       |                                  |  |                      |
| P9046 | INFUSION ALBUMIN HUMAN 25% 20 ML     | INFUSION ALBUMIN HUMAN 25% 20 ML                  | No Auth Required       |                                  |  |                      |
| P9047 | INFUSION ALBUMIN HUMAN 25% 50 ML     | INFUSION ALBUMIN HUMAN 25% 50 ML                  | No Auth Required       |                                  |  |                      |
| P9048 | INFUS PLSMA PROT FRAC HU 5% 250 ML   | INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 250 ML  | No Auth Required       |                                  |  |                      |
| P9050 | GRANULOCYTES PHERESIS EACH UNIT      | GRANULOCYTES PHERESIS EACH UNIT                   | No Auth Required       |                                  |  |                      |
| P9051 | WHOLE BLD/RBCS LEUKOCYTES RDUCE CMV- | WHOLE BLD/RBCS LEUKOCYTES RDUCE CMV-NEG EA UNIT   | No Auth Required       |                                  |  |                      |
| P9052 | PLT HLA-MATCHD LEUKOCYTES RDUCE EACH | PLT HLA-MATCHD LEUKOCYTES RDUCE APHERES/PHERE EA  | No Auth Required       |                                  |  |                      |
| P9053 | PLT PHERES LEUKOCYR RDUCE CMV-NEG EA | PLT PHERES LEUKOCYTES RDUCE CMV-NEG IRRADATD EA   | No Auth Required       |                                  |  |                      |
| P9054 | WHOLE BLD/RBCS LEUKOCYTES RDUCE FRZN | WB/RBCS LEUKOCYTES RDUCE FRZN DEGLYCEROL WASHD EA | No Auth Required       |                                  |  |                      |
| P9055 | PLT LEUKOCYR RDUCE CMV-NEG APH/PHERS | PLT LEUKOCYTES RDUCE CMV-NEG APHERES/PHERES EA    | No Auth Required       |                                  |  |                      |
| P9056 | WHOLE BLD LEUKOCYTES RDUCE IRRADATD  | WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT   | No Auth Required       |                                  |  |                      |
| P9057 | RBCS FRZN/DEGLYCEROLIZED/WASHED LEU  | RBCS FRZN/DEGLYCEROLIZED/WASHED LEUKOCYTES RDUCE  | No Auth Required       |                                  |  |                      |
| P9058 | RBCS LEUKOCYTES RDUCE CMV-NEG IRRADA | RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT  | No Auth Required       |                                  |  |                      |
| P9059 | FRESH FRZN PLAS BETWN 8-24 HR CLCT   | FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT      | No Auth Required       |                                  |  |                      |
| P9060 | FRESH FRZN PLSMA DONR RETESTED EA U  | FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT      | No Auth Required       |                                  |  |                      |
| P9070 | PL POOLD MX DNR PATH RDUCE FRZN EA U | PLASMA POOLED MX DONOR PATHOGEN RDUCE FROZEN EA U | No Auth Required       |                                  |  |                      |
| P9071 | PLASMA PATHOGEN REDUCED FROZEN EA U  | PLASMA PATHOGEN REDUCED FROZEN EACH UNIT          | No Auth Required       |                                  |  |                      |
| P9073 | PLATELETS PHERESIS PATHOGEN-REDUCED  | PLATELETS PHERESIS PATHOGEN-REDUCED EACH UNIT     | No Auth Required       |                                  |  |                      |
| P9099 | BLOOD COMPONENT OR PRODUCT NOC       | BLOOD COMPONENT OR PRODUCT NOC                    | No Auth Required       |                                  |  |                      |
| P9100 | PATHOGEN TEST FOR PLATELETS          | PATHOGEN TEST FOR PLATELETS                       | No Auth Required       |                                  |  |                      |
| P9603 | TRAVL 1 WAY NEC LAB SPEC; ACTL MILE  | TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE   | No Auth Required       |                                  |  |                      |
| P9604 | TRAVL 1 WAY NEC LAB SPEC; TRIP CHRGR | TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRGR | No Auth Required       |                                  |  |                      |
| P9612 | CATH CLCT SPEC 1 PT ALL PLACES SRVC  | CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE   | No Auth Required       |                                  |  |                      |
| P9615 | CATHETERIZATION COLLECTION SPECIMEN  | CATHETERIZATION FOR COLLECTION OF SPECIMEN        | No Auth Required       |                                  |  |                      |
| Q0035 | CARDIOKYMOMOGRAPHY                   | CARDIOKYMOMOGRAPHY                                | No Auth Required       |                                  |  |                      |
| Q0081 | INFUS TX OTH THAN CHEMO RX VISIT     | INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT  | No Auth Required       |                                  |  |                      |
| Q0083 | CHEMO ADMIN NOT INFUS TECH ONLY VST  | CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT    | No Auth Required       |                                  |  |                      |
| Q0084 | CHEMO ADMIN INFUS TECH ONLY VISIT    | CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT     | No Auth Required       |                                  |  |                      |
| Q0085 | CHEMO ADMIN INFUS&OTH TECH VISIT     | CHEMOTHAPY ADMN BOTH INFUS TECH&OTH TECHNIQUE-VST | No Auth Required       |                                  |  |                      |
| Q0091 | SCR PAP SMER; OBTAIN PREP&CONVY-LAB  | SCREEN PAP SMEAR; OBTAIN PREP & CONVEY TO LAB     | No Auth Required       |                                  |  |                      |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT      | SET-UP PORTABLE X-RAY EQUIPMENT                   | No Auth Required       |                                  |  |                      |
| Q0111 | WET MOUNTS W/PREP VAG CERV/SKN SPEC  | WET MOUNTS INCL PREP VAGINAL CERV/SKIN SPECIMENS  | No Auth Required       |                                  |  |                      |
| Q0112 | ALL POTASSIUM HYDROXIDE PREPARATNS   | ALL POTASSIUM HYDROXIDE PREPARATIONS              | No Auth Required       |                                  |  |                      |
| Q0113 | PINWORM EXAMINATION                  | PINWORM EXAMINATION                               | No Auth Required       |                                  |  |                      |
| Q0114 | FERN TEST                            | FERN TEST   | No Auth Required       |                                  |  |                      |
| Q0115 | POST-COITAL DIRECT QUALATATIVE EX    | POST-COITAL DIRECT QUAL EXAM VAGINAL/CERV MUCOS   | Authorization Required | Infertility Testing or Treatment |  | Full Clinical Review |
| Q0138 | INJ FERUMOXYTOL IDA 1 MG NON-ESRD    | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD  | No Auth Required       |                                  |  |                      |
| Q0139 | INJ FERUMOXYTOL TX IDA 1 MG ESRD     | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD  | No Auth Required       |                                  |  |                      |
| Q0161 | CHLORPROMAZINE HCL 5 MG ORAL         | CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL            | No Auth Required       |                                  |  |                      |
| Q0162 | ONDAN 1 MG ORL NOT EXCEED 48 HR DOS  | ONDANSETRON 1 MG ORL NOT EXCEED 48 HR DOSE REG    | No Auth Required       |                                  |  |                      |
| Q0163 | DIPHENHYDRAMINE HCL 50 MG ORAL       | DIPHENHYDRAMINE HCL 50 MG ORAL NOT>48 HR DOSE     | No Auth Required       |                                  |  |                      |
| Q0164 | PROCHLORPERAZINE MALEATE 5 MG ORAL   | PROCHLORPERAZINE MALEATE 5 MG ORL NOT>48 HR DOSE  | No Auth Required       |                                  |  |                      |
| Q0166 | GRANISETRON HCL 1 MG ORAL            | GRANISETRON HCL 1 MG ORL NOT >48 HR DOSE REGIMEN  | No Auth Required       |                                  |  |                      |
| Q0167 | DRONABINOL 2.5 MG ORAL               | DRONABINOL 2.5 MG ORAL NOT >48 HR DOSE REGIMEN    | No Auth Required       |                                  |  |                      |

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| Q0169 | PROMETHAZINE HCL 12.5 MG ORAL        | PROMETHAZINE HCL 12.5 MG ORAL NOT>48 HR DOSE      | No Auth Required       |                                  |  |                      |
| Q0173 | TRIMETHOBENZAMIDE HCL 250 MG ORAL    | TRIMETHOBENZAMIDE HCL 250 MG ORAL NOT>48 HR DOSE  | No Auth Required       |                                  |  |                      |
| Q0174 | THIETHYLPERAZINE MALEATE 10 MG ORAL  | THIETHYLPERAZINE MALEATE 10 MG ORAL NOT>48HR DOSE | No Auth Required       |                                  |  |                      |
| Q0175 | PERPHENZINE 4 MG ORAL                | PERPHENZINE 4 MG ORAL NOT >48 HR DOSE REGIMEN     | No Auth Required       |                                  |  |                      |
| Q0177 | HYDROXYZINE PAMOATE 25 MG ORAL       | HYDROXYZINE PAMOATE 25 MG ORAL NOT >48 HR DOSE    | No Auth Required       |                                  |  |                      |
| Q0180 | DOLASETRON MESYLATE 100 MG ORAL      | DOLASETRON MESYLATE 100 MG ORL NOT >48 HR DOSE    | No Auth Required       |                                  |  |                      |
| Q0181 | UNS ORAL ANTI-EMETIC NOT>48 HR DOSE  | UNS ORAL DOSAGE ANTI-EMETIC NOT >48 HR DOSE REG   | No Auth Required       |                                  |  |                      |
| Q0477 | PWR MODULE PT CABL ELEC/PN VAD REPL  | PWR MODULE PT CABLE ELEC/PNEUMATIC VAD REPL ONLY  | Authorization Required | Surgery of cardiovascular system |  | Full Clinical Review |
| Q0478 | PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP  | POWER ADAPTER ELECTRIC/PNEUMAT VAD VEHICLE TYPE   | No Auth Required       |                                  |  |                      |
| Q0479 | POWER MODULE ELEC/PNEUMAT VAD REPL   | POWER MODULE ELECTRIC/PNEUMATIC VAD REPLACE ONLY  | Authorization Required | DME                              |  | Full Clinical Review |
| Q0480 | DRIVER FOR PNEUMATIC VAD REPL ONLY   | DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY       | Authorization Required | DME                              |  | Full Clinical Review |
| Q0481 | MICROPCSS CU FOR ELEC VAD REPL       | MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY  | Authorization Required | DME                              |  | Full Clinical Review |
| Q0482 | MICROPCSS CU ELEC/PNEUMAT VAD REPL   | MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL   | Authorization Required | DME                              |  | Full Clinical Review |
| Q0483 | MON/DISPLAY MODULE W/ELEC VAD REPL   | MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY     | Authorization Required | DME                              |  | Full Clinical Review |
| Q0484 | MON ELEC OR ELEC/PNEUMAT VAD REPL    | MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY    | Authorization Required | DME                              |  | Full Clinical Review |
| Q0485 | MON CNTRL CABLE FOR ELEC VAD REPL    | MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY      | No Auth Required       |                                  |  |                      |
| Q0486 | MON CABLE FOR ELEC/PNEUMAT VAD RE    | MON CNTRL CABLE FOR ELEC/PNEUMAT VAD REPL ONLY    | No Auth Required       |                                  |  |                      |
| Q0487 | LEADS FOR ANY ELEC/PNEUMAT VAD REPL  | LEADS FOR ANY TYPE ELEC/PNEUMAT VAD REPL ONLY     | No Auth Required       |                                  |  |                      |
| Q0488 | POWER PACK BASE FOR ELEC VAD REPL    | POWER PACK BASE FOR USE W/ELEC VAD REPL ONLY      | No Auth Required       |                                  |  |                      |
| Q0489 | PWR PACK BASE ELEC/PNEUMAT VAD RE    | POWER PACK BASE FOR ELEC/PNEUMAT VAD REPL ONLY    | Authorization Required | DME                              |  | Full Clinical Review |
| Q0490 | EMERGENCY PWR SRC FOR ELEC VAD RE    | EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY     | Authorization Required | DME                              |  | Full Clinical Review |
| Q0491 | EMERG PWR SRC ELEC/PNEUMAT VAD RE    | EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY    | Authorization Required | DME                              |  | Full Clinical Review |
| Q0492 | EMERG PWR CABLE FOR ELEC VAD REPL    | EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY  | No Auth Required       |                                  |  |                      |
| Q0493 | EMRG PWR CABL ELEC/PNEUMAT VAD REPL  | EMERG PWR CABLE FOR ELEC/PNEUMAT VAD REPL ONLY    | No Auth Required       |                                  |  |                      |
| Q0494 | EMERGENCY HAND PUMP REPLACEMNT ONL   | EMERGENCY HAND PUMP REPLACEMENT ONLY              | No Auth Required       |                                  |  |                      |
| Q0495 | BATT CHRGR ELEC/ELEC-PNEUMAT VAD RPL | BATT CHRGR ELEC OR ELEC/PNEUMAT VAD REPL ONLY     | Authorization Required | DME                              |  | Full Clinical Review |
| Q0496 | BATT NOT LITHIUM-ION ELEC VAD REPL   | BATTERY NOT LITHIUM-ION ELEC/PNEUMAT VAD REPL     | Authorization Required | DME                              |  | Full Clinical Review |
| Q0497 | BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL  | BATT CLPS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY  | No Auth Required       |                                  |  |                      |
| Q0498 | HOLSTR ELEC/ELEC-PNEUMAT VAD REPL    | HOLSTER FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY    | No Auth Required       |                                  |  |                      |
| Q0499 | BELT/VEST/BAG ANY TYPE VAD RPL ONLY  | BELT/VEST/BAG CARRY ANY TYPE VAD REPLACE ONLY     | No Auth Required       |                                  |  |                      |
| Q0500 | FLTRS ELEC OR ELEC/PNEUMAT VAD REPL  | FILTERS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY    | No Auth Required       |                                  |  |                      |
| Q0501 | SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL  | SHOWER COVER ELEC OR ELEC/PNEUMAT VAD REPL ONLY   | No Auth Required       |                                  |  |                      |
| Q0502 | MOBILITY CART FOR PNEUMAT VAD REPL   | MOBILITY CART FOR PNEUMATIC VAD REPL ONLY         | Authorization Required | DME                              |  | Full Clinical Review |
| Q0503 | BATT FOR PNEUMAT VAD REPL ONLY EA    | BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH   | Authorization Required | DME                              |  | Full Clinical Review |
| Q0504 | PWR ADPTR PNEUMAT VAD REPL VEH TYPE  | POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE  | Authorization Required | DME                              |  | Full Clinical Review |
| Q0506 | BATT LITHIUM-ION ELEC VAD REPL       | BATTERY LITHIUM-ION ELEC/PNEUMATIC VAD REPL       | Authorization Required | DME                              |  | Full Clinical Review |
| Q0507 | MISC SUPPLY/ACCESSORY USE W/EXT VAD  | MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD    | Authorization Required |                                  |  | Full Clinical Review |
| Q0508 | MISC SUPL/ACCSSRY USE W/IMPLANT VAD  | MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD   | Authorization Required |                                  |  | Full Clinical Review |
| Q0509 | MISC SPL IMPL VAD NO PAY MCR PRT A   | MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A  | Authorization Required |                                  |  | Full Clinical Review |
| Q0510 | PHRM SPL FEE IMS 1ST MO FLW TPLNT    | PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPNT   | No Auth Required       |                                  |  |                      |
| Q0511 | PHRM FEE O ANTI-CA-EMET/IS RX;30-DA  | PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA  | No Auth Required       |                                  |  |                      |
| Q0512 | PHRM FEE O ANTI-CA EMET/IS RX;SBSQT  | PHRM FEE O ANTI-CA ANTI-EMET/IS RX; SUBSQ 30-DA   | No Auth Required       |                                  |  |                      |
| Q0513 | PHRM DISPNS FEE INHAL RX;-30 DAYS    | PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS    | No Auth Required       |                                  |  |                      |
| Q0514 | PHRM DISPNS FEE INHAL RX;-90 DAYS    | PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS    | No Auth Required       |                                  |  |                      |
| Q0515 | INJ SERMORELIN ACTATE 1 MCG          | INJECTION SERMORELIN ACETATE 1 MICROGRAM          | No Auth Required       |                                  |  |                      |
| Q1004 | NEW TECH IO LENS CATGY 4 FED REG     | NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG      | No Auth Required       |                                  |  |                      |
| Q1005 | NEW TECH IO LENS CATGY 5 FED REG     | NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG      | No Auth Required       |                                  |  |                      |
| Q2004 | IRRIG SOL TX BLADDER CALCULI 500 ML  | IRRIGATION SOL TX BLADDER CALCULI PER 500 ML      | No Auth Required       |                                  |  |                      |
| Q2009 | INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ  | INJ FOSPHENYTOIN 50 MG PHENYTOIN EQUIVALENT       | No Auth Required       |                                  |  |                      |
| Q2017 | INJECTION TENIPOSIDE 50 MG           | INJECTION TENIPOSIDE 50 MG                        | Authorization Required | Drug Administration              |  | Full Clinical Review |
| Q2026 | INJECTION RADIESSE 0.1ML             | INJECTION RADIESSE 0.1ML                          | No Auth Required       |                                  |  |                      |
| Q2028 | INJECTION SCULPTRA 0.5 MG            | INJECTION SCULPTRA 0.5 MG                         | No Auth Required       |                                  |  |                      |

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| Q2034 | FLU VIRUS VAC SPLIT VRS IM AGRIFLU  | FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU  | No Auth Required       |                     |  |                      |
| Q2035 | FLU VACC SPLIT 3 YRS & > IM AFLURIA | INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM AFLURIA  | No Auth Required       |                     |  |                      |
| Q2036 | FLU VACC SPLIT 3 YR & > IM FLULAVAL | INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLULAVAL | No Auth Required       |                     |  |                      |
| Q2037 | FLU VACC SPLIT 3 YR & > IM FLUVIRIN | INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUVIRIN | No Auth Required       |                     |  |                      |
| Q2038 | FLU VACC SPLIT 3 YRS & > IM FLUZONE | INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUZONE  | No Auth Required       |                     |  |                      |
| Q2039 | INFLUENZA VIRUS VACCINE NOS         | INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED  | No Auth Required       |                     |  |                      |
| Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR P  | KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD   | Authorization Required | Drug Administration |  | Full Clinical Review |
| Q2042 | CTL019 TO 600 M CAR+ VI T CE P TD   | TISAGENLEUCCEL TO 600 M CAR-POS VI T CE PER TD   | Authorization Required | Drug Administration |  | Full Clinical Review |
| Q2043 | SIPULEUCEL-T AUTO CD54+             | SIPULEUCEL-T AUTO CD54+                          | Authorization Required | Drug Administration |  | Full Clinical Review |
| Q2049 | INJ DOX HCI LIP IMPRT LIPODOX 10 MG | INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |
| Q2050 | INJ DOXORUBICIN HCL LIPO NOS 10 MG  | INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG    | Authorization Required | Drug Administration |  | Full Clinical Review |
| Q2052 | SERVICE SUPP HOME MEDICARE IVIG DEM | SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM      | No Auth Required       |                     |  |                      |
| Q3001 | ADJUNCTIVE PROCEDURE                | ADJUNCTIVE PROCEDURE                             | No Auth Required       |                     |  |                      |
| Q3014 | TELEHEALTH ORIG SITE FACILITY FEE   | TELEHEALTH ORIGINATING SITE FACILITY FEE         | No Auth Required       |                     |  |                      |
| Q3027 | INJ INTERFERON BETA-1A 1 MCG IM USE | INJECTION INTERFERON BETA-1A 1 MCG IM USE        | No Auth Required       |                     |  |                      |
| Q3031 | COLLAGEN SKIN TEST                  | COLLAGEN SKIN TEST                               | No Auth Required       |                     |  |                      |
| Q4001 | CAST BDY CAST ADLT W/VO HEAD PLAST  | CASTING SPL BODY CAST ADULT W/VO HEAD PLASTR     | No Auth Required       |                     |  |                      |
| Q4002 | CAST BDY CAST ADLT W/VO HEAD F-GLSS | CAST SUPPLIES BODY CAST ADULT W/VO HEAD FIBRGLS  | No Auth Required       |                     |  |                      |
| Q4003 | CAST SPL SHLDR CAST ADULT PLASTR    | CAST SUPPLIES SHOULDER CAST ADULT PLASTER        | No Auth Required       |                     |  |                      |
| Q4004 | CAST SPL SHLDR CAST ADULT FIBRGLS   | CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS     | No Auth Required       |                     |  |                      |
| Q4005 | CAST SPL LONG ARM CAST ADULT PLASTR | CAST SUPPLIES LONG ARM CAST ADULT PLASTER        | No Auth Required       |                     |  |                      |
| Q4006 | CAST SPL LONG ARM CAST ADLT FIBRGLS | CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS     | No Auth Required       |                     |  |                      |
| Q4007 | CAST SPL LNG ARM CAST PED PLASTR    | CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER    | No Auth Required       |                     |  |                      |
| Q4008 | CAST SPL LNG ARM CAST PED FIBRGLS   | CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS | No Auth Required       |                     |  |                      |
| Q4009 | CAST SPL SHORT ARM CAST ADLT PLASTR | CAST SUPPLIES SHORT ARM CAST ADULT PLASTER       | No Auth Required       |                     |  |                      |
| Q4010 | CAST SPL SHRT ARM CAST ADLT FIBRGLS | CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS    | No Auth Required       |                     |  |                      |
| Q4011 | CAST SPL SHORT ARM CAST PED PLASTR  | CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER   | No Auth Required       |                     |  |                      |
| Q4012 | CAST SPL SHORT ARM CAST PED FIBRGLS | CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS   | No Auth Required       |                     |  |                      |
| Q4013 | CAST SPL GAUNTLT CAST ADULT PLASTR  | CAST SUPPLIES GAUNTLET CAST ADULT PLASTER        | No Auth Required       |                     |  |                      |
| Q4014 | CAST SPL GAUNTLET CAST ADLT F-GLASS | CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS     | No Auth Required       |                     |  |                      |
| Q4015 | CAST SPL GAUNTLT CAST PED PLASTR    | CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER    | No Auth Required       |                     |  |                      |
| Q4016 | CAST SPL GAUNTLET CAST PED F-GLASS  | CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS | No Auth Required       |                     |  |                      |
| Q4017 | CAST SPL LNG ARM SPLINT ADLT PLASTR | CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER      | No Auth Required       |                     |  |                      |
| Q4018 | CAST SPL LNG ARM SPLNT ADLT FIBRGLS | CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS   | No Auth Required       |                     |  |                      |
| Q4019 | CAST SPL LNG ARM SPLINT PED PLASTR  | CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER  | No Auth Required       |                     |  |                      |
| Q4020 | CAST SPL LNG ARM SPLINT PED FIBRGLS | CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS  | No Auth Required       |                     |  |                      |
| Q4021 | CAST SPL SHRT ARM SPLINT ADLT PLAST | CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER     | No Auth Required       |                     |  |                      |
| Q4022 | CAST SPL SHRT ARM SPLNT ADLT F-GLSS | CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS  | No Auth Required       |                     |  |                      |
| Q4023 | CAST SPL SHORT ARM SPLINT PED PLAST | CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER | No Auth Required       |                     |  |                      |
| Q4024 | CAST SPL SHRT ARM SPLNT PED FIBRGLS | CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS | No Auth Required       |                     |  |                      |
| Q4025 | CAST SPL HIP SPICA ADULT PLASTR     | CAST SUPPLIES HIP SPICA ADULT PLASTER            | No Auth Required       |                     |  |                      |
| Q4026 | CAST SPL HIP SPICA ADULT FIBRGLS    | CAST SUPPLIES HIP SPICA ADULT FIBERGLASS         | No Auth Required       |                     |  |                      |
| Q4027 | CAST SPL HIP SPICA PEDIATRIC PLASTR | CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER        | No Auth Required       |                     |  |                      |
| Q4028 | CAST SPL HIP SPICA PED FIBRGLS      | CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS     | No Auth Required       |                     |  |                      |
| Q4029 | CAST SPL LONG LEG CAST ADULT PLASTR | CAST SUPPLIES LONG LEG CAST ADULT PLASTER        | No Auth Required       |                     |  |                      |
| Q4030 | CAST SPL LONG LEG CAST ADLT FIBRGLS | CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS     | No Auth Required       |                     |  |                      |
| Q4031 | CAST SPL LNG LEG CAST PED PLASTR    | CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER    | No Auth Required       |                     |  |                      |
| Q4032 | CAST SPL LNG LEG CAST PED FIBRGLS   | CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS | No Auth Required       |                     |  |                      |
| Q4033 | CAST LNG LEG CYCLE CAST ADLT PLAST  | CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER  | No Auth Required       |                     |  |                      |
| Q4034 | CAST LNG LEG CYCLE CAST ADLT F-GLSS | CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS | No Auth Required       |                     |  |                      |
| Q4035 | CAST LNG LEG CYCLE CAST PED PLAST   | CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR     | No Auth Required       |                     |  |                      |
| Q4036 | CAST LNG LEG CYCLE CAST PED F-GLSS  | CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS   | No Auth Required       |                     |  |                      |
| Q4037 | CAST SPL SHORT LEG CAST ADLT PLASTR | CAST SUPPLIES SHORT LEG CAST ADULT PLASTER       | No Auth Required       |                     |  |                      |

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| Q4038 | CAST SPL SHRT LEG CAST ADLT FIBRGLS  | CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS      | No Auth Required       |  |                      |  |
| Q4039 | CAST SPL SHORT LEG CAST PED PLASTR   | CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER     | No Auth Required       |  |                      |  |
| Q4040 | CAST SPL SHORT LEG CAST PED FIBRGLS  | CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS     | No Auth Required       |  |                      |  |
| Q4041 | CAST SPL LNG LEG SPLINT ADLT PLASTR  | CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER        | No Auth Required       |  |                      |  |
| Q4042 | CAST SPL LNG LEG SPLINT ADLT FIBRGLS | CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS     | No Auth Required       |  |                      |  |
| Q4043 | CAST SPL LNG LEG SPLINT PED PLASTR   | CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER    | No Auth Required       |  |                      |  |
| Q4044 | CAST SPL LNG LEG SPLINT PED FIBRGLS  | CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS    | No Auth Required       |  |                      |  |
| Q4045 | CAST SPL SHRT LEG SPLINT ADLT PLAST  | CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER       | No Auth Required       |  |                      |  |
| Q4046 | CAST SPL SHRT LEG SPLINT ADLT F-GLSS | CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS    | No Auth Required       |  |                      |  |
| Q4047 | CAST SPL SHORT LEG SPLINT PED PLAST  | CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER   | No Auth Required       |  |                      |  |
| Q4048 | CAST SPL SHRT LEG SPLINT PED FIBRGLS | CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS   | No Auth Required       |  |                      |  |
| Q4049 | FINGER SPLINT STATIC                 | FINGER SPLINT STATIC                               | No Auth Required       |  |                      |  |
| Q4050 | CAST SPL UNLIST TYPES&MATL CASTS     | CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS    | No Auth Required       |  |                      |  |
| Q4051 | SPLINT SUPPLIES MISCELLANEOUS        | SPLINT SUPPLIES MISCELLANEOUS                      | Authorization Required |  | Full Clinical Review |  |
| Q4074 | ILOPROST INHAL UNIT DOSE TO 20 MCG   | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG    | No Auth Required       |  |                      |  |
| Q4081 | INJ EPOETIN ALFA 100 UNITS           | INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS    | No Auth Required       |  |                      |  |
| Q4082 | DRUG/BIOLOGICAL NOC PART B DRUG CAP  | DRUG OR BIOLOGICAL NOC PART B DRUG CAP             | No Auth Required       |  |                      |  |
| Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECI  | SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED            | No Auth Required       |  |                      |  |
| Q4101 | APLIGRAF PER SQ CM                   | APLIGRAF PER SQ CM                                 | No Auth Required       |  |                      |  |
| Q4102 | OASIS WOUND MATRIX PER SQ CM         | OASIS WOUND MATRIX PER SQ CM                       | No Auth Required       |  |                      |  |
| Q4103 | OASIS BURN MATRIX PER SQ CM          | OASIS BURN MATRIX PER SQ CM                        | No Auth Required       |  |                      |  |
| Q4104 | INTEGRA BMWD PER SQ CM               | INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM    | No Auth Required       |  |                      |  |
| Q4105 | INTGRA DRT/OMNIGR DERM RGN MTX P SC  | INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM    | No Auth Required       |  |                      |  |
| Q4106 | DERMAGRAFT PER SQ CM                 | DERMAGRAFT PER SQ CM                               | No Auth Required       |  |                      |  |
| Q4107 | GRAFTJACKET PER SQ CM                | GRAFTJACKET PER SQ CM                              | No Auth Required       |  |                      |  |
| Q4108 | INTEGRA MATRIX PER SQ CM             | INTEGRA MATRIX PER SQ CM                           | No Auth Required       |  |                      |  |
| Q4110 | PRIMATRIX PER SQ CM                  | PRIMATRIX PER SQ CM                                | No Auth Required       |  |                      |  |
| Q4111 | GAMMAGRAFT PER SQ CM                 | GAMMAGRAFT PER SQ CM                               | No Auth Required       |  |                      |  |
| Q4112 | CYMETRA INJECTABLE 1 CC              | CYMETRA INJECTABLE 1 CC                            | No Auth Required       |  |                      |  |
| Q4113 | GRAFTJACKET XPRESS INJECTABLE 1CC    | GRAFTJACKET XPRESS INJECTABLE 1 CC                 | No Auth Required       |  |                      |  |
| Q4114 | INTEGRA FLOWABL WND MATRIX INJ 1 CC  | INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC      | No Auth Required       |  |                      |  |
| Q4115 | ALLOSKIN PER SQ CM                   | ALLOSKIN PER SQ CM                                 | No Auth Required       |  |                      |  |
| Q4116 | ALLODERM PER SQ CM                   | ALLODERM PER SQ CM                                 | No Auth Required       |  |                      |  |
| Q4117 | HYALOMATRIX PER SQ CM                | HYALOMATRIX PER SQ CM                              | No Auth Required       |  |                      |  |
| Q4118 | MATRISTEM MICROMATRIX 1 MG           | MATRISTEM MICROMATRIX 1 MG                         | No Auth Required       |  |                      |  |
| Q4121 | THERASKIN PER SQ CM                  | THERASKIN PER SQ CM                                | No Auth Required       |  |                      |  |
| Q4122 | DERMACELL DERMACELL AWM/POROUS P SC  | DERMACELL DERMACELL AWM/POROUS P SC                | No Auth Required       |  |                      |  |
| Q4123 | ALLOSKIN RT PER SQ CM                | ALLOSKIN RT PER SQ CM                              | No Auth Required       |  |                      |  |
| Q4124 | OASIS ULTRA TRI-LAY WND MATRX SQ CM  | OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM       | No Auth Required       |  |                      |  |
| Q4125 | ARTHROFLEX PER SQ CM                 | ARTHROFLEX PER SQ CM                               | No Auth Required       |  |                      |  |
| Q4126 | MEMODERM TRANZGRAFT/INTEGUPLY SQ CM  | MEMODERM DERMASPERAN TRANZGRFT/INTEGUPLY PER SQ CM | No Auth Required       |  |                      |  |
| Q4127 | TALYMED PER SQ CM                    | TALYMED PER SQ CM                                  | No Auth Required       |  |                      |  |
| Q4128 | FLEX HD OR ALLOPATCH HD PER SQ CM    | FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM          | No Auth Required       |  |                      |  |
| Q4130 | STRATTICE PER SQ CM                  | STRATTICE PER SQ CM                                | No Auth Required       |  |                      |  |
| Q4132 | GRAFIX CORE & GRAFIXPL CORE-SQ CM    | GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM        | No Auth Required       |  |                      |  |
| Q4133 | GRFX P GRFXPL P STRVX & STRVXPL SC   | GRAFIX PRM GRAFIXPL PRM STRAVIX & STRAVIXPL P SC   | No Auth Required       |  |                      |  |
| Q4134 | HMATRIX PER SQUARE CENTIMETER        | HMATRIX PER SQUARE CENTIMETER                      | No Auth Required       |  |                      |  |
| Q4135 | MEDISKIN PER SQUARE CENTIMETER       | MEDISKIN PER SQUARE CENTIMETER                     | No Auth Required       |  |                      |  |
| Q4136 | E-Z DERM PER SQUARE CENTIMETER       | E-Z DERM PER SQUARE CENTIMETER                     | No Auth Required       |  |                      |  |
| Q4137 | AMNIOEXL AMNIOEL PLUS/BIODEXL P SC   | AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL PER SQ CM     | No Auth Required       |  |                      |  |
| Q4138 | BIODFENCE DRYFLEX PER SQ CM          | BIODFENCE DRYFLEX PER SQ CM                        | No Auth Required       |  |                      |  |
| Q4139 | AMNIOMATRIX OR BIODMATRIX INJ 1 CC   | AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC          | No Auth Required       |  |                      |  |
| Q4140 | BIODFENCE PER SQ CM                  | BIODFENCE PER SQ CM                                | No Auth Required       |  |                      |  |
| Q4141 | ALLOSKIN AC PER SQ CM                | ALLOSKIN AC PER SQ CM                              | No Auth Required       |  |                      |  |
| Q4142 | XCM BIOLOGIC TISSUE MATRIX PER SQ CM | XCM BIOLOGIC TISSUE MATRIX PER SQ CM               | No Auth Required       |  |                      |  |
| Q4143 | REPRIZA PER SQ CM                    | REPRIZA PER SQ CM                                  | No Auth Required       |  |                      |  |
| Q4145 | EPIFIX INJECTABLE 1 MG               | EPIFIX INJECTABLE 1 MG                             | No Auth Required       |  |                      |  |
| Q4146 | TENSIX PER SQ CM                     | TENSIX PER SQ CM                                   | No Auth Required       |  |                      |  |
| Q4147 | ARCHITECT EXTRACELLULAR MATRIX PER   | ARCHITECT EXTRACELLULAR MATRIX PER SQ CM           | No Auth Required       |  |                      |  |
| Q4148 | NEOX CORD 1K-RT/CLARIX CORD 1K-SC    | NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-SQ CM     | No Auth Required       |  |                      |  |
| Q4149 | EXCELLAGEN 0.1 CC                    | EXCELLAGEN 0.1 CC                                  | No Auth Required       |  |                      |  |
| Q4150 | ALLOWRAP DS/DRY PER SQ CENTIMETER    | ALLOWRAP DS OR DRY PER SQUARE CENTIMETER           | No Auth Required       |  |                      |  |
| Q4151 | AMNIOBAND/GUARDIAN PER SQ CENTIMETR  | AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER        | No Auth Required       |  |                      |  |
| Q4152 | DERMAPURE PER SQUARE CENTIMETER      | DERMAPURE PER SQUARE CENTIMETER                    | No Auth Required       |  |                      |  |
| Q4153 | DERMAVEST AND PLURIVEST PER SQ CM    | DERMAVEST AND PLURIVEST PER SQ CM                  | No Auth Required       |  |                      |  |

|       |  |  |                        |               |   |                      |  |
|-------|--|--|------------------------|---------------|---|----------------------|--|
| Q4154 | BIOVANCE PER SQUARE CENTIMETER                       | BIOVANCE PER SQUARE CENTIMETER                   | No Auth Required       |               |   |                      |  |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG                            | NEOXFLO OR CLARIXFLO 1 MG                        | No Auth Required       |               |   |                      |  |
| Q4156 | NEOX 100 OR CLARIX 100-SQUARE CM                     | NEOX 100 OR CLARIX 100 PER SQUARE CM             | No Auth Required       |               |   |                      |  |
| Q4157 | REVITALON PER SQUARE CENTIMETER                      | REVITALON PER SQUARE CENTIMETER                  | No Auth Required       |               |   |                      |  |
| Q4158 | KERECIS OMEGA3 PER SQUARE CM                         | KERECIS OMEGA3 PER SQUARE CM                     | No Auth Required       |               |   |                      |  |
| Q4159 | AFFINITY PER SQUARE CENTIMETER                       | AFFINITY PER SQUARE CENTIMETER                   | No Auth Required       |               |   |                      |  |
| Q4160 | NUSHIELD PER SQUARE CENTIMETER                       | NUSHIELD PER SQUARE CENTIMETER                   | No Auth Required       |               |   |                      |  |
| Q4161 | BIO-CONNKT WOUND MATRIX PER SQ CM                    | BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER    | No Auth Required       |               |   |                      |  |
| Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC                     | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC                 | No Auth Required       |               |   |                      |  |
| Q4163 | WOUNDEX BIOSKIN PER SQUARE CM                        | WOUNDEX BIOSKIN PER SQUARE CM                    | No Auth Required       |               |   |                      |  |
| Q4164 | HELICOLL PER SQUARE CENTIMETER                       | HELICOLL PER SQUARE CENTIMETER                   | No Auth Required       |               |   |                      |  |
| Q4165 | KERAMATRIX OR KERASORB PER SQ CM                     | KERAMATRIX OR KERASORB PER SQ CM                 | No Auth Required       |               |   |                      |  |
| Q4166 | CYTAL PER SQ CM                                      | CYTAL PER SQ CM                                  | No Auth Required       |               |   |                      |  |
| Q4167 | TRUSKIN PER SQ CM                                    | TRUSKIN PER SQ CM                                | No Auth Required       |               |   |                      |  |
| Q4168 | AMNIOBAND 1 MG                                       | AMNIOBAND 1 MG                                   | No Auth Required       |               |   |                      |  |
| Q4169 | ARTACENT WOUND PER SQ CM                             | ARTACENT WOUND PER SQ CM                         | No Auth Required       |               |   |                      |  |
| Q4170 | CYGNUS PER SQ CM                                     | CYGNUS PER SQ CM                                 | No Auth Required       |               |   |                      |  |
| Q4171 | INTERFYL 1 MG  | INTERFYL 1 MG                                    | No Auth Required       |               |   |                      |  |
| Q4173 | PALINGEN/PALINGEN XPLUS PER SQ CM                    | PALINGEN OR PALINGEN XPLUS PER SQ CM             | No Auth Required       |               |   |                      |  |
| Q4174 | PALINGEN/PROMATRX 0.36 MG P 0.25 CC                  | PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC         | No Auth Required       |               |   |                      |  |
| Q4175 | MIRODERM PER SQ CM                                   | MIRODERM PER SQ CM                               | No Auth Required       |               |   |                      |  |
| Q4176 | NEOPATCH PER SQUARE CM                               | NEOPATCH PER SQUARE CM                           | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4177 | FLOWERAMNIOFLO 0.1 CC                                | FLOWERAMNIOFLO 0.1 CC                            | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4178 | FLOWERAMNIOPATCH PER SQUARE CM                       | FLOWERAMNIOPATCH PER SQUARE CM                   | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4179 | FLOWERDERM PER SQUARE CM                             | FLOWERDERM PER SQUARE CM                         | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4180 | REVITA PER SQUARE CM                                 | REVITA PER SQUARE CM                             | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4181 | AMNIO WOUND PER SQUARE CM                            | AMNIO WOUND PER SQUARE CM                        | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4182 | TRANSCYTE PER SQUARE CM                              | TRANSCYTE PER SQUARE CM                          | Authorization Required | Wound Therapy | PA for Code in Group Applies to All Codes within Specific Group | Full Clinical Review |  |
| Q4183 | SURGIGRAFT PER SQ CM                                 | SURGIGRAFT PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4184 | CELLESTA OR CELLESTA DUO PER SQ CM                   | CELLESTA OR CELLESTA DUO PER SQ CM               | No Auth Required       |               |   |                      |  |
| Q4185 | CELLESTA FLOWABLE AMNION;PER 0.5 CC                  | CELLESTA FLOWABLE AMNION; PER 0.5 CC             | No Auth Required       |               |   |                      |  |
| Q4186 | EPIFIX PER SQ CM                                     | EPIFIX PER SQ CM                                 | No Auth Required       |               |   |                      |  |
| Q4187 | EPICORD PER SQ CM                                    | EPICORD PER SQ CM                                | No Auth Required       |               |   |                      |  |
| Q4188 | AMNIOARMOR PER SQ CM                                 | AMNIOARMOR PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4189 | ARTACENT AC 1 MG                                     | ARTACENT AC 1 MG                                 | No Auth Required       |               |   |                      |  |
| Q4190 | ARTACENT AC PER SQ CM                                | ARTACENT AC PER SQ CM                            | No Auth Required       |               |   |                      |  |
| Q4191 | RESTORIGIN PER SQ CM                                 | RESTORIGIN PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4192 | RESTORIGIN 1 CC                                      | RESTORIGIN 1 CC                                  | No Auth Required       |               |   |                      |  |
| Q4193 | COLL-E-DERM PER SQ CM                                | COLL-E-DERM PER SQ CM                            | No Auth Required       |               |   |                      |  |
| Q4194 | NOVACHOR PER SQ CM                                   | NOVACHOR PER SQ CM                               | No Auth Required       |               |   |                      |  |
| Q4195 | PURAPLY PER SQ CM                                    | PURAPLY PER SQ CM                                | No Auth Required       |               |   |                      |  |
| Q4196 | PURAPLY AM PER SQ CM                                 | PURAPLY AM PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4197 | PURAPLY XT PER SQ CM                                 | PURAPLY XT PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQ CM                  | GENESIS AMNIOTIC MEMBRANE PER SQ CM              | No Auth Required       |               |   |                      |  |
| Q4200 | SKINTE PER SQ CM                                     | SKINTE PER SQ CM                                 | No Auth Required       |               |   |                      |  |
| Q4201 | MATRION PER SQ CM                                    | MATRION PER SQ CM                                | No Auth Required       |               |   |                      |  |
| Q4202 | KEROXX (2.5G/CC) 1CC                                 | KEROXX (2.5G/CC) 1CC                             | No Auth Required       |               |   |                      |  |
| Q4203 | DERMA-GIDE PER SQ CM                                 | DERMA-GIDE PER SQ CM                             | No Auth Required       |               |   |                      |  |
| Q4204 | XWRAP PER SQ CM                                      | XWRAP PER SQ CM                                  | No Auth Required       |               |   |                      |  |
| Q4205 | MEMBRANE GFT/MEMBRANE WRAP P SQ CM                   | MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM        | No Auth Required       |               |   |                      |  |
| Q4206 | FLUID FLOW OR FLUID GF 1 CC                          | FLUID FLOW OR FLUID GF 1 CC                      | No Auth Required       |               |   |                      |  |
| Q4208 | NOVAFIX PER SQ CM                                    | NOVAFIX PER SQ CM                                | No Auth Required       |               |   |                      |  |
| Q4209 | SURGRAFT PER SQ CM                                   | SURGRAFT PER SQ CM                               | No Auth Required       |               |   |                      |  |
| Q4210 | AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM                  | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM     | No Auth Required       |               |   |                      |  |
| Q4211 | AMNION BIO/AXOBIOMEMBRANE PER SQ CM                  | AMNION BIO OR AXOBIOMEMBRANE PER SQ CM           | No Auth Required       |               |   |                      |  |
| Q4212 | ALLOGEN PER CC                                       | ALLOGEN PER CC                                   | No Auth Required       |               |   |                      |  |
| Q4213 | ASCENT 0.5 MG  | ASCENT 0.5 MG                                    | No Auth Required       |               |   |                      |  |
| Q4214 | CELLESTA CORD PER SQ CM                              | CELLESTA CORD PER SQ CM                          | No Auth Required       |               |   |                      |  |
| Q4215 | AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG                  | AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG           | No Auth Required       |               |   |                      |  |
| Q4216 | ARTACENT CORD PER SQ CM                              | ARTACENT CORD PER SQ CM                          | No Auth Required       |               |   |                      |  |
| Q4217 | WNDFIX BLOWND<br>WNDFIX BLOWND WNDFIX + X + /X+ P SC | WNDFIX BLOWND<br>WNDFIX+BLOWND+WNDFIX X+/X+ P SC | No Auth Required       |               |   |                      |  |
| Q4218 | SURGICORD PER SQ CM                                  | SURGICORD PER SQ CM                              | No Auth Required       |               |   |                      |  |
| Q4219 | SURGIGRAFT-DUAL PER SQ CM                            | SURGIGRAFT-DUAL PER SQ CM                        | No Auth Required       |               |   |                      |  |
| Q4220 | BELLACELL HD OR SUREDERM PER SQ CM                   | BELLACELL HD OR SUREDERM PER SQ CM               | No Auth Required       |               |   |                      |  |
| Q4221 | AMNIO WRAP2 PER SQ CM                                | AMNIO WRAP2 PER SQ CM                            | No Auth Required       |               |   |                      |  |
| Q4222 | PROGENAMATRIX PER SQ CM                              | PROGENAMATRIX PER SQ CM                          | No Auth Required       |               |   |                      |  |
| Q4226 | MYOWN SK INCL HARV & PREP PROC P SC                  | MYOWN SKIN INCL HARVEST & PREP PROC PER SQ CM    | No Auth Required       |               |   |                      |  |
| Q5101 | INJ FILGRASTIM BIOSIMILAR 1 MCG                      | INJECTION FILGRASTIM BIOSIMILAR 1 MCG            | Authorization Required |               |   | Full Clinical Review |  |

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|-------|---|--|------------------------|---------------------|--|----------------------|--|
| Q5103 | INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG             | INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5104 | INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG             | INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5105 | INJ EPO ALFA-EPBX BIOSIMILAR 100 U              | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 UNITS | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5106 | INJ EPO ALFA-EPBX BIOSIMILAR 1000 U             | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U    | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5107 | INJ BEVACIZUMAB-AWWB BIOSIMILR 10 MG            | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5108 | INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG             | INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5109 | INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG             | INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5110 | INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG             | INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG       | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5111 | INJ PEGFILGRASTM-CBQV BIOSIMLR 0.5 MG           | INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG   | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5112 | INJ TRASTUZUMAB-DTTB BIOSIM 10 MG               | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5113 | INJ TRASTUZUMAB-PKRB BIOSIM 10 MG               | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5114 | INJ TRASTUZUMAB-DKST BIOSIM 10 MG               | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5115 | INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG             | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG        | Authorization Required |                     |  | Full Clinical Review |  |
| Q5116 | INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG             | INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5117 | INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG             | INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5118 | INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG             | INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG      | Authorization Required |                     |  | Full Clinical Review |  |
| Q5119 | INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG             | INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG     | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5120 | INJ PEGFILGRSTM-BMEZ BIOSIMLR 0.5 MG            | INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q5121 | INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG             | INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG      | Authorization Required | Drug Administration |  | Full Clinical Review |  |
| Q9950 | INJ S HEXAFLUORIDE LIPID MSS PER ML             | INJECTION SULFUR HEXAFLUORIDE LIPID MSS PER ML   | No Auth Required       |                     |  |                      |  |
| Q9951 | LOCM 400/> MG/ML IODINE CONC ML                 | LOW OSM CONTRST MATL 400/> MG/ML IODINE CONC ML  | No Auth Required       |                     |  |                      |  |
| Q9953 | INJ IRONBASED MR CONTRAST AGENT ML              | INJECTION IRONBASED MR CONTRAST AGENT PER ML     | No Auth Required       |                     |  |                      |  |
| Q9954 | ORAL MR CONTRAST AGENT 100 ML                   | ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML    | No Auth Required       |                     |  |                      |  |
| Q9955 | INJ PERFLEXANE LIPID MICROSPHERS ML             | INJECTION PERFLEXANE LIPID MICROSPHERES PER ML   | No Auth Required       |                     |  |                      |  |
| Q9956 | INJ OCTAFLUOROPROPANE MICROSPHR ML              | INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML  | No Auth Required       |                     |  |                      |  |
| Q9957 | INJ PERFLUTREN LIPID MICROSPHERS ML             | INJECTION PERFLUTREN LIPID MICROSPHERES PER ML   | No Auth Required       |                     |  |                      |  |
| Q9958 | HOCM UP TO 149 MG/ML IODINE CONC ML             | HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML  | No Auth Required       |                     |  |                      |  |
| Q9959 | HOCM 150-199 MG/ML IODINE CONC ML               | HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9960 | HOCM 200-249 MG/ML IODINE CONC ML               | HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9961 | HOCM 250-299 MG/ML IODINE CONC ML               | HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9962 | HOCM 300-349 MG/ML IODINE CONC ML               | HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9963 | HOCM 350-399 MG/ML IODINE CONC ML               | HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9964 | HOCM 400 OR > MG/ML IODINE CONC ML              | HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML | No Auth Required       |                     |  |                      |  |
| Q9965 | LOCM 100-199 MG/ML I CONC PER ML                | LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML   | No Auth Required       |                     |  |                      |  |
| Q9966 | LOCM 200-299 MG/ML I CONC PER ML                | LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML   | No Auth Required       |                     |  |                      |  |
| Q9967 | LOCM 300-399 MG/ML I CONC PER ML                | LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML   | No Auth Required       |                     |  |                      |  |
| Q9968 | INJ NONRA NONCNTRST VIZ ADJUNCT 1 MG            | INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG    | No Auth Required       |                     |  |                      |  |
| Q9969 | TC-99M NON-HEU COST ADD-ON STDY DS              | TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS | No Auth Required       |                     |  |                      |  |
| Q9982 | FLUTEMETAML F18 DX STDY DO TO 5 MCI             | FLUTEMETAMOL F18 DX P STUDY DO TO 5 MILLICURIES  | No Auth Required       |                     |  |                      |  |
| Q9983 | FLORBETABEN F18 DX P DO TO 8.1 MCI              | FLORBETABEN F18 DX P STUDY DO TO 8.1 MILLICURIES | No Auth Required       |                     |  |                      |  |
| Q9991 | INJECTION BU EXT-RLSE <=/ TO 100 MG             | INJECTION BUPRENORPHINE EXT-RLSE <=/ TO 100 MG   | No Auth Required       |                     |  |                      |  |
| Q9992 | INJ BUPRENORPHINE EXT-RLSE >100 MG              | INJECTION BUPRENORPHINE EXTENDED-RELEASE >100 MG | No Auth Required       |                     |  |                      |  |
| R0070 | TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT             | TRANS PRTBL X-RAY EQP&PERS HOM/NRS HOM-TRIP 1 PT | No Auth Required       |                     |  |                      |  |
| R0075 | TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT             | TRANS PRTBL XRAY EQP&PERS HOM/NRS HOM-TRIP>1 PT  | No Auth Required       |                     |  |                      |  |
| R0076 | TRANS PRTBLE EKG FACL/LOCATION-PT               | TRANSPORTATION PRTBLE EKG FACL/LOCATION PER PT   | No Auth Required       |                     |  |                      |  |
| T1999 | MISC TX ITEMS&SPL RTAIL PURCHASE NOC            | MISC TX ITEMS & SPL RETAIL PURCHASE NOC          | Authorization Required |                     |  | Full Clinical Review |  |
| V2020 | FRAMES PURCHASES                                | FRAMES PURCHASES                                 | No Auth Required       |                     |  |                      |  |
| V2100 | SPHER 1 VISN PLANO +/- 4.00-LENS                | SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS     | No Auth Required       |                     |  |                      |  |
| V2101 | SPHER 1 VISN +/- 4.12 +/- 7.00D EA              | SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS | No Auth Required       |                     |  |                      |  |
| V2102 | SPHER 1 VISN +/- 7.12 +/- 20.00D EA             | SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS  | No Auth Required       |                     |  |                      |  |
| V2103 | 1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA | 1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA  | No Auth Required       |                     |  |                      |  |
| V2104 | 1 VISN PLANO+/-4.00D 2.12-4.00D CYL EA          | 1 VISN PLANO+/- 4.00D SPHER 2.12-4.00D CYL EA    | No Auth Required       |                     |  |                      |  |
| V2105 | 1 VISN PLANO+/-4.00D 4.25-6.00D EA              | 1 VISN PLANO+/- 4.00D SPHER 4.25-6.00D CYL EA    | No Auth Required       |                     |  |                      |  |



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| V2106 | 1 VISN PLANO +/- 4.00D OVR 6.00D EA      | 1 VISN PLANO +/- 4.00D SPHER OVER 6.00D CYL-LENS      | No Auth Required |  |  |  |
| V2107 | 1 VISN +/- 4.25 +/- 7.00 0.12-2.00D      | 1 VISN +/- 4.25 +/- 7.00 SPHER 0.12-2.00D CYL EA      | No Auth Required |  |  |  |
| V2108 | 1 VSN +/- 4.25D +/- 7.00D 2.12-4.00D     | 1 VISN +/- 4.25D +/- 7.00D SPHER 2.12-4.00D CYL EA    | No Auth Required |  |  |  |
| V2109 | 1 VISN +/- 4.25 +/- 7.00D 4.25-6.00D     | 1 VISN +/- 4.25 +/- 7.00D SPHER 4.25-6.00D CYL EA     | No Auth Required |  |  |  |
| V2110 | 1 VISN +/- 4.25-7.00D OVER 6.00D         | 1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA        | No Auth Required |  |  |  |
| V2111 | 1 VISN +/- 7.25 +/- 12.00D 0.25-2.25D    | 1 VISN +/- 7.25 +/- 12.00D SPHER 0.25-2.25D CYL EA    | No Auth Required |  |  |  |
| V2112 | 1 VSN +/- 7.25 +/- 12.00D 2.25D-400D     | 1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA      | No Auth Required |  |  |  |
| V2113 | 1 VISN +/- 7.25 +/- 12.00D 4.25-6.00D    | 1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA      | No Auth Required |  |  |  |
| V2114 | 1 VISN SPHERE > +/- 12.00D PER LENS      | SINGLE VISION SPHERE OVER +/- 12.00D PER LENS         | No Auth Required |  |  |  |
| V2115 | LENTICULAR PER LENS SINGLE VISION        | LENTICULAR PER LENS SINGLE VISION                     | No Auth Required |  |  |  |
| V2118 | ANISEIKONIC LENS SINGLE VISION           | ANISEIKONIC LENS SINGLE VISION                        | No Auth Required |  |  |  |
| V2121 | LENTICULAR LENS PER LENS SINGLE          | LENTICULAR LENS PER LENS SINGLE                       | No Auth Required |  |  |  |
| V2199 | NOC SINGLE VISION LENS                   | NOT OTHERWISE CLASSIFIED SINGLE VISION LENS           | No Auth Required |  |  |  |
| V2200 | SPHERE BIFOCL PLANO +/- 4.00D LENS       | SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS      | No Auth Required |  |  |  |
| V2201 | SPHERE BIFOCL +/- 4.12 +/- 7.00D LENS    | SPHERE BIFOCL +/- 4.12 TO +/- 7.00D PER LENS          | No Auth Required |  |  |  |
| V2202 | SPHERE BIFOCL +/- 7.12 +/- 20.00D EA     | SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS         | No Auth Required |  |  |  |
| V2203 | BIFOCL PLANO +/- 4.00D 0.12-2.00D EA     | BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA        | No Auth Required |  |  |  |
| V2204 | BIFOCL PLANO +/- 4.00D 2.12-4.00D EA     | BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA        | No Auth Required |  |  |  |
| V2205 | BIFOCL PLANO +/- 4.00D 4.25-6.00D EA     | BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA        | No Auth Required |  |  |  |
| V2206 | BIFOCL PLANO +/- 4.00D OVER 6.00D EA     | BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA         | No Auth Required |  |  |  |
| V2207 | BIFOCL +/- 4.25 +/- 7.00D 0.12-2.00D     | BIFOCL +/- 4.25 +/- 7.00D SPHER 0.12-2.00D CYL-EA     | No Auth Required |  |  |  |
| V2208 | BIFOCL +/- 4.25 +/- 7.00D 2.12-4.00D     | BIFOCL +/- 4.25 +/- 7.00D SPHER 2.12-4.00D CYL-EA     | No Auth Required |  |  |  |
| V2209 | BIFOCL +/- 4.25 +/- 7.00D 4.25-6.00D     | BIFOCL +/- 4.25 +/- 7.00D SPHER 4.25-6.00D CYL-EA     | No Auth Required |  |  |  |
| V2210 | BIFOCL +/- 4.25 +/- 7.00D OVER 6.00D     | BIFOCL +/- 4.25 +/- 7.00D SPHER OVR 6.00D CYL-LENS    | No Auth Required |  |  |  |
| V2211 | BIFOCL +/- 7.25 +/- 12.00D 0.25-2.25D    | BIFOCL +/- 7.25 +/- 12.00D SPHER 0.25-2.25D CYL-EA    | No Auth Required |  |  |  |
| V2212 | BIFOCL +/- 7.25 +/- 12.00D 2.25-4.00D    | BIFOCL +/- 7.25 +/- 12.00D SPHER 2.25-4.00D CYL-EA    | No Auth Required |  |  |  |
| V2213 | BIFOCL +/- 7.25 +/- 12.00D 4.25-6.00D    | BIFOCL +/- 7.25 +/- 12.00D SPHER 4.25-6.00D CYL-EA    | No Auth Required |  |  |  |
| V2214 | BIFOCL SPHER OVR +/- 12.00D PER LENS     | BIFOCL SPHERE OVER +/- 12.00D PER LENS                | No Auth Required |  |  |  |
| V2215 | LENTICULAR PER LENS BIFOCL               | LENTICULAR PER LENS BIFOCL                            | No Auth Required |  |  |  |
| V2218 | ANISEIKONIC PER LENS BIFOCL              | ANISEIKONIC PER LENS BIFOCL                           | No Auth Required |  |  |  |
| V2219 | BIFOCL SEG WIDTH OVER 28MM               | BIFOCL SEG WIDTH OVER 28MM                            | No Auth Required |  |  |  |
| V2220 | BIFOCL ADD OVER 3.25D                    | BIFOCL ADD OVER 3.25D                                 | No Auth Required |  |  |  |
| V2221 | LENTICULAR LENS PER LENS BIFOCL          | LENTICULAR LENS PER LENS BIFOCL                       | No Auth Required |  |  |  |
| V2299 | SPECIALTY BIFOCL                         | SPECIALTY BIFOCL                                      | No Auth Required |  |  |  |
| V2300 | SPHERE TRIFOCL PLANO +/- 4.00D LENS      | SPHERE TRIFOCL PLANO OR +/- 4.00D PER LENS            | No Auth Required |  |  |  |
| V2301 | SPHERE TRIFOCL +/- 4.12 +/- 7.00D LNS    | SPHERE TRIFOCL +/- 4.12 TO +/- 7.00D PER LENS         | No Auth Required |  |  |  |
| V2302 | SPHER TRIFOCL +/- 7.12 +/- 20.00 LNS     | SPHERE TRIFOCL +/- 7.12 TO +/- 20.00 PER LENS         | No Auth Required |  |  |  |
| V2303 | TRIFOCL PLANO +/- 4.00D 0.12-2.00D       | TRIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL EA       | No Auth Required |  |  |  |
| V2304 | TRIFOCL PLANO +/- 4.00D 2.25-4.00D       | TRIFOCL PLANO +/- 4.00D SPHER 2.25-4.00D CYL EA       | No Auth Required |  |  |  |
| V2305 | TRIFOCL PLANO +/- 4.00D 4.25-6.00        | TRIFOCL PLANO +/- 4.00D SPHER 4.25-6.00 CYL EA        | No Auth Required |  |  |  |
| V2306 | TRIFOCL PLANO +/- 4.00D OVR 6.00D        | TRIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL EA        | No Auth Required |  |  |  |
| V2307 | TRIFCL +/- 4.25 +/- 7.00D 0.12-2.00D     | TRIFOCL +/- 4.25 +/- 7.00D SPHER 0.12-2.00D CYL EA    | No Auth Required |  |  |  |
| V2308 | TRIFOCL +/- 4.25 +/- 7.00D 2.12-4.00D    | TRIFOCL +/- 4.25 +/- 7.00D SPHER 2.12-4.00D CYL EA    | No Auth Required |  |  |  |
| V2309 | TRIFOCL +/- 4.25 +/- 7.00D 4.25-6.00D    | TRIFOCL +/- 4.25 +/- 7.00D SPHER 4.25-6.00D CYL EA    | No Auth Required |  |  |  |
| V2310 | TRIFOCL +/- 4.25 +/- 7.00D OVR 6.00D     | TRIFOCL +/- 4.25 +/- 7.00D SPHER OVR 6.00D CYL EA     | No Auth Required |  |  |  |
| V2311 | TRIFCL +/- 7.25 +/- 12.00D 0.25-2.25D    | TRIFOCL +/- 7.25 +/- 12.00D SPHER 0.25-2.25D CYL E    | No Auth Required |  |  |  |
| V2312 | TRIFCL +/- 7.25 +/- 12.00D 2.25-4.00D    | TRIFOCL +/- 7.25 +/- 12.00D SPHER 2.25-4.00D CYL E    | No Auth Required |  |  |  |
| V2313 | TRIFCL +/- 7.25 +/- 12.00D 4.25-6.00D    | TRIFOCL +/- 7.25 +/- 12.00D SPHER 4.25-6.00D CYL EA   | No Auth Required |  |  |  |
| V2314 | TRIFOCL SPHER > +/- 12.00D PER LENS      | TRIFOCL SPHER OVER +/- 12.00D PER LENS                | No Auth Required |  |  |  |
| V2315 | LENTICULAR PER LENS TRIFOCL              | LENTICULAR PER LENS TRIFOCL                           | No Auth Required |  |  |  |
| V2318 | ANISEIKONIC LENS TRIFOCL                 | ANISEIKONIC LENS TRIFOCL                              | No Auth Required |  |  |  |
| V2319 | TRIFOCL SEG WIDTH OVER 28 MM             | TRIFOCL SEG WIDTH OVER 28 MM                          | No Auth Required |  |  |  |
| V2320 | TRIFOCL ADD OVER 3.25D                   | TRIFOCL ADD OVER 3.25D                                | No Auth Required |  |  |  |
| V2321 | LENTICULAR LENS PER LENS TRIFOCL         | LENTICULAR LENS PER LENS TRIFOCL                      | No Auth Required |  |  |  |
| V2399 | SPECIALTY TRIFOCL                        | SPECIALTY TRIFOCL                                     | No Auth Required |  |  |  |
| V2410 | VARIABLE ASPHERICITY 1 FULL FIELD-LENS   | VARIABLE ASPHERICITY LENS 1 FULL FLD GLASS/PLASTC LNS | No Auth Required |  |  |  |
| V2430 | VARIABLE ASPHERIC BIFOCL FULL FIELD-LENS | VARIABLE ASPHERICITY LENS BIFOCL FULL FIELD-LENS      | No Auth Required |  |  |  |
| V2499 | VARIABLE SPHERICITY LENS OTHER TYPE      | VARIABLE SPHERICITY LENS OTHER TYPE                   | No Auth Required |  |  |  |

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| V2500 | CNTC LENS PMMA SPHERICAL PER LENS    | CONTACT LENS PMMA SPHERICAL PER LENS             | No Auth Required       |                                  |  |                      |
| V2501 | CNTC LENS PMMA/PRISM BALLST LENS     | CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS   | No Auth Required       |                                  |  |                      |
| V2502 | CONTACT LENS PMMA BIFOCAL PER LENS   | CONTACT LENS PMMA BIFOCAL PER LENS               | No Auth Required       |                                  |  |                      |
| V2503 | CNTC LENS PMMA COLR VISN DEFIC LENS  | CONTACT LENS PMMA COLOR VISION DEFIC PER LENS    | No Auth Required       |                                  |  |                      |
| V2510 | CNTC LENS GAS PRMEABL SPHERICL LENS  | CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS    | No Auth Required       |                                  |  |                      |
| V2511 | CNTC LENS GAS PRMEABL PRSM BLLST EA  | CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS  | No Auth Required       |                                  |  |                      |
| V2512 | CNTC LENS GAS PERMEABLE BIFOCL LENS  | CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS      | No Auth Required       |                                  |  |                      |
| V2513 | CNTC LENS GAS PRMEABL EXT WEAR LENS  | CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS   | No Auth Required       |                                  |  |                      |
| V2520 | CNTC LENS HYDROPHIL SPHERICAL LENS   | CONTACT LENS HYDROPHILIC SPHERICAL PER LENS      | No Auth Required       |                                  |  |                      |
| V2521 | CNTC LENS HYDROPHL/PRISM BLLST LENS  | CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS  | No Auth Required       |                                  |  |                      |
| V2522 | CNTC LENS HYDROPHIL BIFOCAL LENS     | CONTACT LENS HYDROPHILIC BIFOCAL PER LENS        | No Auth Required       |                                  |  |                      |
| V2523 | CNTC LENS HYDROPHIL EXT WEAR LENS    | CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS  | No Auth Required       |                                  |  |                      |
| V2530 | CNTC LENS SCLERAL GAS IMPERMEBL PER  | CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS    | No Auth Required       |                                  |  |                      |
| V2531 | CNTC LENS SCLERAL GAS PERMEABLE PER  | CONTACT LENS SCLERAL GAS PERMEABLE PER LENS      | Authorization Required | NA                               |  | Full Clinical Review |
| V2599 | CONTACT LENS OTHER TYPE              | CONTACT LENS OTHER TYPE                          | No Auth Required       |                                  |  |                      |
| V2600 | HAND HELD LW VISN&OTH NON SPEC AIDS  | HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS | No Auth Required       |                                  |  |                      |
| V2610 | SNGL LENS SPECT MOUNT LW VISION AID  | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS    | No Auth Required       |                                  |  |                      |
| V2615 | TELESCOPIC & OTH COMPOUND LENS SYS   | TELESCOPIC & OTH COMPOUND LENS SYSTEM            | Authorization Required | Surgery of eye and ocular adnexa |  | Full Clinical Review |
| V2623 | PROSTHETIC EYE PLASTIC CUSTOM        | PROSTHETIC EYE PLASTIC CUSTOM                    | Authorization Required | NA                               |  | Full Clinical Review |
| V2624 | POLISHING/RESURFACING OCULR PROSTH   | POLISHING/RESURFACING OF OCULAR PROSTHESIS       | No Auth Required       |                                  |  |                      |
| V2625 | ENLARGEMENT OF OCULAR PROSTHESIS     | ENLARGEMENT OF OCULAR PROSTHESIS                 | No Auth Required       |                                  |  |                      |
| V2626 | REDUCTION OF OCULAR PROSTHESIS       | REDUCTION OF OCULAR PROSTHESIS                   | No Auth Required       |                                  |  |                      |
| V2627 | SCLERAL COVER SHELL                  | SCLERAL COVER SHELL                              | Authorization Required | NA                               |  | Full Clinical Review |
| V2628 | FABRICATION&FIT OCULAR CONFORMER     | FABRICATION AND FITTING OF OCULAR CONFORMER      | No Auth Required       |                                  |  |                      |
| V2629 | PROSTHETIC EYE OTHER TYPE            | PROSTHETIC EYE OTHER TYPE                        | No Auth Required       |                                  |  |                      |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS    | ANTERIOR CHAMBER INTRAOCULAR LENS                | No Auth Required       |                                  |  |                      |
| V2631 | IRIS SUPPORTED INTRAOCULAR LENS      | IRIS SUPPORTED INTRAOCULAR LENS                  | No Auth Required       |                                  |  |                      |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS   | POSTERIOR CHAMBER INTRAOCULAR LENS               | No Auth Required       |                                  |  |                      |
| V2700 | BALANCE LENS PER LENS                | BALANCE LENS PER LENS                            | No Auth Required       |                                  |  |                      |
| V2710 | SLAB OFF PRISM GLASS/PLSTC PER LENS  | SLAB OFF PRISM GLASS OR PLASTIC PER LENS         | No Auth Required       |                                  |  |                      |
| V2715 | PRISM PER LENS                       | PRISM PER LENS                                   | No Auth Required       |                                  |  |                      |
| V2718 | PRESS-ON LENS FRESNELL PRISM P LENS  | PRESS-ON LENS FRESNELL PRISM PER LENS            | No Auth Required       |                                  |  |                      |
| V2730 | SPCL BASE CURVE GLASS/PLSTC-LENS     | SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS     | No Auth Required       |                                  |  |                      |
| V2744 | TINT PHOTOCHROMATIC PER LENS         | TINT PHOTOCHROMATIC PER LENS                     | No Auth Required       |                                  |  |                      |
| V2745 | ADD LENS;TINT COLR EXC PHOTOCHRMATC  | ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC    | No Auth Required       |                                  |  |                      |
| V2750 | ANTIREFLECTIVE COATING PER LENS      | ANTIREFLECTIVE COATING PER LENS                  | No Auth Required       |                                  |  |                      |
| V2755 | U-V LENS PER LENS                    | U-V LENS PER LENS                                | No Auth Required       |                                  |  |                      |
| V2756 | EYE GLASS CASE                       | EYE GLASS CASE                                   | No Auth Required       |                                  |  |                      |
| V2760 | SCRATCH RESISTANT COATING PER LENS   | SCRATCH RESISTANT COATING PER LENS               | No Auth Required       |                                  |  |                      |
| V2761 | MIRROR COAT TYPE SOLID GRADENT/= LE  | MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS  | No Auth Required       |                                  |  |                      |
| V2762 | POLARIZATION ANY LENS MATERIAL-LENS  | POLARIZATION ANY LENS MATERIAL PER LENS          | No Auth Required       |                                  |  |                      |
| V2770 | OCCLUDER LENS PER LENS               | OCCLUDER LENS PER LENS                           | No Auth Required       |                                  |  |                      |
| V2780 | OVERSIZE LENS PER LENS               | OVERSIZE LENS PER LENS                           | No Auth Required       |                                  |  |                      |
| V2781 | PROGRESSIVE LENS PER LENS            | PROGRESSIVE LENS PER LENS                        | No Auth Required       |                                  |  |                      |
| V2782 | LENS I 1.54-1.65 PLST/1.60-1.79 GLA  | LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS   | No Auth Required       |                                  |  |                      |
| V2783 | LENS INDX >/=1.66 PLSTC/>/=1.80 GLA  | LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS LENS     | No Auth Required       |                                  |  |                      |
| V2784 | LENS POLYCARBATE/EQUAL ANY INDX-LENS | LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS   | No Auth Required       |                                  |  |                      |
| V2785 | PRC PRES&TRANSPORTING CORNL TISS     | PROCESSING PRES&TRANSPORTING CORNEAL TISSUE      | No Auth Required       |                                  |  |                      |
| V2786 | SPCLTY OCCUP MULTIFOCL LENS-LENS     | SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS  | No Auth Required       |                                  |  |                      |
| V2790 | AMNIOTIC MEMBRANE SURG RECNSTR-PROC  | AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC  | Authorization Required | Reconstructive                   |  | Full Clinical Review |
| V2797 | VISN SPL ACSS&/SRVC CMPNT OTH HCPCS  | VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE   | No Auth Required       |                                  |  |                      |
| V2799 | VISION ITEM/SERVICE MISCELLANEOUS    | VISION ITEM OR SERVICE MISCELLANEOUS             | Authorization Required |                                  |  | Full Clinical Review |
| V5008 | HEARING SCREENING                    | HEARING SCREENING                                | No Auth Required       |                                  |  |                      |
| V5010 | ASSESSMENT FOR HEARING AID           | ASSESSMENT FOR HEARING AID                       | No Auth Required       |                                  |  |                      |
| V5011 | FIT/ORIENTATION/CHECK HEARING AID    | FITTING/ORIENTATION/CHECKING OF HEARING AID      | No Auth Required       |                                  |  |                      |
| V5014 | REPAIR/MODIFICATION OF HEARING AID   | REPAIR/MODIFICATION OF A HEARING AID             | No Auth Required       |                                  |  |                      |
| V5020 | CONFORMITY EVALUATION                | CONFORMITY EVALUATION                            | No Auth Required       |                                  |  |                      |
| V5030 | HEAR AID MONAURL BDY WRN AIR CONDUCT | HEARING AID MONAURAL BODY WORN AIR CONDUCTION    | No Auth Required       |                                  |  |                      |

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| V5040 | HEAR AID MONAURL BDY WORN BN CONDC  | HEARING AID MONAURAL BODY WORN BONE CONDUCTION   | No Auth Required |  |  |  |  |
| V5050 | HEARING AID MONAURAL IN THE EAR     | HEARING AID MONAURAL IN THE EAR                  | No Auth Required |  |  |  |  |
| V5060 | HEARING AID MONAURAL BEHIND THE EAR | HEARING AID MONAURAL BEHIND THE EAR              | No Auth Required |  |  |  |  |
| V5070 | GLASSES AIR CONDUCTION              | GLASSES AIR CONDUCTION                           | No Auth Required |  |  |  |  |
| V5080 | GLASSES BONE CONDUCTION             | GLASSES BONE CONDUCTION                          | No Auth Required |  |  |  |  |
| V5090 | DISPENSING FEE UNSPEC HEARING AID   | DISPENSING FEE UNSPECIFIED HEARING AID           | No Auth Required |  |  |  |  |
| V5095 | SEMI-IMPL MID EAR HEARING PROSTH    | SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS   | No Auth Required |  |  |  |  |
| V5100 | HEARING AID BILATERAL BODY WORN     | HEARING AID BILATERAL BODY WORN                  | No Auth Required |  |  |  |  |
| V5110 | DISPENSING FEE BILATERAL            | DISPENSING FEE BILATERAL                         | No Auth Required |  |  |  |  |
| V5120 | BINAURAL BODY                       | BINAURAL BODY                                    | No Auth Required |  |  |  |  |
| V5130 | BINAURAL IN THE EAR                 | BINAURAL IN THE EAR                              | No Auth Required |  |  |  |  |
| V5140 | BINAURAL BEHIND THE EAR             | BINAURAL BEHIND THE EAR                          | No Auth Required |  |  |  |  |
| V5150 | BINAURAL GLASSES                    | BINAURAL GLASSES                                 | No Auth Required |  |  |  |  |
| V5160 | DISPENSING FEE BINAURAL             | DISPENSING FEE BINAURAL                          | No Auth Required |  |  |  |  |
| V5171 | HA CONTRALAT RTE DVC MONAURAL ITE   | HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE   | No Auth Required |  |  |  |  |
| V5172 | HA CONTRALAT RTE DVC MONAURAL ICT   | HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT   | No Auth Required |  |  |  |  |
| V5181 | HA CONTRALAT RTE DVC MONAURAL BTE   | HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE  | No Auth Required |  |  |  |  |
| V5190 | HA CONTRALAT RTE MONAURAL GLASSES   | HEARING AID CONTRALATERAL RTE MONAURAL GLASSES   | No Auth Required |  |  |  |  |
| V5200 | DISPENSING FEE CONTRALATERAL MONAUR | DISPENSING FEE CONTRALATERAL MONAURAL            | No Auth Required |  |  |  |  |
| V5211 | HA CONTRALAT RS BINAURAL ITE/ITE    | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/ITE  | No Auth Required |  |  |  |  |
| V5212 | HA CONTRALAT RS BINAURAL ITE/ITE    | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/ITC  | No Auth Required |  |  |  |  |
| V5213 | HA CONTRA RTE SYS BINAURAL ITE/ITC  | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/BTE  | No Auth Required |  |  |  |  |
| V5214 | HA CONTRA ROUT SYS BINAURAL ITE/BTE | HEARING AID CONTRALAT ROUT SYS BINAURAL ITC/ITC  | No Auth Required |  |  |  |  |
| V5215 | HA CONTRA ROUT SYS BINAURAL ITC/ITC | HEARING AID CONTRALAT ROUT SYS BINAURAL ITC/BTE  | No Auth Required |  |  |  |  |
| V5221 | HA CONTRA ROUT SYS BINAURAL ITC/BTE | HEARING AID CONTRALAT ROUT SYS BINAURAL BTE/BTE  | No Auth Required |  |  |  |  |
| V5230 | HA CONTRALAT RTE SYS BINAUR GLASSES | HEARING AID CONTRALAT RTE SYS BINAURAL GLASSES   | No Auth Required |  |  |  |  |
| V5240 | DISPNS FEE CONTRALAT RTE SYS BINAUR | DISPENSING FEE CONTRALATERAL RTE SYSTEM BINAURAL | No Auth Required |  |  |  |  |
| V5241 | DISPNS FEE MONAURL HEARING AID TYPE | DISPENSING FEE MONAURAL HEARING AID ANY TYPE     | No Auth Required |  |  |  |  |
| V5242 | HEARING AID ANALOG MONAURAL CIC     | HEARING AID ANALOG MONAURAL CIC                  | No Auth Required |  |  |  |  |
| V5243 | HEARING AID ANALOG MONAURAL ITC     | HEARING AID ANALOG MONAURAL ITC                  | No Auth Required |  |  |  |  |
| V5244 | HEARING AID PROG ANALOG MONAURL CIC | HEARING AID DIGTLLY PROG ANALOG MONAURAL CIC     | No Auth Required |  |  |  |  |
| V5245 | HEARING AID PROG ANALOG MONAURL ITC | HEARING AID DIGTLLY PROG ANALOG MONAURAL ITC     | No Auth Required |  |  |  |  |
| V5246 | HEARING AID PROG ANALOG MONAURL ITE | HEARING AID DIGTLLY PROG ANALOG MONAURAL ITE     | No Auth Required |  |  |  |  |
| V5247 | HEARING AID PROG ANALOG MONAURL BTE | HEARING AID DIGTLLY PROG ANALOG MONAURAL BTE     | No Auth Required |  |  |  |  |
| V5248 | HEARING AID ANALOG BINAURAL CIC     | HEARING AID ANALOG BINAURAL CIC                  | No Auth Required |  |  |  |  |
| V5249 | HEARING AID ANALOG BINAURAL ITC     | HEARING AID ANALOG BINAURAL ITC                  | No Auth Required |  |  |  |  |
| V5250 | HEARING AID PROG ANALOG BINAURL CIC | HEARING AID DIGTLLY PROG ANALOG BINAURAL CIC     | No Auth Required |  |  |  |  |
| V5251 | HEARING AID PROG ANALOG BINAURL ITC | HEARING AID DIGTLLY PROG ANALOG BINAURAL ITC     | No Auth Required |  |  |  |  |
| V5252 | HEARING AID PROG BINAURAL ITE       | HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE  | No Auth Required |  |  |  |  |
| V5253 | HEARING AID PROG BINAURAL BTE       | HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE  | No Auth Required |  |  |  |  |
| V5254 | HEARING AID DIGITAL MONAURAL CIC    | HEARING AID DIGITAL MONAURAL CIC                 | No Auth Required |  |  |  |  |
| V5255 | HEARING AID DIGITAL MONAURAL ITC    | HEARING AID DIGITAL MONAURAL ITC                 | No Auth Required |  |  |  |  |
| V5256 | HEARING AID DIGITAL MONAURAL ITE    | HEARING AID DIGITAL MONAURAL ITE                 | No Auth Required |  |  |  |  |
| V5257 | HEARING AID DIGITAL MONAURAL BTE    | HEARING AID DIGITAL MONAURAL BTE                 | No Auth Required |  |  |  |  |
| V5258 | HEARING AID DIGITAL BINAURAL CIC    | HEARING AID DIGITAL BINAURAL CIC                 | No Auth Required |  |  |  |  |
| V5259 | HEARING AID DIGITAL BINAURAL ITC    | HEARING AID DIGITAL BINAURAL ITC                 | No Auth Required |  |  |  |  |
| V5260 | HEARING AID DIGITAL BINAURAL ITE    | HEARING AID DIGITAL BINAURAL ITE                 | No Auth Required |  |  |  |  |
| V5261 | HEARING AID DIGITAL BINAURAL BTE    | HEARING AID DIGITAL BINAURAL BTE                 | No Auth Required |  |  |  |  |
| V5262 | HEARING AID DISPBL TYPE MONAURAL    | HEARING AID DISPOSABLE ANY TYPE MONAURAL         | No Auth Required |  |  |  |  |
| V5263 | HEARING AID DISPBL TYPE BINAURAL    | HEARING AID DISPOSABLE ANY TYPE BINAURAL         | No Auth Required |  |  |  |  |
| V5264 | EAR MOLD/INSERT NOT DISPBL ANY TYPE | EAR MOLD/INSERT NOT DISPOSABLE ANY TYPE          | No Auth Required |  |  |  |  |
| V5265 | EAR MOLD/INSERT DISPOSABLE ANY TYPE | EAR MOLD/INSERT DISPOSABLE ANY TYPE              | No Auth Required |  |  |  |  |
| V5266 | BATTERY FOR USE IN HEARING DEVICE   | BATTERY FOR USE IN HEARING DEVICE                | No Auth Required |  |  |  |  |
| V5267 | HA/ALD/SUPP/ACCESS NOT O/W SPEC     | HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC   | No Auth Required |  |  |  |  |
| V5268 | ASST LISTENING DEVICE TEL AMP TYPE  | ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE  | No Auth Required |  |  |  |  |
| V5269 | ASST LISTENING DEVICE ALERTING TYPE | ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE     | No Auth Required |  |  |  |  |

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|-------|---|---|------------------|--|--|--|--|
| V5270 | ASST LISTENING DEVICE TV AMP TYPE                       | ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE  | No Auth Required |  |  |  |  |
| V5271 | ASST LISTEN DEVC TV CAPTION DECODER                     | ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER   | No Auth Required |  |  |  |  |
| V5272 | ASSISTIVE LISTENING DEVICE TDD                          | ASSISTIVE LISTENING DEVICE TDD  | No Auth Required |  |  |  |  |
| V5273 | ASSTIVE LISTEN DEVC W/COCHLEAR IMPL                     | ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT   | No Auth Required |  |  |  |  |
| V5274 | ASSISTIVE LEARNING DEVICE NOS                           | ASSISTIVE LEARNING DEVICE NOS   | No Auth Required |  |  |  |  |
| V5275 | EAR IMPRESSION EACH                                     | EAR IMPRESSION EACH   | No Auth Required |  |  |  |  |
| V5281 | ALD PERS FM/DM SYS MONAURL ANY TYPE                     | ASSIST LIST DEVC PERS FM/DM SYS MONAURL ANY TYPE  | No Auth Required |  |  |  |  |
| V5282 | ALD PERS FM/DM SYS BINAURL ANY TYPE                     | ASSIST LIST DEVC PERS FM/DM SYS BINAURL ANY TYPE  | No Auth Required |  |  |  |  |
| V5283 | ALD PERS FM/DM NCK LOOP INDUCT RECV                     | ASSIST LIST DEVC PERS FM/DM NCK LOOP INDUCT RECV  | No Auth Required |  |  |  |  |
| V5284 | ALD PERS FM/DM EAR LEVEL RECEIVER                       | ASSIST LIST DEVICE PERS FM/DM EAR LEVEL RECEIVER  | No Auth Required |  |  |  |  |
| V5285 | ALD PERS FM/DM DIR AUDIO INPUT RECV                     | ASSIST LIST DEVC PERS FM/DM DIR AUDIO INPUT RECV  | No Auth Required |  |  |  |  |
| V5286 | ALD PERS BLUE TOOTH FM/DM RECEIVR                       | ASSIST LISTEN DEVC PERS BLUE TOOTH FM/DM RECEIVR  | No Auth Required |  |  |  |  |
| V5287 | ALD PERS FM/DM RECEIVER NOS                             | ASSISTIVE LISTENING DEVC PERS FM/DM RECEIVER NOS  | No Auth Required |  |  |  |  |
| V5288 | ALD PERS FM/DM TRANSMITTER ALD                          | ASSIST LISTEN DEVC PERS FM/DM TRANSMITTER ALD   | No Auth Required |  |  |  |  |
| V5289 | ALD PERS FM/DM ADPTR/BOOT CPLG RECV                     | ASSIST LIST DEVC PERS FM/DM ADPTR/BOOT CPLG RECV  | No Auth Required |  |  |  |  |
| V5290 | ALD TRANSMITT MICROPHONE ANY TYPE                       | ASSIST LISTEN DEVC TRANSMITT MICROPHONE ANY TYPE  | No Auth Required |  |  |  |  |
| V5298 | HEARING AID NOC   | HEARING AID NOT OTHERWISE CLASSIFIED  | No Auth Required |  |  |  |  |
| V5299 | HEARING SERVICE MISCELLANEOUS                           | HEARING SERVICE MISCELLANEOUS   | No Auth Required |  |  |  |  |
| U0001 | CDC 2019 NOVEL COV RT RT-PCR DX PNL                     | CDC 2019 NOVEL CORONAVIRUS RT RT-PCR DX PANEL   | No Auth Required |  |  |  |  |
| U0002 | 2019-NCOV CORONAVIRUS                                   | 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19)  | No Auth Required |  |  |  |  |
| U0003 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R. | No Auth Required |  |  |  |  |
| U0004 | 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19)  | 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R.  | No Auth Required |  |  |  |  |