

**Prior Authorization Requirements for CHC CHIP  
Effective January 1, 2022**

This list contains prior authorization requirements for participating care providers for CHIP members for inpatient an outpatient services listed below.

Prior authorization is not required for emergency or urgent care.

For this plan, members have no non-emergent out of network coverage and no coverage outside of the service area.

Authorization Categories	Covered Service	CPT or HCPCS Codes	Additional Authorization Requirements	Documentation Requirements
Ambulance/ Transportation	AMB SRVC OTSD STATE-MILE TRANSPORT	A0021		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	BLS MILEAGE	A0380		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	BLS ROUTINE DISPOSABLE SUPPLIES	A0382		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	BLS SPCLIZED SRVC DISPBL SPL; DEFIB	A0384		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ALS MILEAGE	A0390		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ALS SPCLIZED SRVC DISPBL SPL; DEFIB	A0392		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ALS SPCLIZED SRVC DISPBL SPL; IV RX	A0394		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	A0396		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ALS ROUTINE DISPOSABLE SUPPLIES	A0398		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMB WAITING TIME 1/2 HR INCREMENTS	A0420		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport

Ambulance/ Transportation	AMB OXYGEN&O2 SPL LIFE SUSTAINING	A0422		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	GROUND MILEAGE PER STATUTE MILE	A0425		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMB SRVC ALS NONEMERG TRNSPRT LVL 1	A0426		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMB SERVICE BLS NONEMERG TRANSPORT	A0428		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	A0430		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	A0431		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	PARAMED INTRCPT RURL NO 3 PARTY PAY	A0432		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ADVANCED LIFE SUPPORT LEVEL 2	A0433		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	SPECIALTY CARE TRANSPORT	A0434		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	FIX WING AIR MILEAGE-STATUTE MILE	A0435		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	ROTARY WING AIR MILEAGE-STATUT MILE	A0436		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	AMBULANCE RSPN&TREATMENT NO TRNSPRT	A0998		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport
Ambulance/ Transportation	UNLISTED AMBULANCE SERVICE	A0999		Progress notes, recent history and physical and/or physician order including medical records supporting rationale for transport

Behavioral Health Services	PSYTX COMPLEX INTERACTIVE	90785		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYCH DIAGNOSTIC EVALUATION	90791		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYCH DIAG EVAL W/MED SRVCS	90792		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT 30 MINUTES	90832		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT W E/M 30 MIN	90833	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT 45 MINUTES	90834	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT W E/M 45 MIN	90836	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT 60 MINUTES	90837	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX W PT W E/M 60 MIN	90838	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYTX CRISIS INITIAL 60 MIN	90839	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	FAMILY PSYTX W/O PT 50 MIN	90846	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	FAMILY PSYTX W/PT 50 MIN	90847	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MULTIPLE FAMILY GROUP PSYTX	90849	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)

Behavioral Health Services	GROUP PSYCHOTHERAPY	90853	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	TCRANIAL MAGN STIM TX PLAN	90867		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	TCRANIAL MAGN STIM TX DELI	90868		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	TCRAN MAGN STIM REDETERMINE	90869		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ELECTROCONVULSIVE THERAPY	90870		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BHV ID ASSMT BY PHYS/QHP	97151		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BHV ID SUPRT ASSMT BY 1 TECH	97152		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ADAPTIVE BEHAVIOR TX BY TECH	97153		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	GRP ADAPT BHV TX BY TECH	97154		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ADAPT BEHAVIOR TX PHYS/QHP	97155		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	FAM ADAPT BHV TX GDN PHY/QHP	97156		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MULT FAM ADAPT BHV TX GDN	97157		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	GRP ADAPT BHV TX BY PHY/QHP	97158		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)



Behavioral Health Services	OFFICE/OUTPATIENT VISIT EST	99215	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFFICE CONSULTATION	99241	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFFICE CONSULTATION	99242	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFFICE CONSULTATION	99243	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFFICE CONSULTATION	99244	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFFICE CONSULTATION	99245	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PROLONG E&M/PSYCTX SERV O/P	99354	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PROLONG E&M/PSYCTX SERV O/P	99355	Visits > 30 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALC&/SA STRCT ASMT & BRF INT 5-14 M	G2011		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OFF/OT OP E&M E PT>56MG ESKTMN N SA	G2083		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	VISIT CPLX INHERENT E&M ASSOC MCS	G2211		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	OTH SPEC CASE MGMT SERVICE NEC	G9012		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BEHAVIORAL HEALTH CNSL&TX-15 MIN	H0004		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)

Behavioral Health Services	ALCOHL&/RX SRVC; GRP CNSL CLINICIAN	H0005		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHL&/RX SRVC;AC DTOX RES PROG IP	H0011		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	H0012		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHL&/RX SRVC; INTENSV OP; INTRVN	H0015		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHL &OR RX SRVC; MEDICAL/SOMATIC	H0016		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BHVAL HEALTH; RES W/O ROOM&BD DIEM	H0017		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BHVAL HLTH; SHRT-TERM RES PER DIEM	H0018		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC	H0020		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MENTAL HEALTH ASSESS NON-PHYSICIAN	H0031		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MENTL HLTH SRVC PLAN DVLP NON-PHYS	H0032		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MEDICATION TRN&SUPPORT PER 15 MIN	H0034		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MENTAL HEALTH PART HOSP TX < 24 HR	H0035		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	SELF-HELP/PEER SERVICES PER 15 MIN	H0038		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)



Behavioral Health Services	ALCOHOL &OR OTH DRUG ABS SRVC NOS	H0047		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHOL AND/OR DRUG SCREENING	H0049		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHOL &/ DRUG SRVC BRF PER 15 MIN	H0050		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	COMP MEDICATION SERVICES PER 15 MIN	H2010		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	CRISIS INTERVEN SERVICE PER 15 MIN	H2011		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	BEHAVIORAL HEALTH DAY TX PER HOUR	H2012		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	SKILLS TRAINING&DVLP PER 15 MINUTES	H2014		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PSYCHOSOCIAL REHAB SRVC 15 MINUTES	H2017		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHOL &OR OTH DRUG TX PROGM-HOUR	H2035		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	INJECTION BU EXT-RLSE <=/= TO 100 MG	Q9991		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	INJ BUPRENORPHINE EXT-RLSE >100 MG	Q9992		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	PT ED NOC NON-MD PROV IND SESSION	S9445		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	INTENSIVE OP PSYC SERVICES PER DIEM	S9480		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)



Behavioral Health Services	ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL	T1006	>\$500.00 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHOL&/SUBSTANCE ABUSE SERVICES	T1007		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	CHILD SIT IND ALC&/SUBSTNC ABS SRVC	T1009	>\$500.00 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	T1010	>\$500.00 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	T1012	>\$500.00 Auth required	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral Health Services	TARGETED CASE MANAGEMENT EA 15 MINS	T1017		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Biofeedback Therapy (All)	BIOFEEDBACK TRAIN ANY METH	90901		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Biofeedback Therapy (All)	BIOFEEDBACK PERI/URO/RECTAL	90911		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Biofeedback Therapy (All)	BFB TRAINING 1ST 15 MIN	90912		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Biofeedback Therapy (All)	BFB TRAINING EA ADDL 15 MIN	90913		History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Cardiology	INSERTION OF HEART PACEMAKER	33206		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	INSERTION OF HEART PACEMAKER	33207		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	INSERTION OF HEART PACEMAKER	33208		Recent history and physical, MD order, any clinical information to support medical necessity

Cardiology	ELTRD/INSERT PACE-DEFIB	33249		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	INSJ SUBQ CAR RHYTHM MNTR	33285		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	CORONARY ARTERY ANGIO S&I	93454		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	CORONARY ART/GRFT ANGIO S&I	93455		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	R HRT CORONARY ARTERY ANGIO	93456		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	R HRT ART/GRFT ANGIO	93457		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	L HRT ARTERY/VENTRICLE ANGIO	93458		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	L HRT ART/GRFT ANGIO	93459		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	R&L HRT ART/VENTRICLE ANGIO	93460		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiology	R&L HRT ART/VENTRICLE ANGIO	93461		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	ILIAC REVASC W/STENT	37221		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	FEM/POPL REVAS W/TLA	37224		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	FEM/POPL REVAS W/ATHER	37225		Recent history and physical, MD order, any clinical information to support medical necessity

Cardiovascular	FEM/POPL REVASC W/STENT	37226		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	FEM/POPL REVASC STNT & ATHER	37227		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	TIB/PER REVASC W/TLA	37228		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiovascular	TIB/PER REVASC W/ATHER	37229		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	ECHO EXAM OF FETAL HEART	76825		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	ECHO EXAM OF FETAL HEART	76826		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	ECHO EXAM OF FETAL HEART	76827		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	ECHO EXAM OF FETAL HEART	76828		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	TRANSCATH CLOSURE OF ASD	93580		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	Comprehensive electrophysiologic evaluation including insert	93653		Recent history and physical, MD order, any clinical information to support medical necessity
Cardiac Services	Comprehensive electrophysiologic evaluation including transs	93656		Recent history and physical, MD order, any clinical information to support medical necessity
Cochlear Implants and other auditory Implants	IMPLANT TEMPLE BONE W/STIMUL	69714		Recent history and physical, MD order, any clinical information to support medical necessity
Cochlear Implants and other auditory Implants	TEMPLE BNE IMPLNT W/STIMULAT	69715		Recent history and physical, MD order, any clinical information to support medical necessity

Cochlear Implants and other auditory Implants	IMPLANT COCHLEAR DEVICE	69930		Recent history and physical, MD order, any clinical information to support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE W/NEEDLE STERIL 1 CC/< EACH	A4206	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE W/NEEDLE STERILE 2 CC EACH	A4207	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE W/NEEDLE STERILE 3 CC EACH	A4208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE W/NEEDLE STERILE 5 CC/> EA	A4209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEEDLE-FREE INJECTION DEVICE EACH	A4210	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SUPPLIES SELF-ADMINED INJECTIONS	A4211	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONCORING NEEDLE/STYLET W/WO CATH	A4212	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE STERILE 20 CC/GREATER EACH	A4213	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEEDLE STERILE ANY SIZE EACH	A4215	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STERL H2O SALINE & OR DXT DIL 10 ML	A4216	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STERILE WATER/SALINE 500 ML	A4217	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STERL SALINE/WATR METRD DOSE 10 ML	A4218	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	REFILL KIT IMPLANTABLE INFUS PUMP	A4220	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SUPS MAINT NON-INS RX INFUS CATH PW	A4221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INFUS SPL EXT RX INFUS PUMP CAS/BAG	A4222	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INFUS SPL NO EXT INFUS PUMP CAS/BAG	A4223	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPL MAINT INSULIN INFUS CATH PER WK	A4224	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPL EXT INS INF PMP SYR T CART ST E	A4225	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	S MNT INS IP DR ADJ TX CNT G SNS PW	A4226	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INFUS SET EXT INSULIN PUMP NONNDLE	A4230	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INFUS SET EXT INSULIN PUMP NEEDLE	A4231	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE NDLE EXT INSULIN PUMP STERL	A4232	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL BATT ALK NOT J CELL HOM BG MON	A4233	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL BATT ALK J CELL HOM BG MON	A4234	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL BATT LITHIUM HOM BG MON OWN PT	A4235	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	REPL BATT SILVER OXIDE HOM BG MON	A4236	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALCOHOL OR PEROXIDE PER PINT	A4244	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALCOHOL WIPES PER BOX	A4245	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BETADINE/PHISOHEX SOLUTION PER PINT	A4246	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BETADINE/IODINE SWABS/WIPES PER BOX	A4247	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHLORHEXIDINE CONTAINING ANTISEPTIC	A4248	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URINE TEST/REAGENT STRIPS/TABLETS	A4250	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLOOD KETONE TEST/REAGENT STRIP EA	A4252	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLD GLU TST/REAGT STRIPS HOM MON-50	A4253	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PLATFORMS HOM BLD GLU MON 50-BOX	A4255	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NORMAL LOW&HI CALIBRATOR SOL/CHIPS	A4256	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL LENS SHIELD CARTRIDGE LASR SKN	A4257	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPRING-POWERED DEVICE LANCET EACH	A4258	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Protheses	LANCETS PER BOX OF 100	A4259	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CERVICAL CAP FOR CONTRACEPTIVE USE	A4261	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PERM IMPL CONTRCPTV TUBAL OCCL DEV	A4264	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PARAFFIN PER POUND	A4265	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	DIAPHRAGM FOR CONTRACEPTIVE USE	A4266	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CONTRACEPTIVE SUPPLY CONDOM MALE EA	A4267	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CONTRACEPT SUPPLY CONDOM FEMALE EA	A4268	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CONTRACEPTIVE SUPPLY SPERMICIDE EA	A4269	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADHES SKN SUPP ATTCH BRST PROSTH EA	A4280	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	TUBING FOR BREAST PUMP REPLACEMENT	A4281		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADAPTER FOR BREAST PUMP REPLACEMENT	A4282		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CAP BREAST PUMP BOTTLE REPLACEMENT	A4283		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	BRST SHIELD&SPLSH PROTCTR PUMP REPL	A4284		History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	POLYCARBATE BOTTLE BREAST PUMP REPL	A4285		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LOCKING RING BREAST PUMP REPLACEMENT	A4286		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SACRAL NERVE STIM TEST LEAD EACH	A4290	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPL ACSS CATHETER EXTERNAL ACCESS	A4300	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPL ACSS TOTAL CATH PORT/RESERVOIR	A4301	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPBL RX DEL SYS RATE 50 ML/>-HR	A4305	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPOSABL RX DEL SYS FLW < 50 ML HR	A4306	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/O DRN BAG&W/O CATH	A4310	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/O BAG 2-WAY LATEX	A4311	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/O BAG 2-WAY SILCON	A4312	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRT TRAY W/O BAG 3-WAY CNT IRRIG	A4313	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/BAG 2-WAY LATEX	A4314	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/BAG 2-WAY SILCON	A4315	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/BAG 3-WAY CONT IRRG	A4316	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IRRIG TRAY W/BULB/PISTON SYRINGE	A4320	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IRRIGATION SYRINGE BULB/PISTON EACH	A4322	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MALE EXT CATH CLCT CHAMB ANY TYPE	A4326	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FE EXT URIN CLCT DEVICE; POUCH EA	A4328	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERIAN FECAL CLCT POUCH W/ADHES EA	A4330	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXT DRN TUBING W/CNCTOR/ADAPTR EA	A4331	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUBRICNT INDIVIDUAL STERL PACKET EA	A4332	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URIN CATH ANCHR DEVC ADHES ATTCH EA	A4333	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URIN CATH ANCHR DEVICE LEG STRAP EA	A4334	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONTINENCE SUPPLY; MISCELLANEOUS	A4335	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDWLL CATH; 2-WAY LATEX W/COAT EA	A4338	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDWELL CATHETER; SPECIALTY TYPE EA	A4340	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	INDWLL CATH FOLEY 2-WAY SILCON EA	A4344	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDWLL CATH; FOLY 3-WAY CONT IRRIG	A4346	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MALE EXT CATH W/WO ADHES DISPBL EA	A4349	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERMIT URIN CATH; STRAIT TIP EA	A4351	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERMIT URIN CATH; COUDE TIP EA	A4352	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERMIT URIN CATH W/INSERTION SPL	A4353	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRTION TRAY W/DRN BAG W/O CATH	A4354	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IRRIG TUBING CONT 3-WAY CATH EA	A4355	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXT URETHRAL CLAMP/COMPRS DEVICE EA	A4356	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BEDSID DRN BAG DAY/NGT W/WO TUBE EA	A4357	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URINARY LEG BAG; VINYL W/WO TUBE EA	A4358	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISP EXT URETHRAL CLAMP/COMP DEV EA	A4360	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY FACEPLATE EACH	A4361	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SKN BARRIER; SOLID 4X4/EQUVALNT; EA	A4362	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY CLAMP ANY TYPE REPL ONLY EA	A4363	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHES LIQUID/EQUAL ANY TYPE- OUNCE	A4364	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY VENT ANY TYPE EACH	A4366	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY BELT EACH	A4367	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY FILTER ANY TYPE EACH	A4368	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY SKIN BARRIER LIQUID PER OZ	A4369	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY SKIN BARRIER POWDER PER OZ	A4371	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKIN BARR SOL 4X4/EQUV STD EA	A4372	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARR W/FLNGE BUILT-IN CONVX	A4373	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE W/FCEPLAT PLST EA	A4375	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE W/FCEPLAT RUBR EA	A4376	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE FCEPLAT PLSTC EA	A4377	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OST POUCH DRAINABLE FCEPLAT RUBR EA	A4378	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN W/FCEPLAT PLSTC EA	A4379	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN W/FCEPLAT RUBR EA	A4380	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN USE FCEPLAT PLSTC EA	A4381	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN FCEPLAT HVY PLSTC EA	A4382	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN USE FCEPLAT RUBR EA	A4383	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST FCEPLAT EQUVALNT SILCON RING EA	A4384	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER 4X4 EXT W/O CONVXTY	A4385	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS BARR BUILT-IN CONVX	A4387	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABL W/EXT WEAR BARR EA	A4388	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNBL BARR BUILT-IN CONVX	A4389	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE EXT W/CONVXITY EA	A4390	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN W/EXT WEAR BARR EA	A4391	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN STD W/CONVXITY EA	A4392	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN EXT W/CONVXITY EA	A4393	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY DEODORANT W/WO LUB PER FL OZ	A4394	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST DEODORANT OST POUCH SOLID-TAB	A4395	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY BELT W/PERISTOMAL HERN SUP	A4396	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IRRIGATION SUPPLY; SLEEVE EACH	A4397	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY IRRIGATION SUPPLY; BAG EACH	A4398	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST IRRIG SPL; CONE/CATH W/WO BRUSH	A4399	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY IRRIGATION SET	A4400	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUBRICANT PER OUNCE	A4402	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY RING EACH	A4404	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER NONPECTIN PASTE-OZ	A4405	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER PECTIN PASTE-OZ	A4406	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER W/CONVXITY 4X4 IN/<	A4407	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER W/CONVXITY > 4X4 IN	A4408	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARR EXT W/O CONVX 4X4 IN/<	A4409	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARR EXT W/O CONVX >4X4 IN	A4410	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARR SOLID 4X4/EQ W/CONVXTY	A4411	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNBL BARR FLNGE W/O FLTR	A4412	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABL BARRIER FLNGE/FLTR	A4413	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER W/O CONVX 4X4 IN/<	A4414	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST SKN BARRIER W/O CONVX >4X4 IN	A4415	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLO BARR ATTCH W/FILTR EA	A4416	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLO BARR W/BLT-IN CONVXIT	A4417	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; W/O BARR W/FILTR EA	A4418	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; BARRIER W/NON-LOCK	A4419	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	OST POUCH CLO;USE BARR LOCK FLNG EA	A4420	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY SUPPLY; MISCELLANEOUS	A4421	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST ABSORB MATL THICKN LQD STOML OP	A4422	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; BARR W/LOCK FLNG EA	A4423	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNBL BARR ATTCH FILTR EA	A4424	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNBL; BARR NON-LOCK FLNG	A4425	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNBL;BARR W/LOCK FLNG EA	A4426	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRN;BARR LOCK FLNG FLTR	A4427	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN W/FAUCET TAP W/VALVE	A4428	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN W/BLT-IN CONVX VALVE	A4429	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URN BLT-IN CNVX FAUCT VLV	A4430	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN;BARR FAUCT TAP VLV	A4431	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URN;NO-LCK FLNG FAUCT VLV	A4432	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN; BARR W/LOCK FLNG EA	A4433	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URN;LOCK FLNG FAUCT VLV	A4434	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRN HI OP EXT WR BARR EA	A4435	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TAPE NON-WATERPROOF 18 SQUARE IN	A4450	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TAPE WATERPROOF PER 18 SQUARE IN	A4452	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHESIVE REMOVER/SOLVENT PER OUNCE	A4455	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHESIVE REMOVER WIPES ANY TYPE EA	A4456	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURG DRESSING HOLDR NON-REUSABLE EA	A4461	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONELASTIC BINDER FOR EXTREMITY	A4465	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELT STRAP SLV GARMENT/COV ANY TYPE	A4467	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRAVLEE JET WASHER	A4470	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VABRA ASPIRATOR	A4480	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMA FLTR TYPE SZ EA	A4481	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MOISTR EXCHGR DISPBL W/INVASV VENT	A4483	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURG STOCKING ABOVE KNEE LENGTH EA	A4490	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICAL STOCKING THIGH LENGTH EACH	A4495	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURG STOCKING BELOW KNEE LENGTH EA	A4500	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICAL STOCKING FULL-LENGTH EACH	A4510	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICAL TRAYS	A4550	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NON-DISPOSABLE UNDERPADS ALL SIZES	A4553	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPOSABLE UNDERPADS ALL SIZES	A4554	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELECTRODES PER PAIR	A4556	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD WIRES PER PAIR	A4557	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONDUCTVE GEL/PASTE USE W/ELEC DEVC	A4558	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PESSARY RUBBER ANY TYPE	A4561	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PESSARY NON RUBBER ANY TYPE	A4562	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SLINGS	A4565	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SHOULDR SLING/VEST ABD RSTRN PREFAB	A4566	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPLINTS	A4570	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	A4575	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SUPPLIES	A4580	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPECIAL CASTING MATERIAL	A4590	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELEC STIM SUPPLIES 2 LEAD PER MONTH	A4595	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SLEEVE INTERMITT LIMB COMP REPL EA	A4600	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL BA EXT IP OWND PT LI 1.5 V EA	A4602	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TUBING W/INTGR HEAT ELEM W/PAP DEVC	A4604	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEAL SUCTION CATH CLOS SYS EA	A4605	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 PROBE W/OXIMETER DEVICE REPLCMT	A4606	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BATTERY HEVY DUTY; REPL PT-OWND VENT	A4611	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	BATTERY CABLES; REPL PT-OWNED VENT	A4612	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BATTERY CHARGER; REPL PT-OWNED VENT	A4613	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PEAK EXPIRATORY FLW METER HAND HELD	A4614	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CANNULA NASAL	A4615	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TUBING PER FOOT	A4616	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MOUTHPIECE	A4617	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BREATHING CIRCUITS	A4618	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VARIABLE CONCENTRATION MASK	A4620	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY INNER CANNULA	A4623	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEAL SUCTN CATH NOT CLOS SYS EA	A4624	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOST CARE KIT NEW TRACHEOST	A4625	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY CLEANING BRUSH EACH	A4626	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OROPHARYNGEAL SUCTION CATHETER EACH	A4628	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TRACHEOST CARE KIT EST TRACHEOST	A4629	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL BATTERY TRNSQ ELEC STIM OWND PT	A4630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UNDERARM PAD CRUTCH REPLACEMENT EA	A4635	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL TIP CANE CRUTCH WALKER EA	A4637	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL PAD W/ALTRNAT PRSS PAD OWND PT	A4640	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	A4641	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TISSUE MARKER IMPLANTBL ANY TYPE EA	A4648	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICAL SUPPLY; MISCELLANEOUS	A4649	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPLANTABLE RADIATION DOSIMETER EA	A4650	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CALIBRATED MICROCAPILLARY TUBE EACH	A4651	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MICROCAPILLARY TUBE SEALANT	A4652	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYRINGE WITH OR WITHOUT NEEDLE EACH	A4657	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLOOD PRESSURE CUFF ONLY	A4663	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	AUTOMATIC BLOOD PRESSURE MONITOR	A4670	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPBL CYCLR SET USED W/CYCLR DIALY	A4671	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIALYSATE FL>1999<=2999CC DIALYSIS	A4722	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLD GLU TEST STRIPS DIALYSIS PER 50	A4772	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPBL CATH TIP PERITON DIALYSIS-10	A4860	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTRACTS REPR&MAINT HEMODIAL EQP	A4890	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GLOVES NON-STERILE PER 100	A4927	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICAL MASK PER 20	A4928	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GLOVES STERILE PER PAIR	A4930	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ORL THERMOMETER REUSBL ANY TYPE EA	A4931	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; W/BARRIER ATTCH EA	A5051	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; W/O BARR ATTACH EA	A5052	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOMY POUCH CLOS; USE FACEPLATE EA	A5053	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	OST POUCH CLOS; BARRIER W/FLNGE EA	A5054	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STOMA CAP	A5055	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRAIN EXT BARRIER FLTR EA	A5056	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRAIN BARR CONVX FLTR EA	A5057	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE; W/BARR ATTCH EA	A5061	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABL; W/O BARR ATTCH EA	A5062	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH DRNABLE; BARR W/FLNGE EA	A5063	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN; W/BARRIER ATTCH EA	A5071	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN; W/O BARR ATTCH EA	A5072	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OST POUCH URIN; BARRIER W/FLNGE EA	A5073	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STOMA PLUG OR SEAL ANY TYPE	A5081	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTINENT DEVC;CATH CONTINENT STOMA	A5082	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONT DEVICE STOMA ABSORPTIVE COVER	A5083	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OSTOMY ACCESSORY; CONVEX INSERT	A5093	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BEDSIDE DRN BOTTLE W/WO TUBING EA	A5102	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URIN SUSPENSRY LEG BAG W/WO TUBE EA	A5105	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URINARY DRAIN BAG LEG/ABD LATEX EA	A5112	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEG STRAP; LATEX REPLCMT ONLY-SET	A5113	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEG STRAP; FOAM/FABRIC REPL-SET	A5114	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKIN BARRIER WIPES OR SWABS EACH	A5120	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN BARRIER; SOLID 6X6/EQUVALNT EA	A5121	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN BARRIER; SOLID 8X8/EQUVALNT EA	A5122	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHES/NON-ADHES; DISK/FOAM PAD	A5126	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	APPLINC CLNR INCONT&OST APPLN-16 OZ	A5131	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERQ CATH/TUBE ANCHR DEVC ADHES SKN	A5200	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DM ONLY CSTM PREP SHOE MX DNS INSRT	A5500	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	DM ONLY CSTM PREP SHOE MOLD PTS FT	A5501	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOR DIAB ONLY MX DNSITY INSRT PRFAB	A5512	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIA ONLY MX DN INSRT CSTM MLD P F E	A5513	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIA MX DEN INS DIR CARV CSTM FAB EA	A5514	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLLEGEN WOUND FILLR DRY FORM PER G	A6010	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLLEGEN WOUND FIL GEL/PASTE PER G	A6011	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLL DRESS PAD SIZE 16 SQ/LESS EA	A6021	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLL DRSG STRL>16 BUT</=48 SQ IN EA	A6022	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLL DRSG STERILE SZ >48 SQ IN EA	A6023	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLL DRESS WND FIL STERL PER 6 IN	A6024	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEL SHEET DERMAL/EPIDRMAL APPLIC EA	A6025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WOUND POUCH EACH	A6154	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	A6196	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ALGINAT/OTH FIBR GELL >16<=48 SQEA	A6197	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	A6198	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALGINAT/OTH FIBR GELL DRESS FIL-6IN	A6199	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPOS DRESS 16 SQ/< W/ADHES BORDR	A6203	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPOS DRESS >16 <=48 SQ W/ADHES	A6204	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPOS DRESS >48SQ W/ADHES BORDR EA	A6205	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CNTCT LAYR STERL 16 SQ IN/<EA DRESS	A6206	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CNTC LAYER > 16 SQ BUT <= 48 SQ EA	A6207	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTACT LAYER > 48 SQ EACH DRESSING	A6208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESS STERL 16 SQ/< NO ADHES	A6209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESS >16 <=48SQ W/O ADHES EA	A6210	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESS STERL > 48 SQ NO ADHES	A6211	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	A6212	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	FOAM DRESS >16 <= 48 SQ W/ADHES EA	A6213	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESS > 48 SQ W/ADHES BORDR EA	A6214	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOAM DRESSING WOUND FIL STERL PER G	A6215	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG NONSTERL 16 SQ/<	A6216	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG NONSTRL >16<=48SQ	A6217	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG NONSTERL > 48 SQ	A6218	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG STERL 16 SQ/<ADHES	A6219	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG >16 <=48 SQ ADHES	A6220	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZE NON-IMPREG > 48 SQ W/ADHES	A6221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	A6222	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG NOT H2O/HYDRGL >16<=48	A6223	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	A6224	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG WATR/NL SALINE > 16 SQ	A6228	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG WATR/SALINE >16<=48 SQ	A6229	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG H2O/SALINE STERL >48 SQ	A6230	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	A6231	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG HYDRGEL DIR >16 <= 48	A6232	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	A6233	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	A6234	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDRCOLLOID DRESS >16<=48 NO ADHES	A6235	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLOID DRESS >48 SQ W/O ADHES	A6236	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	A6237	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDRCOLLOID DRESS >16<= 48 W/ADHES	A6238	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLOID DRESS > 48 SQ W/ADHES	A6239	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLOID DRESS FIL PASTE-FL OZ	A6240	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLOID DRESS DRY FORM PER G	A6241	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS 16 SQ/< W/O ADHES EA	A6242	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS >16 <=48SQ NO ADHES	A6243	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS > 48 SQ W/O ADHES EA	A6244	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS 16 SQ/< W/ADHES EA	A6245	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS >16 <=48 SQ W/ADHES	A6246	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS STERL >48 SQ ADHES	A6247	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROGEL DRESS WOUND FIL GEL FL OZ	A6248	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN SEALNT PROTCT MOISTURZR OINTMNT	A6250	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCLTY ABSORB DRESS 16SQ/< NO ADHES	A6251	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCL ABSORB DRESS >16<=48 NO ADHES	A6252	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCLTY ABSORB DRESS >48 SQ NO ADHES	A6253	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	A6254	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCL ABSORB DRESS >16<= 48 W/ADHES	A6255	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	SPCLTY ABSORB DRESS > 48 SQ W/ADHES	A6256	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT FILM STERL 16 SQ/< EA DRESS	A6257	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT FILM >16 SQ BUT <=48 SQ EA	A6258	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT FILM STERL > 48 SQ EA DRESS	A6259	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WOUND CLEANSERS ANY TYPE ANY SIZE	A6260	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WOUND FILLR GEL/PASTE PER FL OZ NOS	A6261	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WOUND FILLER DRY FORM PER G NOS	A6262	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	A6266	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ NON-IMPREG STERL 16 SQ/< NO AD	A6402	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ NON-IMPREG STERL >16 <= 48 SQ	A6403	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAUZ NON-IMPREG STRL >48SQ NO ADHES	A6404	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PACK STRIPS NON-IMPREGNTD UP 2 IN	A6407	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EYE PAD STERILE EACH	A6410	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	EYE PAD NON-STERILE EACH	A6411	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EYE PATCH OCCLUSIVE EACH	A6412	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHESIVE BANDAGE FIRST-AID TYPE EA	A6413	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PADD BANDGE NON-ELAST NON-WOVEN/NON	A6441	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6442	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6443	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6444	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6445	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6446	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONFORMING BANDGE NON-ELAST KNITTED	A6447	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LT COMPRS BANDGE ELAST WDTN < 3 IN	A6448	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LT COMPRS BANDGE WDTN >= 3 & <5 IN	A6449	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LT COMPRS BANDGE WDTN >= 5 IN	A6450	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MOD COMPRS BANDGE WD >= 3 & <5 IN	A6451	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI COMPRS BANDGE WD >= 3 & <5 IN	A6452	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SELF-ADHERENT BANDGE WIDTH </= 3 IN	A6453	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SLF ADHERNT BANDGE WD >= 3 & <5 IN	A6454	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SELF-ADHERENT BANDGE WIDTH >= 5 IN	A6455	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ZINC PAST BANDGE WD >= 3 & <5 IN	A6456	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TUBULR DRSG W/WO ELAST WIDTH LINR YD	A6457	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYN RSRB W DR STRL P 16 SI/< NO A E	A6460	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	S RSRB ST PD SZ >16 SI </= 48 SI E	A6461	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPRS BRN GARMNT GLOV WRST CSTM	A6504	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPRS BURN GARMNT GLOV AX CSTM FAB	A6506	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADIENT COMPRS STK BK 30-40 MMHG	A6531	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRD CMPRS WRP NONELST BK 30-50 MMHG	A6545	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	GRADIENT COMP STOCKING/SLEEVE NOS	A6549	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WND CARE SET NEG PRSS WND TX PUMP	A6550	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CANISTER DISPBL USED W/SUCTN PUMP	A7000	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CANISTR NONDISPBL USED W/SUCTN PUMP	A7001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TUBING USED WITH SUCTION PUMP EACH	A7002	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADMN SET SM VOL NONFILTR NEB DISPBL	A7003	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SM VOL NONFILTR PNEUMAT NEB DISPBL	A7004	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADMN SET SM VOL NONFLTR NEB NONDISP	A7005	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADMN SET W/SM VOL FILTR NEBULIZR	A7006	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LG VOL NEBULIZR DISPBL UNFIL COMPRS	A7007	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESRVOR BOTTLE LG VOL US NEBULIZR	A7009	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CORUG TUBE DISPBL LG VOL NEB 100 FT	A7010	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WATER COLLEC DEV USE W/LG VOL NEB	A7012	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	FILTER DISP W/AREO COMPRESS/US GEN	A7013	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AREO MASK USED W/ DME NEB	A7015	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DOME&MOUTHPECE W/SM VOL US NEBULIZR	A7016	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	H2O DIST USE W/LG VOL NEB 1000 ML	A7018	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERFACE COUGH STIM DEVC REPL ONLY	A7020	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI FREQ CHST WALL OSCILAT VEST REPL	A7025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI FREQ CHST WALL OSCILAT HOSE REPL	A7026	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMB ORAL/NASAL MASK W/CPAP EACH	A7027	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ORAL CUSH ORAL/NASAL MASK REPL EA	A7028	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NASL PILLOW ORL/NASL MASK REPL PAIR	A7029	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FULL FCE MASK POS ARWAY PRSS DEV EA	A7030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FCE MASK INTERFCE REPL FULL MASK EA	A7031	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSHN NASAL MASK INTF REPL ONLY EA	A7032	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PILLW NASL CANNULA TYPE INTF REPL	A7033	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NASL INTERFCE POS ARWAY PRSS DEVC	A7034	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEADGEAR USED W/POS ARWAY PRSS DEVC	A7035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHINSTRAP USE W/POS ARWAY PRSS DEVC	A7036	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TUBING USED W/POS ARWAY PRESS DEVC	A7037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLTR DISPBL W/POS ARWAY PRSS DEVC	A7038	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLTR NON DISPBL POS ARWAY PRSS DEVC	A7039	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXHALATION PORT REPLACEMENT ONLY	A7045	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WATR CHAMB HUMDIFIR USED W/POS ARWA	A7046	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VACUUM DRN CLCT U & TUBING KIT EA	A7048	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	A7503	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOUS REUSABL W/O ADHES EXCHG SYS	A7505	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHES DISC EXCHG SYS&/ W/TRACH VALV	A7506	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	FLTR HLDR&INTGR FLTR TRACHEOSTOMA	A7507	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOUS&INTGR ADHES EXCHG SYS &/ VALV	A7508	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLTR HLDR&INTGR FLTR HOUS&ADHES	A7509	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOST/LARYNGECT TUBE NON-CUFFED	A7520	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOST/LARYNGECT TUBE CUFF PVC	A7521	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOST/LARYNGECT TUBE STNLESS ST	A7522	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY SHOWER PROTECTOR EACH	A7523	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMA STENT/STUD/BUTTON EACH	A7524	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY MASK EACH	A7525	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY TUBE COLLAR/HOLDER EA	A7526	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HELMET PROTECTIVE SOFT PREFAB	A8000		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HELMET PROTECTIVE HARD PREFAB	A8001		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HELMET PROTECTIVE SOFT CUSTOM FAB	A8002		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HELMET PROTECTIVE HARD CUSTOM FAB	A8003		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SOFT INTERFACE FOR HELMET REPL ONLY	A8004		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONPRESCRIPTION DRUG	A9150	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	A9152	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLD/HOT FL BTL IC/C HT&/CLD W ANY	A9273	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXT AMB INSULIN DEL SYS DISPOSBL EA	A9274	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME GLU DISPBL MON W/TEST STRIPS	A9275	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SENSOR; INVSV INTRSTL GLU MON SYS	A9276	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRANSMTR; EXT INTRSTL CONT GLU MON	A9277	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RECEIVER MON; EXT INTRSTL GLU MON	A9278	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MON FEATURE/DEVC ALONE/INTEGRAT NOC	A9279	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WIG ANY TYPE EACH	A9282	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INVERSION/EVERSION CORRECTION DEVC	A9285	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HYG I/DVC DISPBL/NON-DISPBL ANY T E	A9286	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GALLIUM GA-68 DOTATATE DX 0.1 MCI	A9587	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI	A9588	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSTILLATION HAL HCI 100 MG	A9589	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	A9900	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DME DEL SET&/DSPNS SRVC ANOTH HCPCS	A9901	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MISCELLANEOUS DME SUPPLY/ACCESS NOS	A9999	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTERAL FEED SPL KIT; SYRINGE DAY	B4034		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTERAL FEED SPL KIT; PUMP FED-DAY	B4035		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTERAL FD SPL KIT; GRAVITY FED-DAY	B4036		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NASOGASTRIC TUBING WITH STYLET	B4081	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NASOGASTRIC TUBING WITHOUT STYLET	B4082	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STOMACH TUBE - LEVINE TYPE	B4083	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	GASTROSTOMY/J-TUBE STANDARD EACH	B4087	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GASTROSTOMY/J-TUBE LOW-PROFILE EA	B4088	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOOD THICKENER ADMINED ORALLY-OUNCE	B4100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F ADLT REPL FL&LYTES 500 ML	B4102		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED REPL FL&LYTES 500 ML	B4103		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADDITIVE FOR ENTERAL FORMULA	B4104		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IN-LINE CART CTG DIG ENZYME EF EACH	B4105	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F MANF BLNDRIZD NAT FOODS	B4149		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F NUTRITIONALLY COMPLETE	B4150		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F NUTRITION CMPL CAL DENSE	B4152		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRL F NUTRTN CMPL HYDROLYZD PROTS	B4153		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F CMPL NO INHERITED DZ METAB	B4154		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	B4155		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ENTRAL F CMPL INHERITED DZ METAB	B4157		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED NUTRITION COMPLETE	B4158		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED NUTRITN CMPL SOY BASD	B4159		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED NUTRITN CMPL CAL DENSE	B4160		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED HYDROLYZED/AA PROTEINS	B4161		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRAL F PED INHERITED DZ METAB	B4162		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; CARBS 50%/< HOM	B4164		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; AMINO ACID 3.5%	B4168		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; AMINO ACID 5.5-7%	B4172		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	B4176		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; AMINO ACID > 8.5%	B4178		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SOL; CARBS > 50% HOM	B4180		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARENTERAL NUTR SOL NOS 10 G LIPIDS	B4185		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT;AMINOACID&CARB 10-51GM	B4189		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT;AMINOACID&CARB 52-73GM	B4193		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRL NUT;AMINOACID&CARB 74-100GM	B4197		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT;AMINO ACID&CARB >100GM	B4199		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	B4216		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	B4220		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT SPL KIT; HOM MIX-DAY	B4222		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUTRITION ADMIN KIT-DAY	B4224		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUT; AMINO ACID&CARBS RENL	B5000		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARENTERL NUT SOL AMINO ACID & CARB	B5100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRL NUT AMINO ACID & CARS STRSS	B5200		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTERAL NUTR INFUSION PUMP ANY TYPE	B9002	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUTRIT INFUS PUMP PRTBLE	B9004	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PARNTRAL NUTRIT INFUS PUMP STATION	B9006	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NOC FOR ENTERAL SUPPLIES	B9998		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NOC FOR PARENTERAL SUPPLIES	B9999		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	C1713	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH TRNSLUM ATHERECT DIRECTIONAL	C1714	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BRACHYTHERAPY NEEDLE	C1715	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH TRNSLUM ATHERECT ROTATIONAL	C1724	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER TRNSLUM ANGPLSTY NON-LASER	C1725	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER BALLOON DILAT NON-VASCULAR	C1726	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH BALLN TISS DISSECTOR NON-VASC	C1727	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER BRACHYTHERAPY SEED ADMIN	C1728	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER DRAINAGE	C1729	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH EP DX OTH THAN 3D MAP 19/<	C1730	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CATH EP DX OTH THAN 3D MAP 20/>	C1731	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH EP DX/ABLAT 3D/VECTOR MAP	C1732	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH EP DX/ABLAT NOT MAP/COOL-TIP	C1733	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH HEMODIAL/PERITON LONG-TERM	C1750	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH INFUS INSRT PERIPH CNTRL/MIDLN	C1751	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER HEMODIALYSIS SHORT-TERM	C1752	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER INTRAVASCULAR ULTRASOUND	C1753	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER INTRADISCAL	C1754	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER INTRASPINAL	C1755	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER PACING TRANSESOPHAGEAL	C1756	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER THROMBECTOMY/EMBOLECTOMY	C1757	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER URETERAL	C1758	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER INTRACARD ECHOCARDIOGRAPHY	C1759	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CLOSURE DEVICE VASCULAR	C1760	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER TRANSLUM IVASC LITHOTR COR	C1761	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADHESION BARRIER	C1765	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GUIDE WIRE	C1769	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMAGING COIL MAGNETIC RESONANCE	C1770	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPR DEVICE URIN INCONT W/SLING GFT	C1771	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RETRIEVAL DEVICE INSERTABLE	C1773	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL	C1777	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD PACEMKR TRNS VDD SINGLE PASS	C1779	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LENS INTRAOCULAR	C1780	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PACEMKR DUAL CHAMB RATE-RESPONSIVE	C1785		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKIN SUBST SYNTH RESORB PER SQ CM	C1849	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VENA CAVA FILTER	C1880	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CATHETER TRNSLUM ANGPLSTY LASER	C1885	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH EXTRAVASCULAR TISS ABLAT MODAL	C1886	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER GUIDING	C1887	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH ABLATION NON-CARDIAC ENDOVASC	C1888	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPLANTABLE/INSERTABLE DEVICE NOC	C1889	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTRDUCR/SHEATH EP CURVE PEEL-AWAY	C1892	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTRDUCR/SHEATH EP CURVE NOT PEEL	C1893	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTRDUCR/SHEATH NOT GUID NON-LASR	C1894	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD CARDIOVRT-DFIB ENDOCARD DUL	C1895	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD CARDIOVRT-DFIB NOT ENDOCARD	C1896	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD NEUROSTIMULATOR TEST KIT	C1897	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD PACEMKR NOT TRNS VDD 1 PASS	C1898	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEAD PACEMKR/CARDIOVERT-DEFIB COMB	C1899	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	LEAD LT VENTRICULAR CORON VENUS SYS	C1900		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROBE PERCUT LUMBAR DISCECTOMY	C2614	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEALANT PULMONARY LIQUID	C2615	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROBE/NEEDLE CRYOABLATION	C2618	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER TA DRUG-COATED NON-LASER	C2623	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER SUPRAPUBIC/CYSTOSCOPIC	C2627	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATHETER OCCLUSION	C2628	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CATH EP DX/ABLAT NOT MAP COOL-TIP	C2630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	E0100	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CANE QUAD/3-PRONG ALL MATL W/TIPS	E0105	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRTCHES FORARM VARIOUS MATL PAIR	E0110	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	E0113	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRTCHES UNDARM OTH THAN WOOD PAIR	E0114	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	E0116	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	E0117	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRUTCH SUBSTITUTE LW LEG PLATFORM	E0118	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	E0130	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	E0135	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALK W/TRNK SUPP ADJUSTBL/FIX HT	E0140	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER RIGID WHEELD ADJUSTBL/FIX HT	E0141	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER FOLD WHEELED ADJUSTBL/FIX HT	E0143	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER ENCLOS 4 SIDE WHL POST SEAT	E0144	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKR HEVY DUTY MX BRAKE VARIBL WHL	E0147	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	E0148	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WALKER HEVY DUTY WHEELD ANY TYPE EA	E0149	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PLATFORM ATTACHMENT WALKER EACH	E0154	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	E0155	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEAT ATTACHMENT WALKER	E0156	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEG EXTENSIONS WALKER PER SET FOUR	E0158	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BRAKE ATTCH WHEELED WALK REPLCMT EA	E0159	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMMODE CHAIR WITH FIXED ARMS	E0163	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMMODE CHAIR WITH DETACHABLE ARMS	E0165	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	E0168	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR PRESS RED MATTRESS PAD W/PUMP	E0181	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DRY PRESSURE MATTRESS	E0184	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEL/GEL-LIKE PRSS PAD MATTRSS STD	E0185	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SYNTHETIC SHEEPSKIN PAD	E0188	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	E0189	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEEL OR ELBOW PROTECTOR EACH	E0191	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HEAT LAMP W/O STAND W/INFRARD ELEM	E0200	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHOTOTHERAPY LIGHT WITH PHOTOMETER	E0202	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TX LTBOX MINI 10000 LUX TABLE TOP	E0203	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEAT LAMP W/STAND W/INFRARD ELEM	E0205	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELECTRIC HEAT PAD MOIST	E0215	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INFRARED HEATING PAD SYSTEM	E0221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NON-CNTC WND WARM DEVC W/CARD&COVR	E0231	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WOUND WARMING WOUND COVER	E0232	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PUMP FOR WATER CIRCULATING PAD	E0236	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HYDROCOLLATOR UNIT PORTABLE	E0239	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	E0240	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BATHTUB WALL RAIL EACH	E0241	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BATHTUB RAIL FLOOR BASE	E0242	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TRNSF BENCH TUB/TOILET W/WO COMMODE	E0247	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	E0249	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED FIX HT W/RAIL W/O MATTRSS	E0251	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED VARIBL HT W/RAIL W/MATTRSS	E0255	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED VARIBL HT W/RAIL NO MATTRSS	E0256	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	E0260	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	E0261	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED TOT ELEC W/RAIL W/MATTRSS	E0265	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED TOT ELEC W/RAIL W/O MATTRSS	E0266	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOSP BED INST TYPE: W/MATTRSS	E0270	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MATTRESS FOAM RUBBER	E0272	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BED BOARD	E0273	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OVER-BED TABLE	E0274	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	POWER PRESSURE-REDUCING AIR MATTRSS	E0277	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED FIX HT W/O RAIL W/MATTRSS	E0290	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED FIX HT W/O RAIL W/O MATTRSS	E0291	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED VARIBL HT NO RAIL W/MATTRSS	E0292	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED VARIBL HT W/O RAIL/MATTRSS	E0293	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	E0294	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	E0295	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED TOT ELEC W/O RAIL W/MATTRSS	E0296	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED TOT ELEC W/O RAIL/MATTRSS	E0297	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PED CRIB HOS GRADE ENC W/WO TOP ENC	E0300	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED HEVY DUTY W/WT CAP >350 PDS	E0301	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED WT CAP>600 W/O MATTRESS	E0302	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOS BED HEVY DUTY WT CAP >350<=600	E0303	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HOS BED XTRA HD WT CAP>600 MTRRSS	E0304	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BEDSIDE RAILS HALF-LENGTH	E0305	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BEDSIDE RAILS FULL-LENGTH	E0310	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BED ACCESS: BOARD/TABL/SUPPRT DEVC	E0315	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SFTY ENCLDS FRME/CANOPY W/HOSP BED	E0316	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URINAL; MALE JUG-TYPE ANY MATERIAL	E0325	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	URINAL; FE JUG-TYPE ANY MATERIAL	E0326	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOSP BED PED MANUAL INCL MATTRESS	E0328	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOSP BED PED ELECTRIC INCL MATTRESS	E0329	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	E0350	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	E0352	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AIR PRESSURE ELEVATOR FOR HEEL	E0370	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONPWR PRSS RDUC OVRLAY MATTRSS STD	E0371	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR AIR OVRLAY MATRSS STD LEN&WDTH	E0372	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONPWR ADVD PRESS REDUCING MATRSS	E0373	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATION COMPRS GASOUS O2 SYS RENT;	E0424	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATION COMPRS GAS SYS PURCHASE;	E0425	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRTBLE GASEOUS O2 SYS PURCHASE;	E0430	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRTBLE GASEOUS O2 SYS RENTAL;	E0431	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	E0433	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRTBLE LIQUID O2 SYS RENTAL;	E0434	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRTBLE LIQUID O2 SYS PURCHASE;	E0435	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATION LIQUID O2 SYS RENTAL;	E0439	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATION LIQUID O2 SYS PURCHASE;	E0440	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATIONARY O2 CONT GAS 1 MO SPL=1 U	E0441	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATIONARY O2 CONT LQD 1 MO SPL=1 U	E0442	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	E0443	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	E0444	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OXIMETER MSR BLD O2 LEVL NON- INVASV	E0445	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TOPICAL OXYGEN DELIVERY SYSTEM NOS	E0446	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	P O C L 1M SPL=1U PRSC R/N XCD 4LPM	E0447	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 TENT EXCLD CROUP/PEDIATRIC TENTS	E0455	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ROCKING BED W/WO SIDE RAILS	E0462	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME VENT ANY TYPE USED INVASV INTF	E0465	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME VENT TYPE USED NON- INVASV INTF	E0466	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME VENTILATOR MULTI-FUNC RESP DVC	E0467	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESP ASST DEVC BI-LEVL PRSS CAPABIL	E0470	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESP ASST DEVC BI-LEVL PRSS CAPABIL	E0471	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERCUSSOR ELEC/PNEUMAT HOME MODEL	E0480	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	INTRAPULM PERCUSS VENT SYS&REL ACSS	E0481	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COUGH STIM DEVC ALTRNAT POS&NEG	E0482	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIGH FREQ CHEST WALL OSC SYS EACH	E0483	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	E0484	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ORL DEVC/APPL RDUC UA COLLAPS PRFAB	E0485	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ORL DEVC/APPL RDUC UA COLLAPS CSTM	E0486	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPIROMETER ELECTRONIC INCL ACCESS	E0487	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	E0550	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	E0555	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	E0560	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HUMDIFIR NON-HEAT USED W/POS AIRWAY	E0561	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HUMDIFIR HEAT USED W/POS ARWAY PRSS	E0562	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPRS AIR PWR EQP NOT SLF-CONTAIND	E0565	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	NEBULIZER WITH COMPRESSOR	E0570	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AROSL COMPRS ADJSTBL PRSS INTERMIT	E0572	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEBULIZER W/COMPRESSOR AND HEATER	E0585	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESP SUCTN PUMP HOME MODEL ELEC	E0600	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTINUOUS POS AIRWAY PRESSURE DEVC	E0601		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BREAST PUMP MANUAL ANY TYPE	E0602		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BREAST PUMP ELECTRIC ANY TYPE	E0603		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BREAST PUMP HEVY DUTY HOSP GRADE	E0604		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME BLOOD GLUCOSE MONITOR	E0607	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	APNEA MONITOR W/RECORDING FEATURE	E0619	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN PIERC DEVC CLCT CAPLRY BLD LASR	E0620	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SLING/SEAT PT LIFT CANVAS/NYLON	E0621	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEAT LIFT MECH COMB LIFT-CHAIR MECH	E0627	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PATIENT LIFT HYRAULIC/MECH	E0630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PATIENT LIFT ELECTRIC W/SEAT/SLING	E0635	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MX PSTN PT SUPP SYS LIFT PT CNTRL	E0636	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMB SIT STAND FRAME/TABLE SEATLIFT	E0637	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PT LIFT MOVEABLE DISASSMBL&REASSMBL	E0639	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PT LIFT FIX SYS ALL CMPNTS/ACCESS	E0640	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STAND FRAME/TABLE SYS MX-POS ANY SZ	E0641	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PNEUMAT COMPRS NONSEG HOME MODEL	E0650	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	E0651	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	E0652	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG PNEUMAT APPLINC W/COMPR TRUNK	E0656	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONSEG PNEUMAT APPLINC FULL LEG	E0660	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONSEG PNEUMAT APPLINC FULL ARM	E0665	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	NONSEG PNEUMAT APPLINC HALF LEG	E0666	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG PNEUMAT APPLINC COMPRS FULL LEG	E0667	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG PNEUMAT APPLINC COMPRS FULL ARM	E0668	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG PNEUMAT APPLINC COMPRS HALF LEG	E0669	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG PNEU APPL P C INT 2 F LEG TRNK	E0670	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	E0671	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	E0673	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PNEUMAT COMPRS DEVC HI PRESS RAPID	E0675	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERMITT LIMB COMPRESSION DEVC NOS	E0676	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UV LIGHT TX BULB/LAMP; TX 2 SQ FT/<	E0691	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UV LT TX SYS PANL W/LAMP 4 FT PANEL	E0692	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UV LT TX SYS PANL W/LAMP 6 FT PANEL	E0693	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UV MX DIR LT TX SYS 6 FT CABINET	E0694	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SAFETY EQP DEVICE/ACCESSRY ANY TYPE	E0700	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRANSFER DEVICE ANY TYPE EACH	E0705	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TENS DEVICE 2 LEAD LOCALIZED STIM	E0720	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TENS DEVICE 4/> LEADS MX NERVE STIM	E0730	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FORM FIT CONDUCT GARM TENS/NMES	E0731	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEUROMUSCULAR STIMULATOR SCOLIOSIS	E0744	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEUROMUSC STIM ELEC SHOCK UNIT	E0745	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	E0746	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOGNS STIM NONINVASV NOT SP APPLC	E0747	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOGNS STIM NONINVASV SP APPLIC	E0748	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELEC SALIVARY REFLEX STIMULATOR	E0755	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTOGNS STIM LW INTENS US NONINVASV	E0760	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NON-THRML PULS RADIOWAVE ELECMAGNET	E0761	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	FDA APPRVD NRV STIM TX NAUSA&VOMIT	E0765	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELEC STM DVC CA TX ALL ACC ANY TYPE	E0766	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ESTIM/ELECMAGNET WOUND TX DEVC NOC	E0769	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FES TRANSQ STIM NERV&/MUSC CMPL NOS	E0770	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IV POLE	E0776	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB INFUS PUMP MECH INFUS 8 HR/>	E0779	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	E0781	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXTERNAL AMB INFUSION PUMP INSULIN	E0784	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPLANT INTRASPINL CATH PUMP-REPL	E0785	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXT AMB INFUS PUMP INSULIN D R ADJ	E0787	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PAR INFUS PUMP STAT SINGLE/MXCHANNEL	E0791	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB TRACTION DEVICE ALL TYPES EACH	E0830	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAC EQP CERV FREESTND FRME PNEUMAT	E0849	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TRACTION EQUIPMENT OVERDOOR CERV	E0860	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACT FRAME FOOTBOARD EXTREM TRACT	E0870	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAC FRAME ATTCH FOOTBRD PELV TRAC	E0890	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	E0910	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAPEZ BAR PT WT >250 LBS BED GRAB	E0911	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAPEZ BAR PT WT >250 LBS FREE STND	E0912	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONT PSV MOT EXER DEVC KNEE ONLY	E0935		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONT PASS MOTION EXER DEVC NOT KNEE	E0936	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRAPEZ BAR FREESTND Cmpl W/GRAB BAR	E0940	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FX FRAME ATTCH Cmplx PELV TRAC	E0947	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FX FRAME ATTCH Cmplx CERV TRAC	E0948	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR ACCESSORY TRAY EACH	E0950	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEEL LOOP/HOLDER ANY TYPE EACH	E0951	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	WC ACSS LAT THIGH/KNEE SUPP ANY TY EA	E0953	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS HEADREST CUSHND HARDWARE EA	E0955	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS LAT TRNK/HIP HARDWARE EA	E0956	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS MED THI SUPP HARDWARE EA	E0957	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	E0959	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	E0960	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCESS WHL LOCK BRAKE EXT EA	E0961	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCESS HEADREST EXTENSION EA	E0966	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC AC HND RIM PROJ REPL ONL EA	E0967	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMMODE SEAT WHEELCHAIR	E0968	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS ANTI-TIPPING DEVC EA	E0971	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCSS ADJ HT DTACH ARMST EA	E0973	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS PSTN/SFTY BELT/PELV STRP EA	E0978	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	SAFETY VEST WHEELCHAIR	E0980	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS SEAT UPHLSTER REPL ONLY EA	E0981	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS BACK UPHLSTER REPL ONLY EA	E0982	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	E0983	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	E0984	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR ACCESS SEAT LIFT MECH	E0985	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS PSH-RM ACT PWR ASST SYS	E0986	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCSS ELEV LEG REST CMPL ASSMBL	E0990	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	E0992	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS PWR SEATING SYS TILT ONLY	E1002	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACSS TILT&RECLIN MECH SHEAR RDUC	E1007	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCESS PWR SEAT SYS CNTR MNT EA	E1012	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RECLIN BACK ADD PED SIZE WHLCHAIR	E1014	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	RES LIMB SUP SYS WHEELCHAIR ANY TYP	E1020	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCSS MANL SWINGAWAY OTH CNTRL	E1028	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR ACCESS VENT TRAY FIX	E1029	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHLCHAIR ACCESS VENT TRAY GIMBALED	E1030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	E1031	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MX-PSTN PT TRNSF SYS PT > 300 LBS	E1036	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRANSPORT CHAIR PEDIATRIC SIZE	E1037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	E1038	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	E1039	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FULL RECLINE WC FIX ARM DETACH LEGS	E1050		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FULL RECLN WHLCHAR;DTACH ARM LEGRST	E1060		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FULL RECLN WHLCHR;DTACH ARM FOOTRST	E1070		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEMI-W/C; FIXED ARM DETACH LEGREST	E1083		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	E1084		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	E1085		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	E1086		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	E1087		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	E1088		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	E1089		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	E1090		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	E1092		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	E1093		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	E1100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	E1110		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STD WHLCHAIR; FIX ARM DTACH FOOTRST	E1130		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	E1140		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	WHLCHAIR; DTACHBLE ARMS LEGRESTS	E1150		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	E1160		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MANUAL ADLT SZ WC INCL TILT SPACE	E1161		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMP WHLCHAIR; FIX ARM DTACH LEGREST	E1170		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	E1171		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	E1172		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	E1180		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	E1190		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	E1195		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	E1220		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR WITH FIXED ARM FOOTRESTS	E1221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	E1222	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	E1223	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	E1224	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCESS MNL SEMIRECLINING BACK EA	E1225	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACCESS MNL FULL RECLIN BACK EA	E1226	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	E1227	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPECIAL BACK HEIGHT FOR WHEELCHAIR	E1228	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR PEDIATRIC SIZE NOS	E1229		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH SPEC BRAND&MODEL NUMBER	E1230		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	E1231		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	E1232		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	E1233		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	E1234		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	E1235		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	E1236		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	E1237		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	E1238		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER WHEELCHAIR PEDIATRIC SIZE NOS	E1239		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	E1240		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	E1250		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	E1260		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	E1270		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	E1280		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	E1285		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	E1290		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	E1295		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPECIAL WHEELCHAIR SEAT HT FROM FLR	E1296		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	E1297		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	E1298		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OXYGEN ACC FLW REG CPBL POS INSP PR	E1352	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REGULATOR	E1353	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 ACCESS CART PRTBLE CYL/CONC REPL	E1354	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STAND/RACK	E1355	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 ACCESS BTRY PACK/CRTDGE REPL	E1356	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 ACCESS BATTERY CHARGER REPL EA	E1357	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 ACCESS DC POWER ADAPTER REPL EA	E1358	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMERSION EXTERNAL HEATER NEBULIZER	E1372	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 CONC 85%/>O2 CONC PRSC FLW RATE	E1390	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 CONC 2 DEL 85%/>O2 CONC FLW RATE	E1391	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PORTABLE OXYGEN CONCENTRATOR RENTAL	E1392	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DME MISCELLANEOUS	E1399	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	O2&WATR VAPR ENRICH SYS W/HEAT DEL	E1405	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2&WATR VAPR ENRCH SYS NO HEAT DEL	E1406	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CENTRIFUGE FOR DIALYSIS	E1500	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CYCLR DIALYSIS MACH PERITON DIALYS	E1594	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DEL &OR INSTL CHARGES HEMODIAL EQP	E1600	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	E1610	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DEIONIZER H2O PURIF SYS HEMODIAL	E1615	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WATER SOFTENING SYSTEM HEMODIALYSIS	E1625	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERITONEAL DIALYSIS CLAMPS EACH	E1634	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SORBENT CARTRIDGES HEMODIAL PER 10	E1636	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	JAW MOTION REHABILITATION SYSTEM	E1700	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN ADJUSTABLE ELB EXT/FLX DEVC	E1800	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	E1802	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	DYN ADJUSTABLE WRIST EXT/FLX DEVC	E1805	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN ADJUSTABLE KNEE EXT/FLX DEVC	E1810	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN KNEE EXT/FLEX DEVC RESIST CNTRL	E1812	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	E1815	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DYN ADJUSTABLE TOE EXT/FLX DEVC	E1830	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STATIC PROGRS STRETCH SHOULDER DEVC	E1841	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	E1902	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GASTR SUCTN PUMP HOME MODEL ELEC	E2000	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLD GLU MON INTEGRT VOICE SYNTHESZR	E2100	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BLD GLU MON INTGRT LANCING/BLD SAMP	E2101	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PULSE GEN SYS TYMPANIC TX INNR EAR	E2120	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS SEAT WIDTH >/=20 IN &<24	E2201	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS SEAT DEPTH 20 < 11 IN	E2203	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MNL WC HANDRIM W/O PROJ REPL EACH	E2205	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MANL WC AC WL ASM CMPL REPL ONLY EA	E2206	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR ACCESS CYL TANK CARR EA	E2208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARM TROUGH W/WO HAND SUPPORT EACH	E2209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACESS BEARINGS ANY TYPE REPL EA	E2210	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACESS PNEUMAT PROPULSN TIRE	E2211	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC INSRT PNEUMAT PROPULSN TIRE	E2213	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCSS FOAM PROPULSION TIRE	E2218	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS FOAM CASTER TIRE ANY SZ	E2219	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC AC SLD C TIRE I WHL SZ RPL E	E2222	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC AC P WHL EXCL T SZ RPL ONL E	E2224	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC CASTR WHL EXCLD TIRE REPL	E2225	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACSS CASTR FORK REPL ONLY	E2226	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MNL WHEELCHAIR ACCESS MNL STAND SYS	E2230	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCESS SOLID SEAT SUPP BASE	E2231	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BACK PLANR PED WC FIX ATTCH HARDWRE	E2291	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEAT PLANR PED WC FIX ATTCH HARDWRE	E2292	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BACK CONTRD PED WC ATTCH HARDWARE	E2293	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SEAT CONTRD PED WC ATTCH HARDWARE	E2294	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MNL WC ACCESS PED SIZE WC SEAT FRME	E2295	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ACC PWR SEAT ELEV SYS ANY TYPE	E2300	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR ACC PWR STND SYS ANY TYP	E2301	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS ELEC CNCT BETWN WC CNTR	E2310	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS ELEC CNCT BETWN WC CNTR	E2311	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER WC HAND/CHIN CONTRL INTERFACE	E2312	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER AC HARNESS UPGRD EXP CONTRLLR	E2313	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS HND CNTRL NO PRPRTNL	E2321	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS MX MECH SWTCH NOPRPTNL	E2322	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	E2323	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS ATDANT CNTRL PROPRTNAL	E2331	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 34 SEALED LA BATT EA	E2359	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS 22 NF NON-SEALED BATTERY	E2360	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS 22NF SEALED LEAD BATTERY	E2361	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS GRP 24 NON-SEALED BATT	E2362	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS GRP 24 SEALED BATTERY	E2363	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS U-1 NON-SEALED BATTERY	E2364	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS U-1 SEALED BATTERY	E2365	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS BATTERY CHARGER 1 MODE	E2366	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC ACSS BATTERY CHARGER DUL MODE	E2367	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 27 NONSEAL LED ACID BATT	E2372	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC EXPANDBL CONTROLLER UPGRADE	E2377	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC S CASTR TIRE INTEGRT REPL EA	E2392	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER WC LITHIUM BASED BATTERY EACH	E2397	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR AC DYN POS HARDWARE BACK	E2398	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NEG PRSS WND TX PUMP STATN/PRTBL	E2402	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPCH GEN DVC SYNTHSIZD MX METH MESS	E2510	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ACSS SPCH GEN DEVICE MOUNTING SYS	E2512	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ACCESS SPEECH GENERATING DEVICE NOC	E2599	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	E2601	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEN WC SEAT CSHN WDTN 22 IN/GT DPTH	E2602	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN PROTCT WC SEAT WDTN<22IN DPTH	E2603	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	E2605	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PSTN WC SEAT CSHN WPTH 22IN/GT DPTH	E2606	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN PROTCT&PSTN WC SEAT WPTH <22IN	E2607	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKN PROTCT&PSTN WC SEAT WPTH 22IN/>	E2608	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	E2609	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WHEELCHAIR SEAT CUSHION POWERED	E2610	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEN WC BACK CUSHN WIDTH < 22 IN HT	E2611	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	E2612	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN WC BACK CUSHN POST WPTH <22 IN	E2613	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN WC BACK CUSHN POSTLAT WD<22 IN	E2615	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CSTM FAB WC BACK CUSHION ANY SIZE	E2617	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL COVER WC SEAT/BACK CUSHN EA	E2619	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN WC BACK CUSHN PLANAR WD <22 IN	E2620	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN WC BACK CUSHN PLANAR WD 22IN/>	E2621	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SKIN PROTECT WC CUSH WIDTH <22 IN	E2622	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKIN PROTECT WC CUSH WIDTH 22 IN/>	E2623	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKIN PROTCT&POSITION WC CUSH WD <22	E2624	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKIN PROTCT&POSITION WC CUSH W 22/>	E2625	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC SHLDR ELB MOBIL SUPP RECLINING	E2628	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WC ADD MOBIL ARM SUPP ELEV PROX ARM	E2631	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAIT TRAINER PED SZ POST SUPP	E8000	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAIT TRAINER PED SZ UPRIGHT SUPP	E8001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GAIT TRAINER PED SZ ANT SUPP	E8002	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STANDARD WHEELCHAIR	K0001		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STANDARD HEMI WHEELCHAIR	K0002		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LIGHTWEIGHT WHEELCHAIR	K0003		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	K0004		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ULTRALIGHTWEIGHT WHEELCHAIR	K0005		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEAVY-DUTY WHEELCHAIR	K0006		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXTRA HEAVY-DUTY WHEELCHAIR	K0007		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM MANUAL WHEELCHAIR/BASE	K0008		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OTHER MANUAL WHEELCHAIR/BASE	K0009		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STD-WT FRME MOTRIZED/PWR WHLCHAIR	K0010		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STD FRME MOTRIZD WHLCHAIR W/PROG	K0011		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	K0012		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPL ALLOW TX CGM1 MO SPL = 1 U SRVC	K0553	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RECEIVER DEDICATED TX GCM SYS	K0554	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AED W/INTGR ECG ANALY GARMNT TYPE	K0606		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 1 STD PT TO 300 LBS	K0800		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 1 HVY PT 301-450 LBS	K0801		History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 1 HVY PT 451-600 LBS	K0802		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 2 STD PT TO 300 LBS	K0806		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 2 HVY PT 301-450 LBS	K0807		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR OP VEH GRP 2 PT 451-600 LBS	K0808		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER OPERATED VEHICLE NOC	K0812		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 1 SLING SEAT PT TO 300	K0813		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 1 CAPT CHAIR PT TO 300	K0814		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 1 SLING PT UP TO 300	K0815		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 1 CAPT CHAIR PT TO 300	K0816		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 SLING SEAT PT TO 300	K0820		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 CAPT CHAIR TO 300	K0821		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 SLING SEAT PT TO 300	K0822		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 CAPT CHAIR PT TO 300	K0823		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 SLING SEAT PT 301-450	K0824		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 CAPT CHAIR PT 301-450	K0825		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 SLING SEAT PT 451-600	K0826		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 CAPT CHAIR PT 451-600	K0827		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 SLING SEAT PT 601/>	K0828		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2X HVY DUTY CHR PT 601/>	K0829		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC 2 SEAT ELEV SLING PT TO 300	K0830		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC 2 SEAT ELEV CAPT PT TO 300	K0831		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 1 PWR SLING PT TO 300	K0835		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	K0836		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC GRP 2 1 PWR SLING PT 301-450	K0837		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC 2 1 PWR CAPT CHR PT 301-450	K0838		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PWR WC 2 1 PWR SLNG SEAT PT 451-600	K0839		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 1 PWR SLING PT 601/>	K0840		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 2 MX PWR SLING PT TO 300	K0841		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 2 MX PWR CAPT CHR PT TO 300	K0842		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 2 MX PWR SLING PT 301-450	K0843		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 SLING SEAT PT TO &=300	K0848		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 CAPT CHAIR PT TO &=300	K0849		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 SLING SEAT PT 301-450	K0850		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 CAPT CHAIR PT 301-450	K0851		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 SLING SEAT PT 451-600	K0852		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 CAPT CHAIR PT 451-600	K0853		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 SLING SEAT PT 601 LB/>	K0854		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	K0855		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 1 PWR SLING SEAT PT TO 300	K0856		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	K0857		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 1 PWR SLNG SEAT PT 301-450	K0858		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 1 CAP CHAIR PT 301-450	K0859		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 1 PWR SLNG SEAT PT 451-600	K0860		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 MX PWR SLNG SEAT PT TO 300	K0861		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 MX PWR SLING PT 301-450	K0862		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 MX PWR SLING PT 451-600	K0863		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 3 MX PWR SLNG SEAT PT 601/>	K0864		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 4 SLING SEAT PT TO &=300	K0868		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 4 CAPT CHAIR PT TO &=300	K0869		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 4 SLING SEAT PT 301-450	K0870		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC GRP 4 SLING SEAT PT 451-600	K0871		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 1 PWR SLING SEAT PT TO 300	K0877		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	K0878		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 1 PWR SLNG SEAT PT 301-450	K0879		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 1 PWR SLNG SEAT PT 451-600	K0880		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 MX PWR SLNG SEAT PT TO 300	K0884		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 MX PWR CAP CHAIR PT TO 300	K0885		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 4 MX PWR SLING PT 301-450	K0886		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 5 PED 1 PWR SLING PT TO 125	K0890		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR WC 5 PED MX PWR SLING PT TO 125	K0891		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POWER WHEELCHAIR NOC	K0898		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR MOBILTY DEVC NOT CODED DME PDAC	K0899		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRANIL CERV ORTHOS CONGN TORTICOLLI	L0112		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRANIL CERV ORTHOS TORTICOLLI PRFB	L0113		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERVICAL FLEX NONADJUSTABLE PREFAB	L0120		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CERV FLXBL THRMOPSTC COLLR MOLD PT	L0130		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERVICAL SEMI-RIGID ADJUSTABLE	L0140		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	L0150		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV SEMI-RIGID OCCIP/MAND PREFAB	L0160		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV COLLAR MOLDED PATIENT MODEL	L0170		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV COLLAR SEMI-RIGID FOAM PREFAB	L0172		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV COLLR SEMI-RGD THOR EXT PREFAB	L0174		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV MX POST COLLR SUPPS ADJ	L0180		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV MX POST COLLR ADJ CERV BARS	L0190		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CERV COLLR ADJ CERV BARS&THOR EXT	L0200		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	THORACIC RIB BELT CUSTOM FABRICATED	L0220		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FLEX TRUNK SUPP UP THOR PREFAB	L0450		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FLEX TRUNK SUPP UP THOR CUSTOM	L0452		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	L0454		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FLEX SC JUNC TO T-9 PREFAB	L0455		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FLEX SC SCAP SPN PRFAB CUSTOM	L0456		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FLX SC JUNC TRM INF SCAP SPINE	L0457		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	L0458		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 2 SHELL ANT-STERNL	L0460		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 3 SHELL ANT-STERNL	L0462		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 4 SHELL ANT-STERNL	L0464		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO SAGITTAL CONTROL PREFAB CUSTOM	L0466		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO SAGITTAL CONTROL RIGD PREFAB	L0467		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO SAGITTAL-CORONAL PREFAB CUSTOM	L0468		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO SAGITTAL-CORONAL CONTRL PREFAB	L0469		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANAR FRME&APRON W/STRAP	L0470		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANAR HYPREXT RIGD FRME	L0472		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	L0480		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	L0482		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	L0484		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	L0486		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	L0488		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO SAGIT-CORONAL REINFORCE PRFAB	L0490		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO 2 RIGID PLASTIC SHELLS PREFAB	L0491		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO 3 RIGID PLASTIC SHELLS PREFAB	L0492		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	L0621		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SACROILIAC ORTHOSIS FLEXIBLE CUSTOM	L0622		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SACROILIAC ORTHOSIS RIGID PREFAB	L0623		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SACROILIAC ORTHOSIS RIGID CUSTOM	L0624		History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	LUMBAR ORTHOSIS FLEXIBLE PREFAB	L0625		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUMB ORTHOS RIGID POST PREFAB CUSTM	L0626		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	L0627		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO FLEXIBLE PREFAB OFF THE SHELF	L0628		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO FLEXIBLE CUSTOM FABRICATED	L0629		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT CONTROL RIGID POST PREFAB	L0630		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT CNTRL RIGID POST CUSTOM	L0631		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT CNTRL RIGID A&P CUSTOM	L0632		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGID POST PREFAB	L0633		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGID POST CUSTOM	L0634		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL LUMB FLEX PREFAB	L0635		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	L0636		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGID A&P PREFAB	L0637		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGID A&P CUSTOM	L0638		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGD SHELL PREFAB	L0639		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	L0640		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	L0641		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LUMB ORTHOS SAGIT CTRL ANT POST PNL	L0642		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGITTAL CNTRL RIGID POST PANEL	L0643		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT CNTRL RIGD ANT POST PANEL	L0648		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT-CORNL CNTRL RIGD PST PANL	L0649		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT-CORNL CNTRL ANT PST PANL	L0650		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	L0651		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CTL SO ANT-POST-LAT CNTRL MOLD PT	L0700		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CTL SO-MOLD PT-INTERFACE MATERIAL	L0710		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HALO PROC CERV HALO IN JACKET VEST	L0810		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HALO PROC CERV HALO-PLAST BDY JACKT	L0820		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HALO PROC CERV HALO-MLWAKEE ORTHOS	L0830		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RINGS&PINS	L0859		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD HALO PROC REPLCMT LINER/INTERFC	L0861		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO CORSET FRONT	L0970		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO CORSET FRONT	L0972		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TLSO FULL CORSET	L0974		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LSO FULL CORSET	L0976		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AXILLARY CRUTCH EXTENSION	L0978		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERONEAL STRAPS PREFAB PAIR	L0980		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STOCKING SUPPORT GRIPS PREFAB SET 4	L0982		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROTECTIVE BODY SOCK PREFAB EACH	L0984		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADDITION TO SPINAL ORTHOSIS NOS	L0999		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CTLSO INCL FURNISH INIT ORTHOS-MDL	L1000		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CTLS IMMOBILIZER INFANT SZ PREFAB	L1001		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TENSION BASED SCOLIOSIS ORTHOSIS	L1005		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHOS AX SLING	L1010		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	L1020		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	L1025		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHOS LUMB PAD	L1030		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	L1040		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	L1050		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIOS ORTHOS THOR PAD	L1060		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	L1070		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	L1080		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	L1085		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Protheses	ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	L1090		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	L1100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADD CTLSO/SCOLIOS RING MOLD PT MDL	L1110		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADD CTLSO SCOLIO ORTHO COVR UPRT EA	L1120		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	TLSO INCL FURNISH INIT ORTHOS ONLY	L1200		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TLSO LATERAL THORACIC EXT	L1210		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TLSO ANT THORACIC EXT	L1220		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADD TLSO MLWAKEE TYPE SUPERSTRCT	L1230		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TLSO LUMBAR DEROTATION PAD	L1240		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TO TLSO ANTERIOR ASIS PAD	L1250		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADD TLSO ANT THOR DEROTATION PAD	L1260		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TO TLSO ABDOMINAL PAD	L1270		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	ADDITION TO TLSO RIB GUSSET EACH	L1280		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADDITION TLSO LAT TROCHANTERIC PAD	L1290		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OTH SCOLIOS PROC BDY JACKT MOLD PT	L1300		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OTH SCOLIOSIS PROC POSTOP BDY JACKT	L1310		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPINAL ORTHOSIS NOS	L1499		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS ABDUCT FLX FREJKA PREFAB	L1600		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	L1610		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	L1620		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOSIS ABDUCT CNTRL/SEMI-FLX	L1630		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOSIS-PELV BAND/SPRDR BAR	L1640		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ	L1650		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS BIL THI CUFF ADLT PRFAB	L1652		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS ABDUCT CNTRL-STATC PLSTC	L1660		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS DYN PELV CNTRL THI CSTM	L1680		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS POSTOP HIP ABDCT CSTM	L1685		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP ORTHOS POSTOP HIP ABDCT PRFAB	L1686		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMB BIL LUMBO-SAC HIP FEM ORTHOS	L1690		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEGG PERTHES ORTHOSIS TORONTO CSTM	L1700		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEGG PERTHES ORTHOS NEWINGTON CSTM	L1710		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEGG PERTHES ORTHO TRILAT TACHDIJAN	L1720		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEGG PERTHES ORTHOSIS SCOTTISH RITE	L1730		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LEGG PERTHES ORTHOS PATTEN BOTTOM	L1755		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	KNEE ORTHOS SNG UPRT THIGH & CALF	L1851	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PART FT SHOE INSRT W/LNGTUDNL ARCH	L5000		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PART FT MOLD SOCKT ANK HT W/TOE FIL	L5010		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PART FT MOLD SOCKET TIB TUBERCLE HT	L5020		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANKLE SYMES MOLDED SOCKET SACH FOOT	L5050		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ANK SYMS METL FRME MOLD LEATHR SCKT	L5060		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELW KNEE MOLD SOCKT SHIN SACH FOOT	L5100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BK PLSTC SCKT JNT&THI LACER SACH FT	L5105		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	KNEE DISRTC MOLD SCKT EXT KNEE JNT	L5150		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	KNEE DISARTIC MOLD SOCKT BENT KNEE	L5160		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	L5200		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AK SHRT PROS NO KNEE JNT-ANK JNT EA	L5210		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	L5220		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AK PROX FEM FOCAL DEFIC SACH FOOT	L5230		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP DISRTC CANADIAN; MOLD SCKT HIP	L5250		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP DISRTC TLT TABL; MOLD SCKT LOCK	L5270		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEMIPELVECT CANADIAN; MOLD SOCKT	L5280		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BK MOLD SCKT SHIN SACH FT ENDO SYS	L5301		History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	KNEE DISART MOLD SOCKET 1 AXIS KNEE	L5312		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AK OPEN END SACH FT ENDO SYS 1 AXIS	L5321		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	JOINT SINGLE AXIS KNEE SACH FOOT	L5331		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SINGLE AXIS KNEE SACH FOOT	L5341		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG RIGD DRSG W/1 CHG BK	L5400		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG RIGD DRS BK-EA CAST	L5410		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG RIGD DRSG 1 CHG AK	L5420		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG RIGD DRSG AK EA CAST	L5430		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG NONWT BEAR RIGD BK	L5450		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMMED POSTSURG NONWT BEAR RIGD AK	L5460		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INIT BK PTB SCKT NON-ALIGN DIR FORM	L5500		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INIT AK-DISRTC ISCH LEVL NON-ALIGN	L5505		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP BK PTB SCKT NON-ALIGN MOLD MDL	L5510		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PREP BK PTB THERMOPLSTC/=DIR FORM	L5520		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP BK PTB THERMOPLSTC/=MOLD MODEL	L5530		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP BK PTB PRFAB ADJ OPEN END SCKT	L5535		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP BK PTB LAMINATED SCKT MOLD MDL	L5540		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP AK-DISARTIC PLASTER MOLD MODEL	L5560		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP AK-DISRTC THRMOPPLSTC/=DIR FORM	L5570		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP AK-DISARTIC THERMOPLSTC/=MOLD	L5580		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP AK-DISARTIC PRFAB ADJ OPEN END	L5585		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP AK-DISARTIC LAMINATD SCKT MOLD	L5590		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP HIP DISARTIC THERMOPLSTC/=MOLD	L5595		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP HIP DISARTIC LAMINATD SCKT MOLD	L5600		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM ENDO AK HYDRACADENCE	L5610		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT AK-DISARTIC W/FRICT CNTRL	L5611		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	L5613		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	L5614		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT AK UNIVRSL MXPLX FRICT	L5616		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTREM QUICK CHANGE AK/BK EA	L5617		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM TEST SOCKT SYMES	L5618		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM TEST SOCKT BELW KNEE	L5620		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM TST SOCKT KNEE DISARTC	L5622		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM TEST SOCKT ABVE KNEE	L5624		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM TST SOCKT HIP DISARTIC	L5626		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM TST SOCKT HEMIPELVECT	L5628		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	L5629		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT SYMS TYPE XPND WALL SCKT	L5630		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT ABVE KNEE/DISARTC ACRYLC	L5631		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD LW EXT SYMS PTB BRIM DESN SOCKT	L5632		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT SYMS POST OPENING SOCKT	L5634		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT SYMS MED OPENING SOCKT	L5636		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BELW KNEE TOTAL CNTC	L5637		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM BELW KNEE LEATHR SOCKT	L5638		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BELW KNEE WOOD SOCKT	L5639		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT KNEE DISARTC LEATHR SCKT	L5640		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	L5642		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT HIP DISRTC FLX EXT FRAME	L5643		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	L5644		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM BK FLX INNR EXT FRME	L5645		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT BELOW KNEE CUSHN SOCKT	L5646		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	L5647		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT ABOVE KNEE CUSHN SOCKET	L5648		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT ISCHIAL CONTAINMENT SCKT	L5649		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM TOT CONTACT AK/DISARTC	L5650		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM AK FLX INNR EXT FRME	L5651		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM SUCTN SUSP AK/DISARTC	L5652		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT KNEE DISRTC XPNDABL WALL	L5653		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM SOCKT INSERT SYMES	L5654		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM SOCKT INSRT BELW KNEE	L5655		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT SOCKT INSRT KNEE DISARTC	L5656		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	L5658		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT INSRT MXIDUROMETER SYMES	L5661		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT INSRT MXDROMTR BELW KNEE	L5665		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BELOW KNEE CUFF SUSP	L5666		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM BK MOLD DISTAL CUSHION	L5668		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM BK MOLD SUPRACOND SUSP	L5670		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM BK/AK SUSP LOCK MECH	L5671		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM BK REMV MED BRIM SUSP	L5672		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT BK/AK CSTM FAB XST MOLD	L5673		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT BK KNEE JNT 1 AXIS PAIR	L5676		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT BK KNEE JNT POLYCNTRC PR	L5677		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT BELW KNEE JNT COVRS PAIR	L5678		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT BK/AK CSTM FAB XST MOLD	L5679		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM BK THI LACER NONMOLD	L5680		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT BK/AK CONGN/AMPUTEE INIT	L5681		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BK THIGH LACER MOLD	L5682		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT BK/AK NO CONGN/AMP INIT	L5683		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BELW KNEE FORK STRAP	L5684		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT PROS BELW KNEE SLEEVE	L5685		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTREM BELW KNEE BACK CHECK	L5686		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOWER EXTRM BK WAIST BELT WEBNG	L5688		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRMITY BK WAIST BELT PAD	L5690		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM AK PELVIC CONTROL BELT	L5692		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM AK PELV CNTRL BELT PAD	L5694		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXT AK PELV CNTRL SLV NEOPRN	L5695		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM AK/DISARTIC PELV JNT	L5696		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXTRM AK/DISARTIC PELV BAND	L5697		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM AK/KD SILESIAN BANDAGE	L5698		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LOW EXTREM PROSTH SHLDR HARNESS	L5699		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL SOCKET BELOW KNEE MOLD PT MDL	L5700		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	REPL SCKT AK/DISARTIC W/ ATTCH PLAT	L5701		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL SCKT HIP DISRTC W/HIP JNT MOLD	L5702		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANK SYMES MLD PT MDL SACH FT REPL	L5703		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM SHAP PROTVE COVER BELOW KNEE	L5704		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM SHAP PROTVE COVER ABOVE KNEE	L5705		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM SHAPED COVER KNEE DISARTIC	L5706		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOM SHAPED COVER HIP DISARTIC	L5707		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	L5710		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	L5711		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN FRICT SWING CNTRL	L5712		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN VARBL FRICT SWING	L5714		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN MECH STANCE LOCK	L5716		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN FRICT SWING CNTRL	L5718		History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	L5722		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	L5724		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN EXT JNT FL SWING	L5726		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN FL SWING&STANCE	L5728		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	L5780		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW LIMB PROS LIMB MGMT SYS	L5781		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW LIMB PROS LIMB MGMT HVY DUTY	L5782		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	L5785		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	L5790		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	L5795		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	L5811	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	L5812	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	L5814	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD ENDO KNEE-SHIN FL SWING&STANCE	L5828	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	L5845	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKEL KNEE-SHIN FLUID EXT	L5848	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	L5850	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LOW EXT PROS KN-SHN SWING&STNCE	L5856	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKEL BELOW KNEE ALIGNBL SYS	L5910		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	L5920		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO AK/HIP DISARTIC MNL LOCK	L5925		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO HI ACTV KNEE CNTRL FRAME	L5930		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKEL BELOW KNEE ULTRA-LGHT	L5940		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT	L5950		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	L5960		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO SYS POLYCNTRC HIP JOINT	L5961		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD ENDO BK FLEX PROTVE OUTER COVER	L5962		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO AK FLXBL PROTVE OUTR COVER	L5964		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD ENDO HIP DISRTC FLX PROTVE COVR	L5966		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW LIMB PROSTH MX-AXIAL ANKLE	L5968		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PROSTH FOOT SACH FOOT	L5970		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXT PROS SACH FOOT REPL ONLY	L5971		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	L5972		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENDO ANK FOOT MICROPROCSS CNTRL PWR	L5973		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	L5974		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	L5975		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PROSTH ENERGY STOR FT	L5976		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	L5978		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	L5979		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ALL LOW EXTREM PROSTH FLX-FOOT SYS	L5980		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	L5981		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	L5982		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	L5984		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	L5985		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PROSTH MX-AXIAL ROT U	L5986		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALL LW EXTRM PROSTH SHANK FOOT SYS	L5987		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW LMB PRSTH VERTCL SHOCK RDUC	L5988		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD LW EXTRM PROSTH USE ADJ HEEL HT	L5990		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LOWER EXTREMITY PROSTHESIS NOS	L5999		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARTIAL HAND THUMB REMAINING	L6000		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PART HAND LITTLE &/ RING FINGER REM	L6010		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARTIAL HAND NO FINGER REMAINING	L6020		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TRANSCARPL/MC/PART HAND DISART PROS	L6026		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WRST DSRTC MOLD SOCKET FLEX ELB HNG	L6050		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WRST DSRTC MOLD SCKT W/XPND INTRFCE	L6055		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	L6100		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELOW ELBOW MOLDED SOCKET	L6110		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELW ELB STEP-UP HINGES HALF CUFF	L6120		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	L6130		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELB DSRTC MOLD SCKT OTSD LCK FORARM	L6200		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELB DSRTC MOLD SCKT XPND INTRFC ARM	L6205		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ABOVE ELB INTERNAL LOCK ELB FOREARM	L6250		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SHLDR DISARTC INTRL LOCK ELB FORARM	L6300		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SHLDR DISART PASS REST COMPL PROSTH	L6310		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SHLDR DISART PASS REST SHLDR CAP	L6320		History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	L6400		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELB DISARTIC MOLD SOCKET ENDOSKEL	L6450		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ABOVE ELBOW MOLD SOCKET ENDOSKEL	L6500		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SHLDR DISARTIC MOLD SOCKET ENDOSKEL	L6550		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTRSCAP THOR MOLD SOCKET ENDOSKEL	L6570		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP WRST DISARTIC PLSTC SOCKT MOLD	L6580		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP WRST DISARTIC ELB SCKT DIR FORM	L6582		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP ELB DISARTIC PLASTIC SOCKT MOLD	L6584		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP ELB DISARTIC SOCKET DIR FORM	L6586		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP SHLDR DISRTC THOR PLSTC SOCKT	L6588		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PREP SHLDR DSRTC THOR SCKT DIR FORM	L6590		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD DISCNCT LOCK WRST U	L6615	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD-DSCNCT INSRT LCK WRST EA	L6616	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	UP EXT ADD FLEX/EXT WRIST UNIT	L6620	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM PROS ADD FLEX/EXTEN WRIST	L6621	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD ROTATL WRST W/LATCH RLSE	L6623	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD FLX/EXT ROT WRIST UNIT	L6624	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD ROTAT WRST W/CABLE LOCK	L6625	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD QUICK DISCNCT HOOK	L6628	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	L6629	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD STAINLESS STEEL WRIST	L6630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD LATX SUSP SLEEVE EA	L6632	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UPPER EXTREM ADD LIFT ASSIST ELB	L6635	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD NUDGE CNTRL ELB LOCK	L6637	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD PROS LOCK W/MNL PWR ELB	L6638	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	L6640	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD EXCURSN AMPL PULLEY	L6641	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD EXCURSN AMPL LEVER	L6642	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	L6645	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD SHLDR JNT MX PSTN SYS	L6646	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD SHLDR LOCK MECH BDY PWR	L6647	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD SHLDR LOCK MECH EXT PWR	L6648	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	L6650	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD STD CNTRL CABLE XTRA	L6655	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD HEVY DUTY CNTRL CABLE	L6660	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD TEFLON/= CABLE LINING	L6665	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD HOOK HND CABLE ADAPTR	L6670	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD HRNSS CHST/SHLDR SADDLE	L6672	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD HARNESS 1 CABLE DESIGN	L6675	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	UP EXT ADD HARNESS 2 CABLE DESIGN	L6676	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	L6677	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD TST SCKT WRIST DISARTC	L6680	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD TST SOCKT ELB DISARTIC	L6682	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTRM ADD TST SCKT SHLDR DISARTC	L6684	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UPPER EXTREM ADDITION SUCTION SOCKT	L6686	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD FRME TYPE SCKT BELW ELB	L6687	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD FRME TYPE SOCKT ABVE ELB	L6688	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD FRAME SCKT SHLDR DISARTC	L6689	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UPPER EXTREM ADD REMV INSERT EA	L6691	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXTREM ADD SILCON GEL INSRT/=EA	L6692	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UP EXT ADD LOCK ELB FORARM CNTRBAL	L6693	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROS CSTM W/LOCK MECH	L6694	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROS CSTM W/O LOCK MECH	L6695	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROS CNGN/TRAUMAT AMP	L6696	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROS NOT CNGN/TRAUM AMP	L6697	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROS LOCK MECH EXC INSRT	L6698	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVICE PASSIVE HAND/MITT	L6703	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVC SPORT/REC/WORK ATTACH	L6704	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVC HOOK MECH VOL OPENING	L6706	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVC HOOK MECH VOL CLOSING	L6707	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVC HAND MECH VOL OPENING	L6708	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERMINAL DEVC HAND MECH VOL CLOSING	L6709	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DVC HOOK MECH VOL OPN PED	L6711	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DVC HOOK MECH VOL CLOS PED	L6712	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DVC HAND MECH VOL OPN PED	L6713	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TERM DEVC HAND MECH VOL CLOS PED	L6714	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DEVC MX ARTC DIG INIT ISS/REPL	L6715	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DEVC HOOK/HAND HD MECH VOL OPN	L6721	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TERM DEVC HOOK/HND HD MECH VOL CLOS	L6722	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD TERM DEVICE MODIFIER WRIST UNIT	L6805	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD TERM DEVC PRECISION PINCH DEVC	L6810	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELEC HAND SW/MYOelec CNTRL ARTC DIG	L6880	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AUTO GRASP ADD UPPER LIMB PROS DEVC	L6881	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MICRPROCSS CNTRL ADD UP LIMB PROSTH	L6882	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL SOCKET BE/WD MOLDED TO PT MDL	L6883	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL SOCKT ABOVE ELB DISART MOLD PT	L6884	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPL SOCKT SD/INTRSCAP THOR MOLD PT	L6885	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROSTH GLOV TERM PRFAB	L6890	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ADD UP EXT PROSTH GLOV TERM CSTM	L6895	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REP PROS DEVC REP/REPL MINOR PART	L7510	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GKT/SEAL USE PROS SOC INS ANY TY EA	L7700	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEO-ESOPH VOICE PROS INSRT PROV	L8509	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AQUEOUS SHUNT	L8612	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSSICULA IMPLANT	L8613	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	L8619	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LIB CI/AO DVC SP EAR LEVEL REPL EA	L8624	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	METACARPOPHALANGEAL JOINT IMPLANT	L8630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MPJ REPLCMT TWO/MORE PECES METL CER	L8631	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	METATARSAL JOINT IMPLANT	L8641	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HALLUX IMPLANT	L8642	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IP JOINT SPACER SILICONE/= EA	L8658	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	IP FNGR JNT REPL TWO/> PECES METAL	L8659	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VASC GRAFT MATERIAL SYNTH IMPLANT	L8670	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPL NEUROSTIMULATOR PULSE GEN ANY	L8679	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AO D EXT SP EXCL TRNDCR/ACTR RPL EA	L8691	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROSTHETIC IMPLANT NOS	L8699	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR UE ROM AD ELB WR H 1/DBL UP CUS	L8701	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PWR UE ROM AD E WR H F 1/DBL UP CUS	L8702	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ORTHO/PROSTH SUPP ACCES &/SERV	L9900	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MISC SUPL/ACCSSRY USE W/IMPLANT VAD	Q0508	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LONG ARM CAST ADLT FIBRGLS	Q4006	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG ARM CAST PED FIBRGLS	Q4008	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT ARM CAST ADLT PLASTR	Q4009	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT ARM CAST ADLT FIBRGLS	Q4010	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT ARM CAST PED PLASTR	Q4011	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT ARM CAST PED FIBRGLS	Q4012	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL GAUNTLT CAST ADULT PLASTR	Q4013	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL GAUNTLET CAST ADLT F-GLASS	Q4014	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL GAUNTLT CAST PED PLASTR	Q4015	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL GAUNTLET CAST PED F-GLASS	Q4016	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG ARM SPLINT ADLT PLASTR	Q4017	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG ARM SPLINT ADLT FIBRGLS	Q4018	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG ARM SPLINT PED PLASTR	Q4019	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG ARM SPLINT PED FIBRGLS	Q4020	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT ARM SPLINT ADLT PLAST	Q4021	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT ARM SPLINT ADLT F-GLSS	Q4022	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT ARM SPLINT PED PLAST	Q4023	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT ARM SPLNT PED FIBRGLS	Q4024	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL HIP SPICA ADULT PLASTR	Q4025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL HIP SPICA ADULT FIBRGLS	Q4026	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL HIP SPICA PEDIATRIC PLASTR	Q4027	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL HIP SPICA PED FIBRGLS	Q4028	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LONG LEG CAST ADULT PLASTR	Q4029	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LONG LEG CAST ADLT FIBRGLS	Q4030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG CAST PED PLASTR	Q4031	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG CAST PED FIBRGLS	Q4032	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST LNG LEG CYCLE CAST ADLT PLAST	Q4033	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST LNG LEG CYCLE CAST ADLT F-GLSS	Q4034	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST LNG LEG CYCLE CAST PED PLAST	Q4035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST LNG LEG CYCLE CAST PED F-GLSS	Q4036	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT LEG CAST ADLT PLASTR	Q4037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT LEG CAST ADLT FIBRGLS	Q4038	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT LEG CAST PED PLASTR	Q4039	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT LEG CAST PED FIBRGLS	Q4040	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG SPLINT ADLT PLASTR	Q4041	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG SPLINT ADLT FIBRGLS	Q4042	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG SPLINT PED PLASTR	Q4043	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL LNG LEG SPLINT PED FIBRGLS	Q4044	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT LEG SPLINT ADLT PLAST	Q4045	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT LEG SPLINT ADLT F-GLSS	Q4046	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHORT LEG SPLINT PED PLAST	Q4047	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAST SPL SHRT LEG SPLINT PED FIBRGLS	Q4048	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FINGER SPLINT STATIC	Q4049	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	CAST SPL UNLIST TYPES&MATL CASTS	Q4050	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPLINT SUPPLIES MISCELLANEOUS	Q4051	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	THERASKIN PER SQ CM	Q4121	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	E-Z DERM PER SQUARE CENTIMETER	Q4136	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGIGRAFT PER SQ CM	Q4183	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CELLESTA OR CELLESTA DUO PER SQ CM	Q4184	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CELLESTA FLOWABLE AMNION;PER 0.5 CC	Q4185	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EPIFIX PER SQ CM	Q4186	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EPICORD PER SQ CM	Q4187	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOARMOR PER SQ CM	Q4188	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTACENT AC 1 MG	Q4189	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTACENT AC PER SQ CM	Q4190	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESTORIGIN PER SQ CM	Q4191	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	RESTORIGIN 1 CC	Q4192	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLL-E-DERM PER SQ CM	Q4193	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NOVACHOR PER SQ CM	Q4194	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PURAPLY PER SQ CM	Q4195	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PURAPLY AM PER SQ CM	Q4196	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PURAPLY XT PER SQ CM	Q4197	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Q4198	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SKINTE PER SQ CM	Q4200	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MATRION PER SQ CM	Q4201	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	KEROXX (2.5G/CC) 1CC	Q4202	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DERMA-GIDE PER SQ CM	Q4203	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	XWRAP PER SQ CM	Q4204	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEMBRANE GFT/MEMBRANE WRAP P SQ CM	Q4205	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	FLUID FLOW OR FLUID GF 1 CC	Q4206	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NOVAFIX PER SQ CM	Q4208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGRAFT PER SQ CM	Q4209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM	Q4210	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNION BIO/AXOBIOMEMBRANE PER SQ CM	Q4211	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ALLOGEN PER CC	Q4212	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ASCENT 0.5 MG	Q4213	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CELLESTA CORD PER SQ CM	Q4214	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG	Q4215	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTACENT CORD PER SQ CM	Q4216	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WNDFIX BLOWND WNDFIX + X + /X+ P SC	Q4217	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGICORD PER SQ CM	Q4218	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURGIGRAFT-DUAL PER SQ CM	Q4219	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	BELLACELL HD OR SUREDERM PER SQ CM	Q4220	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIO WRAP2 PER SQ CM	Q4221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROGENAMATRIX PER SQ CM	Q4222	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MYOWN SK INCL HARV & PREP PROC P SC	Q4226	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOCORETM PER SQ CM	Q4227	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BIONEXTPATCH PER SQ CM	Q4228	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COGENEX AMNIOTIC MEMBRANE PER SQ CM	Q4229	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COGENEX FLOWABLE AMNION PER 0.5 CC	Q4230	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CORPLEX P PER CC	Q4231	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CORPLEX PER SQ CM	Q4232	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURFACTOR OR NUDYN PER 0.5 CC	Q4233	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	XCELLERATE PER SQ CM	Q4234	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOREPAIR OR ALTIPLY PER SQ CM	Q4235	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CAREPATCH PER SQ CM	Q4236	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRYO-CORD PER SQ CM	Q4237	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DERM-MAXX PER SQ CM	Q4238	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIO-MAXX/AMNIO-MAXX LITE P-SQ CM	Q4239	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CORECYTE TOP USE ONLY PER 0.5 CC	Q4240	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POLYCYTE TOP USE ONLY PER 0.5 CC	Q4241	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOCYTE PLUS PER 0.5 CC	Q4242	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROCENTA PER 200 MG	Q4244	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOTEXT PER CC	Q4245	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CORETEXT OR PROTEXT PER CC	Q4246	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMNIOTEXT PATCH PER SQ CM	Q4247	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DERMACYTE AM ALLOGFT PER SQ CM	Q4248	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIALYS/STRESS VIT SUPL ORAL 100 CAP	S0194	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Protheses	PRENATAL VITAMINS 30-DAY SUPPLY	S0197	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	MED INDUCED AB ORAL INGEST MED	S0199	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PARAMED INTERCEPT NON-HOS-BASED ALS	S0207	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	PARAMED INTRCPT ALS NON-TRNSPRT	S0208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	WHEELCHAIR VAN MILEAGE PER MILE	S0209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	NON-EMERG TRANSPORTATION; PER MILE	S0215	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	MED CONF MD W/TEAM HLTH PROF;30 MIN	S0220	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	MED CONF MD W/TEAM HLTH PROF;60 MIN	S0221	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	COMP GERIATRIC ASSESS&TX PLANNING	S0250	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	BY NRS SOCL WRKER/OTH DESNATD STAFF	S0255	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	CNSL&DISCUSS AD/EOL PT&/SURROGATE	S0257	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	HX & PHYS RELATED TO SURGICAL PROC	S0260	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Protheses	GENETIC CNSL PHYS SUP EA 15 MINS	S0265	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PHYS MGT PT HOME CARE STD MON RATE	S0270	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHYS MGT PT HM CARE HOSPICE MO RATE	S0271	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHYS MGT PT HM CARE EPISODC MO RATE	S0272	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHYS VST MEMBER HOME OUT CAPITATION	S0273	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NP VST MEMBR HOM OUTSIDE CAPITATION	S0274	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MED HOME PROG COMP CARE COORD INIT	S0280	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MED HOME PROGRAM CARE COORD MAINT	S0281	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CMPL EARLY PRD SCREEN DX&TX SRVC	S0302	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOSPITALIST SERVICES	S0310	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMP MGMT&CARE COORD ADV ILL CAL MO	S0311	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DZ MGMT PROGM; INIT ASSESS&INIT PRO	S0315	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DZ MGMT PROGM FOLLOW-UP/REASSESS	S0316	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISEASE MANAGEMENT PROGM; PER DIEM	S0317	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TEL CALLS RN DZ MGMT MEMB MONITR;MO	S0320	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LIFESTYL MOD MGMT COR ART DZ; 1 QTR	S0340	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LIFESTYL MOD MGMT CAD; 2ND/3RD QTR	S0341	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	S0342	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TX PLAN CARE COORD MGMT CA INIT TX	S0353	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TX PLAN CARE MGMT CA EST PT CHG REG	S0354	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ROUTINE FOOT CARE; PER VISIT	S0390	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPRESSION CAST FOOT-PRACTITIONER	S0395	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GLOBL FEE XTRACORP SHOCK WAVE LITH	S0400	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPOSABLE CONTACT LENS PER LENS	S0500	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SINGLE VISION PRSC LENS PER LENS	S0504	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BIFOCAL VISION PRSC LENS PER LENS	S0506	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRIFOCAL VISION PRSC LENS PER LENS	S0508	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	NON-PRESCRIPTION LENS PER LENS	S0510	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DAILY WEAR SPCLTY CNTC LENS-LENS	S0512	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COLOR CONTACT LENS PER LENS	S0514	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCLERAL LENS LQD BANDGE DEVICE-LENS	S0515	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SAFETY EYEGLOSS FRAMES	S0516	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SUNGLASSES FRAMES	S0518	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	POLYCARBONATE LENS	S0580	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NONSTANDARD LENS	S0581	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTEGRL LENS SRVC MISC REPORTED SEP	S0590	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMP CONTACT LENS EVALUATION	S0592	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPNS NEW SPCTCL LENS PT SPL FRME	S0595	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHAKIC IOL CORRECT REFRACTIVE ERROR	S0596	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCREENING PROCTOSCOPY	S0601	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	ANNUAL GYN EXAMINATION NEW PATIENT	S0610	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANNUAL GYN EXAMINATION EST PATIENT	S0612	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANNUAL GYN EX CLIN BRST EX NO PELV	S0613	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AUDIOMETRY FOR HEARING AID EVAL	S0618	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ROUTINE OPHTH EX W/REFRAC; NEW PT	S0620	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ROUTINE OPHTH EX W/REFRAC; EST PT	S0621	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHYSICAL EXAM COLLEGE NEW/EST PT	S0622	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LASER IN SITU KERATOMILEUSIS	S0800	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHOTOREFRACTIVE KERATECTOMY	S0810	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHOTOTHERAPEUTIC KERATECTOMY	S0812	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DELUXE ITEM PATIENT AWARE	S1001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CUSTOMIZED ITEM	S1002	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IV TUBING EXTENSION SET	S1015	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	NON-PVC IV ADMN SET RX NOT STABLE	S1016	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONT NONINVAS GLU MON DEVC PURCHASE	S1030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONT NONINVAS GLU MON DEVC RENTAL	S1031	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTIF PANC DEVC SYS CMNCT ALL DEVC	S1034	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SNSR;INVASV DSPBL ART PANC DEVC SYS	S1035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRANSMTTR;EXT USE ART PANC DEVC SYS	S1036	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RECVER; EXT USE ARTIF PANC DEVC SYS	S1037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRANIAL REMOLD ORTHOT PED CUST FAB	S1040	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MOMETASONE FUROATE SS IMPL 370 MCG	S1090	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CYSTO; LASER TX URETERAL CALC	S2070	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LAP ESOPHAGOMYOTOMY HELLER TYPE	S2079	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LASER-ASSISTED UVULOPALATOPLASTY	S2080	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADJ GASTRIC BAND DIAM SUBQ PORT	S2083	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	S2095	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADOPTIVE IMMUNOTX COURSE TREATMENT	S2107	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTHROSCOPY KNEE SURG HARVEST CART	S2112	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OSTEOT PERIACETABULAR W/INTRL FIX	S2115	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ARTHROEREISIS SUBTALAR	S2117	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	S2118	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LDL APHERES HEPARN XTRCRP LDL PRECP	S2120	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ECHOSCLEROTHERAPY	S2202	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MIN INVAS DIR CAB; ART GFT 1 CAG	S2205	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MIN INVAS DIR CAB; ART GFT 2 CAG	S2206	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MIN INVAS DIR CAB; VEN ONLY 1 CVG	S2207	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MIN INVAS DIR CAB; 1 ART&VG 1 VG	S2208	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MIN INVAS DIR CAB; 2 ART GFT&1 VG	S2209	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MYRINGOTOMY LASER-ASSISTED	S2225	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	S2230	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IMPL AUDITRY BRAIN STEM IMPLANT	S2235	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDUCD AB 17-24 WEEKS ANY SURG METH	S2260	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDUCED ABORTION 25 TO 28 WEEKS	S2265	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDUCED ABORTION 29 TO 31 WEEKS	S2266	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INDUCED ABORTION 32 WEEKS/GREATER	S2267	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCOPE SHLDR;W/THERML-INDUCD CPSLORR	S2300	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIP CORE DECOMPRESSION	S2325	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHEMODNERVAT ABDUCTR MUSC VOCL CORD	S2340	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHEMODENERVAT ADDUCT MUSC VOCAL CRD	S2341	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NASL ENDO POSTOP DEBRID UNI/BIL	S2342	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DECOMP PERQ DISC RF 1/MX LUMB	S2348	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	S2350	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	S2351	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPAIR CONGEN HERNIA FETUS-UTERO	S2400	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPAIR URIN TRACT OBST FETUS-UTERO	S2401	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPAIR CONGEN CYST MALF FETUS-UTERO	S2402	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPAIR EPS IN THE FETUS IN UTERO	S2403	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPR MYELOMENINGO FETUS PROC-UTERO	S2404	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPR SACROCOC TRATOMA FETUS IN UTRO	S2405	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REP CONGN MALFORM FETUS-UTERO NOC	S2409	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FETOSCOPIC LASER THERAPY TX OF TTTS	S2411	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURG TECH RQR USE ROBOTIC SURG SYS	S2900	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIAB IND; RET EYE EX DILAT BIL	S3000	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRFRM MSR EVAL PT SELF ASSESS DPRSS	S3005	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	STAT LABORATORY REQUEST	S3600	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EMERG STAT LAB CHRГ PT HB/NRS FACL	S3601	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EOSINOPHIL COUNT BLOOD DIRECT	S3630	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	S3645	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SALIVA TEST HORMONE LEVEL;MENOPAUSE	S3650	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SLIVA TST HORMONE LEVEL;PRTERM LABOR	S3652	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANTISPERM ANTIBODIES TEST	S3655	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GASTROINTESTINAL FAT ABSORB STUDY	S3708	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DOSE OPTIMIZATION AUC ANAL INF 5-FU	S3722	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TESTING ALS	S3800	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DNA ANALYSIS RET PROTO-ONCOGENE	S3840	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TESTING FOR RETINOBLASTOMA	S3841	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TST VON HIPPEL-LINDAU DZ	S3842	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	DNA ANALY GJB2 CONGN PFND DEAFNESS	S3844	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TESTING ALPHA-THALASSEMIA	S3845	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TST HGB E BETA-THALASSEMIA	S3846	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TESTING NIEMANN-PICK DZ	S3849	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TESTING SICKLE CELL ANEMIA	S3850	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DNA ANALY APOE EPSILON 4 ALLELE ALZ	S3852	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TST MYOTONIC MUSC DYSTROPHY	S3853	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENE EXPRESSION PROFILING PANEL	S3854	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC TEST SCN5A&VARIANTS SPCT BS	S3861	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMP GENE SEQUENCE ANALYSIS HCM	S3865	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GENETIC ANALYSIS GENE MUTAT HCM	S3866	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CGH MICROARRAY TEST DD ASD &/OR ID	S3870	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SURFACE ELECTROMYOGRAPHY	S3900	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	BALLISTOCARDIOGRAM	S3902	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MASTERS TWO STEP	S3904	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERIM LABOR FACILITY GLOBAL	S4005	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IN VITRO FERTILIZATION;	S4011	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPLETE CYCLE GIFT CASE RATE	S4013	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPLETE CYCLE ZIFT CASE RATE	S4014	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPLETE IVF CYCLE CASE RATE NOS	S4015	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FROZEN IVF CYCLE CASE RATE	S4016	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCPL CYCL TX CANCEL D PRIOR TO STIM	S4017	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FRZN EMB TRANS CANCL CASE RATE	S4018	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IVF PROC CANCL BEFR ASPIR CASE RATE	S4020	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	IVF PROC CANCL AFTR ASPIR CASE RATE	S4021	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ASSIST OOCYTE FERTILIZ CASE RATE	S4022	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	DONOR EGG CYCLE INCPL CASE RATE	S4023	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DONOR SRVC IN VITRO FERTILIZATION	S4025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROCUREMENT DONR SPERM SPERM BANK	S4026	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STORAGE PREVIOUSLY FROZEN EMBRYOS	S4027	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MICSURG EPIDIDYMAL SPERM ASPIR	S4028	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPERM PROCUREMENT&CRYOPRES; 1 VISIT	S4030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPERM PROCURE&CRYOPRES; SUBSQT VST	S4031	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STIM INTRAUTERINE INSEMIN CASE RATE	S4035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CRYOPRESERVD EMBRYO TRNSF CASE RATE	S4037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MON & STOR CRYOPRESRV EMBRYOS 30 DA	S4040	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MGMT OVULATION INDUCTION PER CYCLE	S4042	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSRT LEVONORGESTREL INTRAUTRN SYS	S4981	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTRACEPT IUD INCL IMPL&SUPPLIES	S4989	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	NICOTINE PATCHES LEGEND	S4990	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NICOTINE PATCHES NON-LEGEND	S4991	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CONTRACEPTIVE PILLS BIRTH CONTROL	S4993	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SMOKING CESSATION GUM	S4995	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRESCRIPTION DRUG GENERIC	S5000	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PRESCRIPTION DRUG BRAND NAME	S5001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	5% DXTROS & 0.45% NL SALINE 1000 ML	S5010	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	5% DXTROS W/K+ CHLORID 1000 ML	S5012	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	5% DXTROS/0.45% S KCL&MGSO4 1000 ML	S5013	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	5% DXTRS/0.45% NS KCI&MGSO4 1500 ML	S5014	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME INFUS TX ROUTINE INFUS DEVC	S5035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME INFUS TX REPAIR INFUS DEVICE	S5036	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DAY CARE SERVICES ADULT; PER 15 MIN	S5100	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	DAY CARE SRVC ADULT; PER HALF DAY	S5101	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DAY CARE SERVICES ADULT; PER DIEM	S5102	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DAY CARE CNTR-BASD; SRVC NOT W/FEE	S5105	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOM CARE TRN HOM CARE CLIENT 15 MIN	S5108	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME CARE TRN HOME CARE CLIENT SESS	S5109	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME CARE TRAINING FAM; PER 15 MIN	S5110	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME CARE TRAINING FAM; PER SESSION	S5111	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME CARE TRN NON-FAM; PER 15 MIN	S5115	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME CARE TRN NON-FAM; PER SESSION	S5116	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHORE SERVICES; PER 15 MINUTES	S5120	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHORE SERVICES; PER DIEM	S5121	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ATTENDANT CARE SERVICES; PER 15 MIN	S5125	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ATTENDANT CARE SERVICES; PER DIEM	S5126	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HOMEMAKER SERVICE NOS; PER 15 MIN	S5130	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOMEMAKER SERVICE NOS; PER DIEM	S5131	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPANION CARE ADULT; PER 15 MIN	S5135	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPANION CARE ADULT ; PER DIEM	S5136	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOSTER CARE ADULT; PER DIEM	S5140	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOSTER CARE ADULT; PER MONTH	S5141	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOSTER CARE THERAPEUTIC CHILD; DIEM	S5145	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FOSTER CARE THERAPEUTIC CHLD; MONTH	S5146	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UNSKLD RESPITE CARE NOT HOSPICE; 15	S5150	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	UNSKLD RESPITE CARE NOT HOSPICE;PER	S5151	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EMERG RESPONSE SYSTEM; INSTL&TST	S5160	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EMERG RESPONSE SYS; SRVC FEE-MONTH	S5161	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EMERG RESPONSE SYS; PURCHASE ONLY	S5162	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HOME MODIFICATIONS; PER SERVICE	S5165	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME DEL MEALS INCL PREP; MEAL	S5170	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LAUNDRY SERVICE EXT PROF; ORDER	S5175	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME HEALTH RESP TX INIT EVALUATION	S5180	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME HEALTH RESP TX NOS PER DIEM	S5181	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MED REMINDR SRVC NON-FCE-TO-FCE; MO	S5185	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WELLNESS ASSESS PRFRM NON-PHYSICIAN	S5190	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PERSONAL CARE ITEM NOS EACH	S5199	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME INFUS TX CATH CARE NOC; DIEM	S5497	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME INFUS TX CATH CARE SIMPLE DIEM	S5498	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME INFUS TX CATH CARE COMPLX DIEM	S5501	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT CATH CARE IMPL ACSS DEVC PD	S5502	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT SPL RESTOR CATH PATENCY/DECLOT	S5517	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	HIT ALL SPL NECES FOR CATH REPAIR	S5518	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT ALL SPL NECES PICC LINE INSERT	S5520	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT SPL NECES MIDLINE CATH INSERT	S5521	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT INSRT PICC NURSE SRVC ONLY	S5522	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT INSRT ML VEN CATH NRS SRVC ONLY	S5523	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN RAPID ONSET; 5 UNITS	S5550	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN MOST RAPID ONSET; 5 UNITS	S5551	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN INTERMED ACTING; 5 UNITS	S5552	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN LONG ACTING; 5 UNITS	S5553	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN DEVC REUSABLE PEN;1.5 ML SZ	S5560	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN DEVC REUSABLE PEN; 3 ML SZ	S5561	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN CARTRIDGE NOT PUMP; 150 U	S5565	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN CARTRIDGE NOT PUMP; 300 U	S5566	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	INSULIN DISPOSABLE PEN; 1.5 ML SZ	S5570	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN DISPOSABLE PEN; 3 ML SZ	S5571	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCLERAL APPLICATION TANTALUM RING	S8030	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MAGNETIC SOURCE IMAGING	S8035	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MR CHOLANGIOPANCREATOGRAPHY	S8037	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TOPOGRAPHIC BRAIN MAPPING	S8040	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MAGNETIC RESONANCE IMAG LOW-FIELD	S8042	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	US GUID MXIFETL PG RDUC TECH CMPNT	S8055	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCINTIMAMMO UNI W/SPL RADIOPHARM	S8080	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	F-18 FDG IMAG 2-HD COINCDCNC DETCT	S8085	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ELECTRON BEAM COMPUTED TOMOGRAPHY	S8092	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PORTABLE PEAK FLOW METER	S8096	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ASTHMA KIT	S8097	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	S8100	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	S8101	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PEAK EXPIRATORY FLOW RATE	S8110	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	S8120	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	O2 CONTENTS LQD 1 U EQUALS 1 POUND	S8121	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERFERENTIAL CURR STIM 2 CHANNEL	S8130	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INTERFERENTIAL CURR STIM 4 CHANNEL	S8131	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FLUTTER DEVICE	S8185	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SWIVEL ADAPTOR	S8186	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRACHEOSTOMY SUPPLY NOC	S8189	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MUCUS TRAP	S8210	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HABERMAN FEEDER CLEFT LIP/PALATE	S8265	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENURESIS ALARM BUZZ&/VIBRATION DEVC	S8270	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SUPPLIES HOME DELIVERY OF INFANT	S8415	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID SLEEVE&GLOVE CSTM	S8420	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID SLV&GLOV RDY MADE	S8421	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID SLEEV CSTM MED WT	S8422	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID SLEEV CSTM HVY WT	S8423	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID SLEEVE READY MADE	S8424	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID GLOVE CSTM MED WT	S8425	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID GLOVE CSTM HVY WT	S8426	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID GLOVE READY MADE	S8427	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADENT PRESS AID GAUNTLET RDY MADE	S8428	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GRADIENT PRESSURE EXTERIOR WRAP	S8429	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PADDING COMPRESSION BANDAGE ROLL	S8430	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPRESSION BANDAGE ROLL	S8431	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SPLINT PREFABRICATED DIGIT	S8450	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPLINT PREFABRICATED WRIST OR ANKLE	S8451	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPLINT PREFABRICATED ELBOW	S8452	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CAMISOLE POST-MASTECTOMY	S8460	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN SYRINGES	S8490	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	S8930	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EQUESTRIAN/HIPPOTHERAPY PER SESSION	S8940	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	APPLIC MODAL 1/MORE AREAS; LW-LEVEL	S8948	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMPLEX LYMPHEDEMA TX EA 15 MIN	S8950	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESUSCITATION BAG	S8999	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME UTERIN MON W/WO ASSOC NRS SRVC	S9001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ULTRAFILTRATION MONITOR	S9007	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARANASAL SINUS ULTRASOUND	S9024	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	OMNICARDIOGRAM/CARDIOINTEGRAM	S9025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ESWL FOR GALL STONES	S9034	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PROCUREN/OTH GROWTH FACTOR PREP	S9055	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMA STIMULATION PER DIEM	S9056	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME ADMIN AEROSOLIZED DRUG TX DIEM	S9061	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	GLOBAL FEE URGENT CARE CENTERS	S9083	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VERT AXIAL DECOMPRS PER SESSION	S9090	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME VISIT FOR WOUND CARE	S9097	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME VISIT PHOTOTHERAPY SRVC DIEM	S9098	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TELEMON PT HOME ALL EQUIP; PER MTH	S9110	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BACK SCHOOL PER VISIT	S9117	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOM HLTH AIDE/CNA PROV CARE HOM; HR	S9122	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NRS CARE HOM; REGISTERED NURSE-HOUR	S9123	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	NURSING CARE THE HOME; LPN PER HOUR	S9124	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	RESPIRE CARE IN THE HOME PER DIEM	S9125	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOSPICE CARE IN THE HOME PER DIEM	S9126	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SOCIAL WORK VISIT THE HOME PER DIEM	S9127	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SPEECH THERAPY IN THE HOME PER DIEM	S9128	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	OCCUPATIONAL THERAPY HOME PER DIEM	S9129	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PHYSICAL THERAPY; HOME PER DIEM	S9131	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DM MGMT PROGM F/U VST NON-MD PROV	S9140	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIAB MGMT PROGM F/U VISIT MD PROV	S9141	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INSULIN PUMP INIT INSTRUCT USE PUMP	S9145	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EVALUATION BY OCCULARIST	S9150	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DEL/HI RISK REQ ESCRT/PROTECT VST	S9381	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ANTICOAGULAT CLIN NO LAB PER SESS	S9401	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PHARM COMPOUNDING & DISPENSING SERV	S9430	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MED FOOD NUTR ORAL 100% NUTR INTAKE	S9433	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MOD SOLID FOOD SUP INBORN ERR METAB	S9434	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEDICAL FOODS INBORN ERRORS METAB	S9435	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHLDBRTH PREP/LAMAZE CLASS PER SESS	S9436	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CHILD BIRTH REFRESH CLASS PER SESS	S9437	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CESAREAN BRTH CLASS NON-MD PER SESS	S9438	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VBAC CLASSES NON-MD PER SESSION	S9439	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ASTHMA ED NON-MD PROV PER SESSION	S9441	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	BIRTHING CLASSES NON-PHYS PROV-SESS	S9442	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LACTATION CLASS NON-PHYS PROV-SESS	S9443	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PARENTING CLASSES NON-MD PER SESS	S9444	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PT ED NOC NON-MD PROV GROUP SESSION	S9446	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	INFANT SAFETY CLASS NON-MD PER SESS	S9447	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	WEIGHT MGMT CLASS NON-PHYS PER SESS	S9449	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EXERCISE CLASSES NON-PHYS PER SESS	S9451	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NUTRITION CLASSES NON-PHYS PER SESS	S9452	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SMOKING CESSATION CLASS NON-MD SESS	S9453	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	STRESS MGMT CLASS NON-PHYS PER SESS	S9454	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NUTRITIONAL CNSL DIETITIAN VISIT	S9470	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CARD REHAB PROGM NON-PHYS PROV DIEM	S9472	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PULM REHAB PROGM NON-PHYS PROV DIEM	S9473	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ENTRSTML TX RN CERT ENTRSTML TX DAY	S9474	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	S9475	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	VESTIBULR REHAB NON-PHYS PROV-DIEM	S9476	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FAMILY STABILIZATN SRVC PER 15 MIN	S9482	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	CRISIS INTERVEN MENTL HLTH SRVC-HR	S9484	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT CORTICOSTEROID INFUS; ADMN SRVC	S9490	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	S9494	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	S9497	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME OR SNF PATIENT	S9529	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOM TX HEMATOPOIETIC H INJ TX;-DIEM	S9537	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME TRANSFUSION BLOOD PROD; DIEM	S9538	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HOME THERAPY; NOC PER HOUR	S9810	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SRVC JOUR-LISTED CS PRACT HEAL-DIEM	S9900	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SERVICES JNL-LISTED CS NURSE PER HR	S9901	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB SERVC AIR NON-ER 1 WAY FIX WING	S9960	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	AMB SERVC AIR NON-ER 1 WAY ROT WING	S9961	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEALTH CLUB MEMBERSHIP ANNUAL	S9970	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity



Durable Medical Equipment (DME) and Prostheses	TPLNT REL LODG MEALS & TRNSPRT DIEM	S9975	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LODGING PER DIEM NOS	S9976	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEALS PER DIEM NOS	S9977	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEDICAL RECORDS COPYING FEE ADMIN	S9981	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEDICAL RECORDS COPYING FEE-PAGE	S9982	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	NOT MEDICALLY NECESSARY SERVICE	S9986	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SERV PART OF PHASE 1 CLINICAL TRIAL	S9988	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SERVICES PROVIDED OUTSIDE USA	S9989	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SRVC PROV PART PHASE II CLIN TRIAL	S9990	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SRVC PROV PART PHASE III CLIN TRIAL	S9991	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	S9992	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	LODG COST CLIN TRIAL PRTCP&CAREGVR	S9994	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	S9996	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	SALES TAX	S9999	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SIGN LANGE/ORAL INTEPR SRVC-15 MIN	T1013	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	TELEHEALTH TRANS MIN PROF SRVC	T1014	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CLINIC VST/ENCOUNTER ALL-INCLUSIVE	T1015	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCHOOL-BASD IND ED PROG SERV BUNLD	T1018	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SCR IND PARTICIP SPEC PROG PROJ/TX	T1023	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	EVAL&TX TEAM MX/SEV HANDICAP CHILD	T1024	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MXDISCIPLIN CHILD CMLPX IMPAIR DIEM	T1025	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MXDISCIPLIN CHILD W/CMLPX IMPAIR HR	T1026	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	FAM TRAIN & CNSL CHILD DVLP 15 MINS	T1027	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ASSESS HOME PHYSICAL & FAMILY ENVIR	T1028	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	COMP ENVIR LEAD INVESTIGAT-DWELL	T1029	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	MEDICAID CERT COM BH CLINIC SRVC PD	T1040	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	MEDICAID CERT COM BH CLINIC SRVC PM	T1041	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADMN ORL IM&/SUBQ MED HLTH PROF	T1502	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZ DISPBL INCONT BRF/DIAPER SM	T4521	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZ DISPBL INCONT BRF/DIAPER MD	T4522	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZ DISPBL INCONT BRF/DIAPER LG	T4523	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT DISPBL INCONT BRF/DIAPER X-LG	T4524	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZD DISPBL INCONT UNDWEAR SM	T4525	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZD DISPBL INCONT UNDWEAR MED	T4526	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZD DISPBL INCONT UNDWEAR LG	T4527	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADLT SZD DISPBL INCONT UNDWEAR X-LG	T4528	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PED SZ DISPBL INCONT BRF/DIAPER S/M	T4529	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PED SZ DISPBL INCONT BRF/DIAPER LG	T4530	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PED SZ DISPBL INCONT UNDWEAR SM/MED	T4531	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	PED SZ DISPBL INCONT UNDWEAR LG EA	T4532	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	YOUTH SZD DISPBL INCONT BRF/DIAPER	T4533	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	YOUTH SZD DISPBL INCONT UNDWEAR EA	T4534	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DISPBL LINER/PAD/UNDGRMNT INCONT EA	T4535	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PROD UNDWEAR/PULLON REUSE SZ	T4536	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PROD UNDPAD REUSBL BED SZ EA	T4537	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	DIAPER SRVC REUSBL DIAPER EA	T4538	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PROD DIAPER/BRF REUSBL SZ EA	T4539	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PROD UNDPAD REUSBL CHAIR SZ	T4540	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PRODUCT DISPBL UNDPAD LG EA	T4541	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	INCONT PROD DISPBL UNDPAD SM SZ EA	T4542	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADULT DISP INCONTINENCE PROD ABV XL	T4543	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	ADULT SIZE DISPBL PULLUP ABVE XL EA	T4544	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity

Durable Medical Equipment (DME) and Prostheses	INCONTIN PROD DISP PENILE WRAP EA	T4545	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	PSTN SEAT PERSON SPECL/ORTHO NEEDS	T5001	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	SUPPLY NOT OTHERWISE SPECIFIED	T5999	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	CNTC LENS SCLERAL GAS PERMEABLE PER	V2531	>\$500.00 Auth required	History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	REPAIR/MODIFICATION OF HEARING AID	V5014		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HA CONTRALAT RTE DVC MONAURAL BTE	V5181		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HA CONTRA ROUT SYS BINAURAL ITC/BTE	V5221		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL MONAURAL CIC	V5254		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL MONAURAL ITC	V5255		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL MONAURAL BTE	V5257		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL BINAURAL CIC	V5258		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL BINAURAL ITC	V5259		History and physical with any clinical information that support medical necessity
Durable Medical Equipment (DME) and Prostheses	HEARING AID DIGITAL BINAURAL BTE	V5261		History and physical with any clinical information that support medical necessity

Genetic/Molecular Testing	ONC DLBCL MRNA 20 GENES ALG	0017M		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IDH1 COMMON VARIANTS	81120		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IDH2 COMMON VARIANTS	81121		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	DMD DUP/DELET ANALYSIS	81161		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 GEN FULL SEQ DUP/DEL	81162		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 GENE FULL SEQ ALYS	81163		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 GEN FUL DUP/DEL ALYS	81164		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1 GENE FULL SEQ ALYS	81165		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1 GENE FULL DUP/DEL ALYS	81166		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA2 GENE FULL DUP/DEL ALYS	81167		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ABL1 GENE	81170		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AFF2 GENE DETC ABNOR ALLELES	81171		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AFF2 GENE CHARAC ALLELES	81172		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	AR GENE FULL GENE SEQUENCE	81173		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AR GENE KNOWN FAMIL VARIANT	81174		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ASXL1 GENE TARGET SEQ ALYS	81176		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATN1 GENE DETC ABNOR ALLELES	81177		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN1 GENE DETC ABNOR ALLELE	81178		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN2 GENE DETC ABNOR ALLELE	81179		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN3 GENE DETC ABNOR ALLELE	81180		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN7 GENE DETC ABNOR ALLELE	81181		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN8OS GEN DETC ABNOR ALLEL	81182		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ATXN10 GENE DETC ABNOR ALLEL	81183		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CACNA1A GEN DETC ABNOR ALLEL	81184		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CACNA1A GENE FULL GENE SEQ	81185		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CACNA1A GEN KNOWN FAMIL VRNT	81186		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	CNBP GENE DETC ABNOR ALLELE	81187		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CSTB GENE DETC ABNOR ALLELE	81188		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CSTB GENE FULL GENE SEQUENCE	81189		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CSTB GENE KNOWN FAMIL VRNT	81190		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NTRK1 TRANSLOCATION ANALYSIS	81191		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NTRK2 TRANSLOCATION ANALYSIS	81192		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NTRK3 TRANSLOCATION ANALYSIS	81193		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NTRK TRANSLOCATION ANALYSIS	81194		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ASPA GENE	81200		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	APC GENE FULL SEQUENCE	81201		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	APC GENE KNOWN FAM VARIANTS	81202		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	APC GENE DUP/DELET VARIANTS	81203		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AR GENE CHARAC ALLELES	81204		History and physical with clinical notes that support medical necessity including treatment plan



Genetic/Molecular Testing	BCKDHB GENE	81205		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BCR/ABL1 GENE MAJOR BP	81206		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BCR/ABL1 GENE MINOR BP	81207		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BCR/ABL1 GENE OTHER BP	81208		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BLM GENE	81209		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRAF GENE	81210		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 SEQ & COM DUP/DEL	81211		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 185&5385&6174 VRNT	81212		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1&2 UNCOM DUP/DEL VAR	81213		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1 FULL SEQ & COM DUP/DEL	81214		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA1 GENE KNOWN FAMIL VRNT	81215		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA2 GENE FULL SEQ ALYS	81216		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	BRCA2 GENE KNOWN FAMIL VRNT	81217		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	CEBPA GENE FULL SEQUENCE	81218		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CALR GENE COM VARIANTS	81219		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CFTR GENE KNOWN FAM VARIANTS	81221		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CFTR GENE DUP/DELET VARIANTS	81222		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CFTR GENE FULL SEQUENCE	81223		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYP2C19 GENE COM VARIANTS	81225		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYP2D6 GENE COM VARIANTS	81226		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYP2C9 GENE COM VARIANTS	81227		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGEN MICRARRAY COPY NMBR	81228		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGEN M ARRAY COPY NO&SNP	81229		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYP3A4 GENE COMMON VARIANTS	81230		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYP3A5 GENE COMMON VARIANTS	81231		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	DPYD GENE COMMON VARIANTS	81232		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	BTK GENE COMMON VARIANTS	81233		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	DMPK GENE DETC ABNOR ALLELE	81234		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EGFR GENE COM VARIANTS	81235		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EZH2 GENE FULL GENE SEQUENCE	81236		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EZH2 GENE COMMON VARIANTS	81237		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	F9 FULL GENE SEQUENCE	81238		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	DMPK GENE CHARAC ALLELES	81239		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	F2 GENE	81240		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	F5 GENE	81241		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FANCC GENE	81242		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FMR1 GENE DETECTION	81243		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FMR1 GENE CHARAC ALLELES	81244		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FLT3 GENE	81245		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	FLT3 GENE ANALYSIS	81246		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	G6PD GENE ALYS CMN VARIANT	81247		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	G6PD KNOWN FAMILIAL VARIANT	81248		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	G6PD FULL GENE SEQUENCE	81249		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	G6PC GENE	81250		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GBA GENE	81251		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GJB2 GENE FULL SEQUENCE	81252		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GJB2 GENE KNOWN FAM VARIANTS	81253		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GJB6 GENE COM VARIANTS	81254		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEXA GENE	81255		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HFE GENE	81256		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBA1/HBA2 GENE	81257		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBA1/HBA2 GENE FAM VRNT	81258		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	HBA1/HBA2 FULL GENE SEQUENCE	81259		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IKBKAP GENE	81260		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IGH GENE REARRANGE AMP METH	81261		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IGH GENE REARRANG DIR PROBE	81262		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IGH VARI REGIONAL MUTATION	81263		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IGK REARRANGEABN CLONAL POP	81264		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	STR MARKERS SPECIMEN ANAL	81265		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	STR MARKERS SPEC ANAL ADDL	81266		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHIMERISM ANAL NO CELL SELEC	81267		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHIMERISM ANAL W/CELL SELECT	81268		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBA1/HBA2 GENE DUP/DEL VRNTS	81269		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	JAK2 GENE	81270		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HTT GENE DETC ABNOR ALLELES	81271		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	KIT GENE TARGETED SEQ ANALYS	81272		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	KIT GENE ANALYS D816 VARIANT	81273		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HTT GENE CHARAC ALLELES	81274		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	KRAS GENE VARIANTS EXON 2	81275		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	KRAS GENE ADDL VARIANTS	81276		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENOMIC NEO MICRORA ALYS	81277		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	JAK2 GENE TRGT SEQUENCE ALYS	81279		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	IFNL3 GENE	81283		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FXN GENE DETC ABNOR ALLELES	81284		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FXN GENE CHARAC ALLELES	81285		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FXN GENE FULL GENE SEQUENCE	81286		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MGMT GENE PRMTR MTHYLTN ALYS	81287		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MLH1 GENE	81288		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	FXN GENE KNOWN FAMIL VARIANT	81289		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MCOLN1 GENE	81290		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MTHFR GENE	81291		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MLH1 GENE FULL SEQ	81292		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MLH1 GENE KNOWN VARIANTS	81293		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MLH1 GENE DUP/DELETE VARIANT	81294		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH2 GENE FULL SEQ	81295		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH2 GENE KNOWN VARIANTS	81296		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH2 GENE DUP/DELETE VARIANT	81297		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH6 GENE FULL SEQ	81298		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH6 GENE KNOWN VARIANTS	81299		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MSH6 GENE DUP/DELETE VARIANT	81300		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MICROSATELLITE INSTABILITY	81301		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	MECP2 GENE FULL SEQ	81302		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MECP2 GENE KNOWN VARIANT	81303		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MECP2 GENE DUP/DELET VARIANT	81304		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MYD88 GENE P.LEU265PRO VRNT	81305		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NUDT15 GENE COMMON VARIANTS	81306		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PALB2 GENE FULL GENE SEQ	81307		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PALB2 GENE KNOWN FAMIL VRNT	81308		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PIK3CA GENE TRGT SEQ ALYS	81309		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NPM1 GENE	81310		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NRAS GENE VARIANTS EXON 2&3	81311		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PABPN1 GENE DETC ABNOR ALLEL	81312		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PCA3/KLK3 ANTIGEN	81313		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PDGFRA GENE	81314		History and physical with clinical notes that support medical necessity including treatment plan



Genetic/Molecular Testing	PML/RARALPHA COM BREAKPOINTS	81315		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PML/RARALPHA 1 BREAKPOINT	81316		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMS2 GENE FULL SEQ ANALYSIS	81317		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMS2 KNOWN FAMILIAL VARIANTS	81318		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMS2 GENE DUP/DELET VARIANTS	81319		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PLCG2 GENE COMMON VARIANTS	81320		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PTEN GENE FULL SEQUENCE	81321		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PTEN GENE KNOWN FAM VARIANT	81322		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PTEN GENE DUP/DELET VARIANT	81323		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMP22 GENE DUP/DELET	81324		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMP22 GENE FULL SEQUENCE	81325		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PMP22 GENE KNOWN FAM VARIANT	81326		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SEPT9 GEN PRMTR MTHYLTN ALYS	81327		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	SLCO1B1 GENE COM VARIANTS	81328		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SMN1 GENE DOS/DELETION ALYS	81329		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SMPD1 GENE COMMON VARIANTS	81330		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SNRPN/UBE3A GENE	81331		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SERPINA1 GENE	81332		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TGFBI GENE COMMON VARIANTS	81333		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	RUNX1 GENE TARGETED SEQ ALYS	81334		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TPMT GENE COM VARIANTS	81335		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SMN1 GENE FULL GENE SEQUENCE	81336		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SMN1 GEN NOWN FAMIL SEQ VRNT	81337		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MPL GENE COMMON VARIANTS	81338		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MPL GENE SEQ ALYS EXON 10	81339		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TRB@ GENE REARRANGE AMPLIFY	81340		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	TRB@ GENE REARRANGE DIRPROBE	81341		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TRG GENE REARRANGEMENT ANAL	81342		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	PPP2R2B GEN DETC ABNOR ALLEL	81343		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TBP GENE DETC ABNOR ALLELES	81344		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TERT GENE TARGETED SEQ ALYS	81345		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	UGT1A1 GENE COMMON VARIANTS	81350		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TP53 GENE FULL GENE SEQUENCE	81351		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TP53 GENE TRGT SEQUENCE ALYS	81352		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TP53 GENE KNOWN FAMIL VRNT	81353		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	VKORC1 GENE	81355		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	U2AF1 GENE COMMON VARIANTS	81357		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBB GENE COM VARIANTS	81361		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBB GENE KNOWN FAM VARIANT	81362		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	HBB GENE DUP/DEL VARIANTS	81363		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HBB FULL GENE SEQUENCE	81364		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I & II TYPING LR	81370		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I & II TYPE VERIFY LR	81371		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I TYPING COMPLETE LR	81372		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I TYPING 1 LOCUS LR	81373		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I TYPING 1 ANTIGEN LR	81374		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA II TYPING AG EQUIV LR	81375		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA II TYPING 1 LOCUS LR	81376		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA II TYPE 1 AG EQUIV LR	81377		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I & II TYPING HR	81378		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I TYPING COMPLETE HR	81379		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA I TYPING 1 LOCUS HR	81380		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	HLA I TYPING 1 ALLELE HR	81381		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA II TYPING 1 LOC HR	81382		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HLA II TYPING 1 ALLELE HR	81383		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 1	81400		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 2	81401		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 3	81402		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 4	81403		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 5	81404		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 6	81405		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 7	81406		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 8	81407		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MOPATH PROCEDURE LEVEL 9	81408		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AORTIC DYSFUNCTION/DILATION	81410		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	AORTIC DYSFUNCTION/DILATION	81411		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ASHKENAZI JEWISH ASSOC DIS	81412		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CAR ION CHNNLPATH INC 10 GNS	81413		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CAR ION CHNNLPATH INC 2 GNS	81414		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EXOME SEQUENCE ANALYSIS	81415		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EXOME SEQUENCE ANALYSIS	81416		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	EXOME RE-EVALUATION	81417		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FETAL CHRMOML ANEUPLOIDY	81420		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FETAL CHRMOML MICRODELTA	81422		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GENOME SEQUENCE ANALYSIS	81425		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GENOME SEQUENCE ANALYSIS	81426		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	GENOME RE-EVALUATION	81427		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEARING LOSS SEQUENCE ANALYSIS	81430		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	HEARING LOSS DUP/DEL ANALYS	81431		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HRDTRY BRST CA-RLATD DSORDRS	81432		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HRDTRY BRST CA-RLATD DSORDRS	81433		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEREDITARY RETINAL DISORDERS	81434		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEREDITARY COLON CA DSORDRS	81435		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEREDITARY COLON CA DSORDRS	81436		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEREDTRY NURONDCRN TUM DSRDR	81437		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HEREDTRY NURONDCRN TUM DSRDR	81438		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	HRDTRY CARDMYPY GENE PANEL	81439		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	MITOCHONDRIAL GENE	81440		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NOONAN SPECTRUM DISORDERS	81442		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TARGETED GENOMIC SEQ ANALYS	81445		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TARGETED GENOMIC SEQ ANALYS	81450		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	TARGETED GENOMIC SEQ ANALYS	81455		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	WHOLE MITOCHONDRIAL GENOME	81460		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	WHOLE MITOCHONDRIAL GENOME	81465		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	X-LINKED INTELLECTUAL DBLT	81470		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	X-LINKED INTELLECTUAL DBLT	81471		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	UNLISTED MOLECULAR PATHOLOGY	81479		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	AUTOIMMUNE RHEUMATOID ARTHR	81490		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	COR ARTERY DISEASE MRNA	81493		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCO (OVAR) TWO PROTEINS	81500		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCO (OVAR) FIVE PROTEINS	81503		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY TISSUE OF ORIGIN	81504		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FETAL ANEUPLOIDY TRISOM RISK	81507		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FTL CGEN ABNOR TWO PROTEINS	81508		History and physical with clinical notes that support medical necessity including treatment plan



Genetic/Molecular Testing	FTL CGEN ABNOR 3 PROTEINS	81509		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FTL CGEN ABNOR FOUR ANAL	81511		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FTL CGEN ABNOR FIVE ANAL	81512		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NFCT DS BV RNA VAG FLU ALG	81513		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NFCT DS BV&VAGINITIS DNA ALG	81514		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC BRST MRNA 11 GENES	81518		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY BREAST MRNA	81519		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC BREAST MRNA 70 GENES	81521		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC BREAST MRNA 12 GENES	81522		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY COLON MRNA	81525		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY GYNECOLOGIC	81535		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY GYNECOLOGIC	81536		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY LUNG	81538		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	ONCOLOGY PROSTATE PROB SCORE	81539		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY TUM UNKNOWN ORIGIN	81540		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC PROSTATE MRNA 46 GENES	81541		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC PROSTATE MRNA 22 CNT GEN	81542		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONCOLOGY THYROID	81545		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC THYR MRNA 10,196 GEN ALG	81546		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC PROSTATE 3 GENES	81551		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	ONC UVEAL MLNMA MRNA 15 GENE	81552		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CARDIOLOGY HRT TRNSPL MRNA	81595		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	NFCT DS CHRNC HCV 6 ASSAYS	81596		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	UNLISTED MAAA	81599		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TISSUE CULTURE LYMPHOCYTE	88230		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TISSUE CULTURE SKIN/BIOPSY	88233		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	TISSUE CULTURE PLACENTA	88235		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TISSUE CULTURE BONE MARROW	88237		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	TISSUE CULTURE TUMOR	88239		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CELL CRYOPRESERVE/STORAGE	88240		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	FROZEN CELL PREPARATION	88241		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 20-25	88245		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 50-100	88248		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 100	88249		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 5	88261		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 15-20	88262		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 45	88263		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYSIS 20-25	88264		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME ANALYS PLACENTA	88267		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	CHROMOSOME ANALYS AMNIOTIC	88269		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETICS DNA PROBE	88271		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETICS 3-5	88272		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETICS 10-30	88273		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETICS 25-99	88274		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETICS 100-300	88275		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME KARYOTYPE STUDY	88280		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME BANDING STUDY	88283		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME COUNT ADDITIONAL	88285		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CHROMOSOME STUDY ADDITIONAL	88289		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTO/MOLECULAR REPORT	88291		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	CYTOGENETIC STUDY	88299		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	INSITU HYBRIDIZATION (FISH)	88364		History and physical with clinical notes that support medical necessity including treatment plan

Genetic/Molecular Testing	INSITU HYBRIDIZATION (FISH)	88365		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	INSITU HYBRIDIZATION (FISH)	88366		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	SCR CERV/VAG AUTO&MNL RSCR PHYS	G0145		History and physical with clinical notes that support medical necessity including treatment plan
Genetic/Molecular Testing	INF AGT DTCT DNA/RNA; HPV ADD PAP T	G0476		History and physical with clinical notes that support medical necessity including treatment plan
Gi Tract Imaging by Capsule Endoscopy	GI TRACT CAPSULE ENDOSCOPY	91110		History and physical with clinical notes that support medical necessity including treatment plan
Gi Tract Imaging by Capsule Endoscopy	ESOPHAGEAL CAPSULE ENDOSCOPY	91111		History and physical with clinical notes that support medical necessity including treatment plan
Home Health Care	HOME HEALTH CARE SUPERVISION	99374		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME HEALTH CARE SUPERVISION	99375		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOSPICE CARE SUPERVISION	99377		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOSPICE CARE SUPERVISION	99378		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	NURSING FAC CARE SUPERVISION	99379		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	NURSING FAC CARE SUPERVISION	99380		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT PRENATAL	99500		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	HOME VISIT POSTNATAL	99501		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT NB CARE	99502		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT RESP THERAPY	99503		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT MECH VENTILATOR	99504		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT STOMA CARE	99505		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT IM INJECTION	99506		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT CATH MAINTAIN	99507		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT DAY LIFE ACTIVITY	99509		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT SING/M/FAM COUNS	99510		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT FECAL/ENEMA MGMT	99511		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT FOR HEMODIALYSIS	99512		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME VISIT NOS	99600		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUSION/VISIT 2 HRS	99601		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	HOME INFUSION EACH ADDTL HR	99602		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PS ADM ANTI-INF PM ADM CD H E 15M	G0068		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PROF SRVC ADM SQ IMT ADM CD H E 15M	G0069		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PROF SRVC ADM CHEMO ADM CD H E 15 M	G0070		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY	G0071		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	BRIEF CARE MGMT HOME VISIT NEW PT	G0076		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LIMITED CARE MGM HOME VISIT NEW PT	G0077		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	MODERATE CARE MGMT HOME VST NEW PT	G0078		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	COMP CARE MGMT HOME VISIT NEW PT	G0079		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	EXTENSIVE CARE MGMT HOME VST NEW PT	G0080		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	BRIEF CARE MGM HOME VISIT EXIST PT	G0081		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LIMITED CARE MGMT HOME VST EXIST PT	G0082		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	MODERATE CARE MGMT HOME VST EXST PT	G0083		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	COMP CARE MGMT HOME VISIT EXIST PT	G0084		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	EXTENSIVE CARE MGM HOME VST EXST PT	G0085		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LMTD CARE MGMT HOME CARE PLAN OVER	G0086		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	COMP CARE MGMT HOME CARE PLAN OVER	G0087		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC PT HOM HLTH/HOSPICE EA 15 MIN	G0151		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	G0152		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC SPCH&LANG PATH HH/HOSPIC EA 15	G0153		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC CLINICAL SW HH/HOSPICE EA 15	G0155		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC HH/HOSPICE AIDE EA 15 MIN	G0156		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC PT ASSIST HH/HOSPICE EA 15 MIN	G0157		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	G0158		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC PT HH EST/DEL PT MP EA 15 MINS	G0159		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC OT HH EST/DEL OT MP EA 15 MIN	G0160		History and physical with clinical notes that support medical necessity including evaluation and plan of care



Home Health Care	SRVC SLP HH EST/DEL SLP TX MP 15 MN	G0161		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SKILLED SRVC RN M&E POC; EA 15 MINS	G0162		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	EXT COUNTERPULSATION-TX SESSION	G0166		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	WOUND CLOS UTIL TISSUE ADHES ONLY	G0168		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PHYS RE-CERT MCR-COVR HOM HLTH SRVC	G0179		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PHYS CERT MCR-COVR HOM HLTH SRVC	G0180		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PHYS SUPV PT RECV MCR-COVR HOM HLTH	G0181		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PHYS SUPV PT UND MCR-APPRVD HOSPICE	G0182		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	MUSCLES FACE FACE 1 ON 1 EA 15 MIN	G0237		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	Hhs/hospice of rn ea 15 min	G0299		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	Hhs/hospice of lpn ea 15 min	G0300		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	BRF 20 MINS IH VST NEW PT PST-D/C.	G2001		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LTD 30 MINS IH VISIT NEW PT PST-D/C	G2002		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	MOD 45 MINS IH VISIT NEW PT PST-D/C	G2003		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	COMP 60 MINS IH VST NEW PT POST-D/C	G2004		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	EXTSV 75 MINS IH VST NEW PT PST-D/C	G2005		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	BRIEF 20 MINS IH VST XST PT PST-D/C	G2006		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LTD 30 MINS IH VISIT XST PT PST-D/C	G2007		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	MOD 45 MINS IH VISIT XST PT PST-D/C	G2008		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	COMP 60 MINS IH VST XST PT POST-D/C	G2009		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	EXTSV 75 MINS IH VST XST PT PST-D/C	G2013		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LIMITED 30 MINS CARE PLAN OVERSIGHT	G2014		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	COMP 60 MINS HOME CARE PLAN OVRSGHT	G2015		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	DIL RET EYE EX OPH/OPTOM DOC & REV	G2102		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC PRFRM PT ASST HH SET EA 15 MIN	G2168		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC PRFRM OT ASST HH SET EA 15 MIN	G2169		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	HOME MGMT PRETERM LABOR PER DIEM	S9208		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME MANGEMENT PPRM DIEM	S9209		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME MGMT GESTATIONAL HTN; DIEM	S9211		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME MANAGEMENT PREECLAMPSIA; DIEM	S9213		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME MGMT GESTATIONAL DIABETES;DIEM	S9214		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT CONT CHEMOTHAPY INFUS; PER DIEM	S9330		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT INTERMIT CHEMOTHAPY INFUS; DIEM	S9331		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUS TX IMMUOTHAPY; PER DIEM	S9338		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME TX; ENTERAL NUTRITION; DIEM	S9340		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	S9341		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HT; ENTERAL NUTRIT VIA PUMP; DIEM	S9342		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	S9343		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	S9345		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	S9346		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	S9347		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	S9348		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUS TX TOCOLYTIC; PER DIEM	S9349		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT CONT ANTI-EMETIC; PER DIEM	S9351		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUS TX CONT INSULIN; DIEM	S9353		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUS TX CHELATION; PER DIEM	S9355		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ANTI-TUMR NECROS FACTOR IV TX;	S9359		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT TPN; CARE COORDINATION DIEM	S9364		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT TPN; 1 LITER PER DAY PER DIEM	S9365		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT TPN; >1 L BUT NOT > 2 L-DA- DIEM	S9366		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT TPN; >2 L BUT NOT >3 L-DAY- DIEM	S9367		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOM INFUS TX TPN; > 3 L-DAY-DIEM	S9368		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	HIT HYDRATION TX; PER DIEM	S9373		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT HYDRATION TX; 1 LITER DAY	S9374		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT HYDRAT; >1 LITR NO>2 LITR DAY	S9375		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT HYDRAT; >2 LITR NO>3 LITR DAY	S9376		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT HYDRATION TX; >3 LITERS DAY	S9377		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INFUS TX INFUSION TX NOC; DIEM	S9379		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	S9500		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	S9501		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	S9502		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	S9503		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	S9504		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INJECTABLE THERAPY NOC-DIEM	S9542		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME INJ TX; HORMONAL THERAPY DIEM	S9560		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Home Health Care	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	T1000		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	NURSING ASSESSMENT/EVALUATION	T1001		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	RN SERVICES UP TO 15 MINUTES	T1002		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	LPN/LVN SERVICES UP TO 15 MINUTES	T1003		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	SRVC QUALIFIED NRS AIDE TO 15 MIN	T1004		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	RESPIRE CARE SERVICES TO 15 MIN	T1005		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	CASE MANAGEMENT EACH 15 MINS	T1016		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PERSONAL CARE SERVICES PER 15 MINS	T1019		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	PERSONAL CARE SERVICES PER DIEM	T1020		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	HOME HLTH AIDE/CERT NURSE ASST VST	T1021		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	CONTRACT HOME HEALTH AGCY SRVC DAY	T1022		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	NRS CARE HOME REGISTERED NURSE-DIEM	T1030		History and physical with clinical notes that support medical necessity including evaluation and plan of care
Home Health Care	NURSING CARE THE HOME LPN PER DIEM	T1031		History and physical with clinical notes that support medical necessity including evaluation and plan of care

Hyperbaric Therapy	HYPERBARIC OXYGEN THERAPY	99183		History and physical with clinical notes that support medical necessity including treatment plan
Hyperbaric Therapy	HPO UND PRSS FULL B CHMBR PER 30 MN	G0277		History and physical with clinical notes that support medical necessity including treatment plan
Injectable Drugs	INJ GADOTERATE MEGLUMINE 0.1 ML	A9575	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GADOTERIDOL PER ML	A9576	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GADOBENATE DIMEGLUMIN MXPACK ML	A9578	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GADOLINIUM MR CONTRAST NOS ML	A9579	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GADOXETATE DISODIUM 1 ML	A9581	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GADOFOSVESET TRISODIUM 1 ML	A9583	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GADOBUTROL 0.1 ML	A9585	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	RADIUM RA-223 DICHLORIDE TX PER UCI	A9606	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECT ARIPIRAZOLE LAUROXIL 1 MG	C9035	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PATISIRAN 0.1 MG	C9036	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RISPERIDONE 0.5 MG	C9037	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION MOGAMULIZUMAB-KPKC 1 MG	C9038	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PLAZOMICIN 5 MG	C9039	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FREMANEZUMAB-VFRM 1 MG	C9040	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ COAG FACTR XA INACTIVATED 10 MG	C9041	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BENDAMUSTINE HCL 1 MG	C9042	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEVOLEUCOVORIN 1 MG	C9043	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEMIPIMAB-RWLC 1 MG	C9044	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	C9045	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	COCAINE HCI NASAL SOL TOP ADMN 1 MG	C9046	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CAPLACIZUMAB-YHDP 1 MG	C9047	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DEXAMETHASONE LAC OPHTH INSR 0.1 MG	C9048	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TAGRAXOFUSP-ERZS 10 MCG	C9049	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EMAPALUMAB-LZSG 1 MG	C9050	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION OMADACYCLINE 1 MG	C9051	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RAVULIZUMAB-CWVZ 10 MG	C9052	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CRIZANLIZUMAB-TMCA 1 MG	C9053	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEFAMULIN XENLETA 1 MG	C9054	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BREXANOLONE 1 MG	C9055	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GIVOSIRAN 0.5 MG	C9056	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CETIRIZINE HCL 1 MG	C9057	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGFLGRASTM-BMEZ BIOSMLR 0.5 MG	C9058	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MELOXICAM 1 MG	C9059	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TEPROTUMUMAB-TRBW 10 MG	C9061	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPTINEZUMAB-JJMR 1 MG	C9063	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CASIMERSEN 10 MG	C9075	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LISOCABTAGENE MARALEUCEL PER TX DOS	C9076	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ CABOTEGRAVIR & RPV 2 MG/3 MG	C9077	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TRILACICLIB 1 MG	C9078	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EVINACUMAB-DGNB 5 MG	C9079	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MELPHALAN FLUFENAMIDE HCL 1 MG	C9080	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PANTOPRAZOLE SODIUM-VIAL	C9113	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PRT CC KCENTRA PER I.U. FCT IX ACTV	C9132	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	C9141	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CLEVIDIPINE BUTYRATE 1 MG	C9248	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HUMAN PLASMA FIBRIN SEALANT 2ML	C9250	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LACOSAMIDE 1 MG	C9254	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BEVACIZUMAB 0.25 MG	C9257	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LIDO 70 MG/TETRACAINE 70 MG PATCH	C9285	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BUPIVACAINE LIPOSOME 1 MG	C9290	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION GLUCARPIDASE 10 UNITS	C9293	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	UNCLASSIFIED DRUGS OR BIOLOGICALS	C9399	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IODINE I-131 IOBENGUANE DIAGN 1 MCI	C9407	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IODINE I-131 IOBENGUANE TX 1 MCI	C9408	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PHENYLEPHRINE & KET 4 ML VIAL	C9447	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CANGRELOR 1 MG	C9460	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DELAFLOXACIN 1 MG	C9462	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SOTALOL HYDROCHLORID 1 MG	C9482	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CONIVAPTAN HYDROCHLORIDE 1 MG	C9488	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TETRACYCLINE UP TO 250 MG	J0120	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OMADACYCLINE 1 MG	J0121	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ERAVACYCLINE 1 MG	J0122	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ABATACEPT 10 MG MEDICR ADM PHYS	J0129	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION ABCIXIMAB 10 MG	J0130	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ACETAMINOPHEN 10 MG	J0131	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ACETYLCYSTEINE 100 MG	J0132	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ACYCLOVIR 5 MG	J0133	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ADALIMUMAB 20 MG	J0135	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ADENOSINE 1 MG	J0153	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ADRENALIN EPINEPHRINE 0.1 MG	J0171	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AFLIBERCEPT 1 MG	J0178	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BROLUCIZUMAB-DBLL 1 MG	J0179	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AGALSIDASE BETA 1 MG	J0180	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION APREPITANT 1 MG	J0185	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALATROFLOXACIN MESYLATE 100 MG	J0200	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ALEMTUZUMAB 1 MG	J0202	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION ALGLUCERASE PER 10 UNITS	J0205	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMIFOSTINE 500 MG	J0207	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLDOPATE HCL TO 250 MG	J0210	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ALEFACEPT 0.5 MG	J0215	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALGLUCOSIDASE ALFA 10 MG NOS	J0220	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALGLUCOSIDASE ALFA 10 MG	J0221	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PATISIRAN 0.1 MG	J0222	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GIVOSIRAN 0.5 MG	J0223	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LUMASIRAN 0.5 MG	J0224	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALPHA 1-PROTASE INHIB NOS 10 MG	J0256	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALPHA 1 PROTEINASE INH 10 MG	J0257	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ALPROSTADIL 1.25 MCG	J0270	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALPROSTADIL URETHRAL SUPPOSITORY	J0275	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION AMIKACIN SULFATE 100 MG	J0278	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMINOPHYLLIN UP TO 250 MG	J0280	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMIODARONE HYDROCHLORIDE 30 MG	J0282	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMPHOTERICIN B 50 MG	J0285	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMPHOTERICIN B LIPID CMLPX 10 MG	J0287	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	J0288	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMPHOTERICIN B LIPOSOME 10 MG	J0289	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMPICILLIN SODIUM 500 MG	J0290	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PLAZOMICIN 5 MG	J0291	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	J0295	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMOBARBITAL UP TO 125 MG	J0300	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SUCCINYLCHOLINE CHLORID UP 20MG	J0330	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ANIDULAFUNGIN 1 MG	J0348	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION ANISTREPLASE PER 30 UNITS	J0350	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION HYDRALAZINE HCL UP 20 MG	J0360	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ APOMORPH HYDROCHLORID 1 MG	J0364	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION APROTININ 10000 KIU	J0365	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METARAMINOL BITARTRATE 10 MG	J0380	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ARBUTAMINE HCL 1 MG	J0395	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ARIPIPIRAZOLE IM 0.25 MG	J0400	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AZITHROMYCIN 500 MG	J0456	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ATROPINE SULFATE 0.01 MG	J0461	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIMERCAPROL PER 100 MG	J0470	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BACLOFEN 10 MG	J0475	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BACLOFEN 50 MCG INTRATHEC TRIAL	J0476	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BASILIXIMAB 20 MG	J0480	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION BELATACEPT 1 MG	J0485	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BELIMUMAB 10 MG	J0490	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DICYCLOMINE HCL UP 20 MG	J0500	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BENZTROPINE MESYLATE PER 1 MG	J0515	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BENRALIZUMAB 1 MG	J0517	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BETHANECHOL CHLORIDE UP TO 5 MG	J0520	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PCN G BENZ & PROCAINE 100000 U	J0558	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PCN G BENZ 100000 UNITS	J0561	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CERLIPONASE ALFA 1 MG	J0567	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUPRENORPHINE IMPLANT 74.2 MG	J0570	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUPRENORPHINE ORAL 1 MG	J0571	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BPN/NALOXONE ORAL </=TO 3 MG BPN	J0572	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BPN/NLX ORAL >3 MG BUT </=6 MG BPN	J0573	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	BPN/NLX O >6 MG BUT </=TO 10 MG BPN	J0574	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BIVALIRUDIN 1 MG	J0583	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BUROSUMAB-TWZA 1 MG	J0584	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BOTULINUM TOXIN TYPE A PER UNIT	J0585	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ABOBOTULINUMTOXINA 5 UNIT	J0586	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RIMABOTULINUMTOXINB 100 UNITS	J0587	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION INCOBOTULINUMTOXIN 1 UNIT	J0588	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DEOXYCHOLIC ACID 1 MG	J0591	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	J0592	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LANADELUMAB-FLYO 1 MG	J0593	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BUSULFAN 1 MG	J0594	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BUTORPHANOL TARTRATE 1 MG	J0595	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ C1 ESTERASE INHIB RUCONEST 10 U	J0596	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ C1 ESTERASE INHIB BERINERT 10 U	J0597	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ C1 ESTERASE INHIB CINRYZE 10 U	J0598	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ C-1 ESTERASE INHIBITOR 10 UNITS	J0599	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ EDETATE CALCM DISODIM TO 1000MG	J0600	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CALCM GLUCONATE PER 10 ML	J0610	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	J0620	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CALCITONIN SALMON TO 400 UNITS	J0630	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CALCITRIOL 0.1 MCG	J0636	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CASPOFUNGIN ACETATE 5 MG	J0637	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CANAKINUMAB 1 MG	J0638	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ LEUCOVORIN CALCIUM PER 50 MG	J0640	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	J0641	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MEPIVACAINE HCL PER 10 ML	J0670	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION CEFAZOLIN SODIUM 500 MG	J0690	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEFAMULIN 1 MG	J0691	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFEPIME HYDROCHLORID 500 MG	J0692	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFOXITIN SODIUM 1 GM	J0694	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFTOLOZANE 50 MG & TAZ 25 MG	J0695	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFTRIAXONE SODIUM PER 250 MG	J0696	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ STERL CEFUROXIME SODIUM 750 MG	J0697	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEFOTAXIME SODIUM PER G	J0698	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BETAMETHASONE AC & PHOS 3 MG	J0702	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CAFFEINE CITRATE 5MG	J0706	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEPHAPIRIN SODIUM TO 1 GM	J0710	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEFTAROLINE FOSAMIL 10 MG	J0712	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEFTAZIDIME PER 500 MG	J0713	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	J0714	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFTIZOXIME SODIUM PER 500 MG	J0715	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CENTRUROIDS IMM FAB2 TO 120 MCI	J0716	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CERTOLIZUMAB PEGOL 1 MG	J0717	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHLORMPHNICL SODIM SUCCNT TO 1G	J0720	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHORIONIC GONADOTROPIN-1000 USP	J0725	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CLONIDINE HYDROCHLORID 1 MG	J0735	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CIDOFOVIR 375 MG	J0740	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IMP-CLSTATN 4 MG & RLEBCTM 2 MG	J0742	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CILASTATIN SODIM IMPENEM-250MG	J0743	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CIPROFLOXACIN IV INFUS 200 MG	J0744	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CODEINE PHOSPHATE PER 30 MG	J0745	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ COLISTIMETHATE SODIUM TO 150 MG	J0770	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ COLLAGENASE CHC 0.01 MG	J0775	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PROCHLORPERAZINE TO 10 MG	J0780	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CRIZANLIZUMAB-TMCA 5 MG	J0791	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CORTICORELN OVINE TRIFLUT 1 MCG	J0795	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CORTICOTROPIN UP 40 UNITS	J0800	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ COSYNTROPIN NOS 0.25 MG	J0833	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION COSYNTROPIN 0.25 MG	J0834	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CROTALIDAE POLYV IMM FAB UP 1 G	J0840	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CROTALIDAE IMMUNE F120 MG	J0841	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CYTOMEGLOVRUS IMMUN GLOB IV-VIAL	J0850	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DALBAVANCIN 5MG	J0875	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DAPTOMYCIN 1 MG	J0878	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	J0881	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	J0882	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ARGATROBAN 1 MG NON-ESRD USE	J0883	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ARGATROBN 1 MG ESRD ON DIALYSIS	J0884	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ EPOETIN ALFA NON-ESRD 1000 UNIT	J0885	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPOETIN BETA 1 MICROGRAM	J0887	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPOETIN BETA 1 MICROGRAM	J0888	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEGINESATIDE 0.1 MG	J0890	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DECITABINE 1 MG	J0894	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEFEROXAMINE MESYLATE 500 MG	J0895	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LUSPATERCEPT-AAMT 0.25 MG	J0896	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DENOSUMAB 1 MG	J0897	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BROMPHENIRAMINE MALEATE-10 MG	J0945	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	J1000	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ METHYLPRDNISOLONE ACTAT 20 MG	J1020	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLPRDNISOLONE ACTAT 40 MG	J1030	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLPRDNISOLONE ACTAT 80 MG	J1040	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TESTOSTERONE CYPIONATE 1 MG	J1071	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DEXAMETHASONE ACTAT 1 MG	J1094	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEXAMETHASONE 9% IN= IOL 1 MCG	J1095	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DXAMETHASONE LAC OPHTH INSRT 0.1 MG	J1096	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PHN 10.6&KET 2.88 MG/ML OPH IRR 1ML	J1097	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	J1100	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DIHYDROERGOTAMINE MESYLATE 1 MG	J1110	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ACETAZOLAMIDE SODIUM TO 500 MG	J1120	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DICLOFENAC SODIUM .5 MG	J1130	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIGOXIN UP TO 0.5 MG	J1160	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJ DIGOXIN IMMUNE FAB OVINE VIAL	J1162	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PHENYTOIN SODIUM PER 50 MG	J1165	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION HYDROMORPHONE UP TO 4 MG	J1170	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DYPHYLLINE UP TO 500 MG	J1180	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEXRAZOXANE HCL PER 250 MG	J1190	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DIPHENHYDRAMINE HCL TO 50 MG	J1200	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CETIRIZINE HYDROCHLORIDE 0.5 MG	J1201	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHLOROTHIAZIDE SODIUM 500 MG	J1205	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DMSO DIMETHYL SULFOXID 50% 50ML	J1212	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION METHADONE HCL UP TO 10 MG	J1230	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIMENHYDRINATE TO 50 MG	J1240	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIPYRIDAMOLE PER 10 MG	J1245	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DOBUTAMINE HCI PER 250 MG	J1250	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION DOLASETRON MESYLATE 10 MG	J1260	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DOPAMINE HCL 40 MG	J1265	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DORIPENEM 10 MG	J1267	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DOXERCALCIFEROL 1 MCG	J1270	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ECALLANTIDE 1 MG	J1290	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ECULIZUMAB 10 MG	J1300	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EDARAVONE 1 MG	J1301	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RAVULIZUMAB-CWVZ 10 MG	J1303	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AMITRIPTYLINE HCL TO 20 MG	J1320	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ELOSULFASE ALFA 1 MG	J1322	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ENFUVIRTIDE 1 MG	J1324	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPOPROSTENOL 0.5 MG	J1325	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPTIFIBATIDE 5 MG	J1327	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ ERGONOVINE MALEATE UP TO 0.2 MG	J1330	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ERTAPENEM SODIUM 500 MG	J1335	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ERYTH LACTOBIONATE 500 MG	J1364	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ESTRADIOL VALERATE TO 10 MG	J1380	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ESTROGEN CONJUGATED 25 MG	J1410	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ETEPLIRSEN 10 MG	J1428	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GOLODIRSEN 10 MG	J1429	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ETHANOLAMINE OLEATE 100 MG	J1430	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ESTRONE PER 1 MG	J1435	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ETIDRONATE DISODIUM PER 300 MG	J1436	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ETANERCEPT 25 MG	J1438	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FERRIC CARBOXYMALTOSE 1 MG	J1439	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC	J1442	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	J1443	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FPC POWDER 0.1 MG IRON	J1444	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TBO-FILGRASTIM 1 MICROG	J1447	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FLUCONAZOLE 200 MG	J1450	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FOMEPIZOLE 15 MG	J1451	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FOMIVIRSEN SODIUM IO 1.65 MG	J1452	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FOSAPREPITANT 1 MG	J1453	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FOSNETPT 235 MG & PLNST 0.25 MG	J1454	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FOSCARNET SODIUM 1000 MG	J1455	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GALLIUM NITRATE 1 MG	J1457	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GALSULFASE 1 MG	J1458	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG IV NONLYOPHILIZED 500 MG	J1459	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GAMMA GLOB IM 1 CC	J1460	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	J1556	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG IV NONLYOPHILIZED 500 MG	J1557	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IMMUNE GLOBULIN XEMBIFY 100 MG	J1558	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IG HIZENTRA 100 MG	J1559	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GAMMA GLOB IM OVER 10 CC	J1560	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG NONLYOPHILIZED 500 MG	J1561	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IG VIVAGLOBIN 100 MG	J1562	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG IV LYPHILIZED NOS 500 MG	J1566	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG OCTOGAM IV NONLYO 500MG	J1568	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG GAMMAGARD IV NONLYO 500 MG	J1569	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GANCICLOVIR SODIUM 500 MG	J1570	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HEP B IG HEPAGAM B IM 0.5 ML	J1571	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG IV NONLYOPHILIZED 500 MG	J1572	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ HEP B IG HEPAGAM B IV 0.5 ML	J1573	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG/HYALURONIDASE 100 MG IG	J1575	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GARAMYCIN GENTAMICIN UP 80 MG	J1580	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GLATIRAMER ACETATE 20 MG	J1595	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IG IV NONLYOPHILIZED NOS 500 MG	J1599	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GOLD SODIUM THIOMALATE TO 50 MG	J1600	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GOLIMUMAB 1 MG FOR IV USE	J1602	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GLUCAGON HYDROCHLORIDE PER 1 MG	J1610	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GONADORELN HYDROCHLORID 100 MCG	J1620	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GRANISETRN HYDROCHLORID 100 MCG	J1626	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GUSELKUMAB 1 MG	J1628	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION HALOPERIDOL UP TO 5 MG	J1630	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION HEMIN 1 MG	J1640	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION HEPARIN SODIUM 10 UNITS	J1642	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HEPARIN SODIUM PER 1000 UNITS	J1644	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DALTEPARIN SODIUM PER 2500 IU	J1645	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ENOXAPARIN SODIUM 10 MG	J1650	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FONDAPARINUX SODIUM 0.5 MG	J1652	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TINZAPARIN SODIUM 1000 IU	J1655	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TETNS IMMUN GLOB HUMN TO 250 U	J1670	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HISTRELIN ACTAT 10 MICROGMS	J1675	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYDROCORTISONE ACTAT TO 25 MG	J1700	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYDROCORTISON SOD PHOS TO 50 MG	J1710	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYDROCORTSON SOD SUCC TO 100 MG	J1720	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIAZOXIDE UP TO 300 MG	J1730	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IBANDRONATE SODIUM 1 MG	J1740	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION IBUPROFEN 100 MG	J1741	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IBUTILIDE FUMARATE 1 MG	J1742	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IDURSULFASE 1 MG	J1743	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	J1745	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IBALIZUMAB-UIYK 10 MG	J1746	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IRON DEXTRAN 50 MG	J1750	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IRON SUCROSE 1 MG	J1756	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IMIGLUCERASE 10 UNITS	J1786	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DROPERIDOL UP TO 5 MG	J1790	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROPRANOLOL HCL TO 1 MG	J1800	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	J1810	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION INSULIN PER 5 UNITS	J1815	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INSULIN ADMIN THRU DME PER 50 UNITS	J1817	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION INTERFERON BETA-1A 30 MCG	J1826	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON BETA-1B 0.25 MG	J1830	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ISAVUCONAZONIUM 1 MG	J1833	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ITRACONAZOLE 50 MG	J1835	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ KANAMYCIN SULFATE TO 500 MG	J1840	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ KANAMYCIN SULFATE TO 75 MG	J1850	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ KETOROLAC TROMETHAMINE 15 MG	J1885	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEPHALOTHIN SODIUM TO 1 GM	J1890	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LANREOTIDE 1 MG	J1930	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LARONIDASE 0.1 MG	J1931	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FUROSEMIDE UP TO 20 MG	J1940	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	J1943	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	J1944	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION LEPIRUDIN 50 MG	J1945	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ LEUPROLIDE ACETATE PER 3.75 MG	J1950	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ LEU AC FOR DEP SUSP 0.25 MG	J1951	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEVETIRACETAM 10 MG	J1953	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEVOCARNITINE PER 1 G	J1955	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LEVOFLOXACIN 250 MG	J1956	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ LEVORPHANOL TARTRATE TO 2 MG	J1960	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYOSCYAMINE SULFATE TO 0.25 MG	J1980	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	J1990	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LIDO HCL IV INFUS 10 MG	J2001	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LINCOMYCIN HCL TO 300 MG	J2010	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LINEZOLID 200 MG	J2020	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION LORAZEPAM 2 MG	J2060	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	LOXAPINE FOR INHALATION 1 MG	J2062	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MANNITOL 25% IN 50 ML	J2150	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MECASERMIN 1 MG	J2170	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MEPERIDINE HCL PER 100 MG	J2175	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	J2180	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MEPOLIZUMAB 1 MG	J2182	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MEROPENEM 100 MG	J2185	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MEM VABORBACTAM 10 MG/10 MG	J2186	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLRGONOVIN MALATE TO 0.2 MG	J2210	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION METHYLNALTREXONE 0.1 MG	J2212	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MICAfungin Sodium 1 MG	J2248	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MIDAZOLAM HCL PER 1 MG	J2250	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MILRINONE LACTATE 5 MG	J2260	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION MINOCYCLINE HCL 1 MG	J2265	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MORPHINE SULFATE UP TO 10 MG	J2270	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MS PRS-FREE EPID/INTH USE 10 MG	J2274	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ZICONOTIDE 1 MICROGRAM	J2278	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MOXIFLOXACIN 100 MG	J2280	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NALBUPHINE HCL PER 10 MG	J2300	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NALOXONE HCL PER 1 MG	J2310	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ NALTREXONE DEPOT FORM 1 MG	J2315	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ NANDROLONE DECANOATE TO 50 MG	J2320	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NATALIZUMAB 1 MG	J2323	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NESIRITIDE 0.1 MG	J2325	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NUSINERSEN 0.1 MG	J2326	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OCRELIZUMAB 1 MG	J2350	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ OCTREOTIDE DEPOT FORM IM 1MG	J2353	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG	J2354	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OPRELVEKIN 5 MG	J2355	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OMALIZUMAB 5 MG	J2357	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ORPHENADRINE CITRATE TO 60 MG	J2360	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PHENYLEPHRINE HCL TO 1 ML	J2370	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHLOROPROCAINE HCL PER 30 ML	J2400	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ONDANSETRON HCL PER 1 MG	J2405	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ORITAVANCIN 10 MG	J2407	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OXYMORPHONE HCL TO 1 MG	J2410	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PALIFERMIN 50 MICROGRAMS	J2425	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PAMIDRONATE DISODIUM PER 30 MG	J2430	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PAPAVERINE HCL TO 60 MG	J2440	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ OXYTETRACYCLINE HCL TO 50 MG	J2460	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PALONOSETRON HCL 25 MCG	J2469	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PARICALCITOL 1 MCG	J2501	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PASIREOTIDE LONG ACTING 1 MG	J2502	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEGAPTANIB SODIUM 0.3 MG	J2503	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEGADEMASE BOVINE 25 IU	J2504	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEGFILGRASTIM 6 MG	J2505	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEGLOTICASE 1 MG	J2507	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PCN G PROCAINE AQUEOUS 600000 U	J2510	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PENTASTARCH 10% SOL 100 ML	J2513	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PENTOBARBITAL SODIUM PER 50 MG	J2515	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PCN G K+ TO 600000 UNITS	J2540	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PIP SOD/TZ SOD 1 G/0.125 G	J2543	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	PENTAMIDINE ISETHIONAT I SOL 300 MG	J2545	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PERAMIVIR 1 MG	J2547	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROMETHAZINE HCL TO 50 MG	J2550	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PHENOBARBITAL SODIUM TO 120 MG	J2560	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PLERIXAFOR 1 MG	J2562	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OXYTOCIN UP TO 10 UNITS	J2590	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DESMOPRESSIN ACETATE PER 1 MCG	J2597	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PREDNISOLONE ACETATE TO 1 ML	J2650	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TOLAZOLINE HCL TO 25 MG	J2670	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROGESTERONE PER 50 MG	J2675	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PROCAINAMIDE HCL TO 1 GM	J2690	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ OXACILLIN SODIUM TO 250 MG	J2700	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROPOFOL 10 MG	J2704	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	J2710	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PROTAMINE SULFATE PER 10 MG	J2720	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PROTEN C CONC IV HUMAN 10 IU	J2724	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROTIRELIN PER 250 MCG	J2725	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PRALIDOXIME CHLORIDE TO 1 GM	J2730	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PHENTOLAMINE MESYLATE TO 5 MG	J2760	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METOCLOPRAMIDE HCL TO 10 MG	J2765	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	J2770	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RANIBIZUMAB 0.1 MG	J2778	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RANITIDINE HYDROCHLORIDE 25 MG	J2780	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RASBURICASE 0.5 MG	J2783	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION REGADENOSON 0.1 MG	J2785	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RESLIZUMAB 1 MG	J2786	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML	J2787	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RHO D IG HUMAN MINIDOSE 50 MCG	J2788	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RHO D IG HUMN FULL DOSE 300 MCG	J2790	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	J2791	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RHO D IMMUE GLOB IV HUMN 100 IU	J2792	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RILONACEPT 1 MG	J2793	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ROPIVACAINE HYDROCHLORID 1 MG	J2795	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ROMIPLOSTIM 10 MCG	J2796	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ROLAPITANT 0.5 MG	J2797	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RISPERIDONE 0.5 MG	J2798	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION METHOCARBAMOL UP TO 10 ML	J2800	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SINCALIDE 5 MICROGRAMS	J2805	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION THEOPHYLLINE PER 40 MG	J2810	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION SARGRAMOSTIM 50 MCG	J2820	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SEBELIPASE ALFA 1 MG	J2840	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SECRETIN SYNTH HUMN 1 MICROGM	J2850	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SILTUXIMAB 10 MG	J2860	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AUROTHIOGLUCOSE TO 50 MG	J2910	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SODIM FERRIC GLUCONATE 12.5 MG	J2916	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLPRDNISOLON SODIM TO 40 MG	J2920	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ METHYLPRDNISLN SODIM TO 125 MG	J2930	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SOMATREM 1 MG	J2940	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SOMATROPIN 1 MG	J2941	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PROMAZINE HCL UP TO 25 MG	J2950	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RETEPLASE 18.1 MG	J2993	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ STREPTOKINASE PER 250000 IU	J2995	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ ALTEPLASE RECOMBINANT 1 MG	J2997	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION STREPTOMYCIN UP TO 1 G	J3000	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FENTANYL CITRATE 0.1 MG	J3010	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION SUMATRIPTAN SUCCNAT 6 MG	J3030	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FREMANEZUMAB-VFRM 1 MG	J3031	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPTINEZUMAB-JJMR 1 MG	J3032	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TALIGLUCERASE ALFA 10 U	J3060	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PENTAZOCINE 30 MG	J3070	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TEDIZOLID PHOSPHATE 1 MG	J3090	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TELAVANCIN 10 MG	J3095	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TENECTEPLASE 1 MG	J3101	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TERBUTALINE SULFATE TO 1 MG	J3105	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TERIPARATIDE 10 MCG	J3110	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION ROMOSOZUMAB-AQQG 1 MG	J3111	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TESTOSTERONE ENANTHATE 1 MG	J3121	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TESTOSTERONE UNDECANOATE 1 MG	J3145	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CHLORPROMAZINE HCL TO 50 MG	J3230	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	J3240	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TIGECYCLINE 1 MG	J3243	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TILDRAKIZUMAB 1 MG	J3245	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TIROFIBAN HCI 0.25 MG	J3246	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	J3250	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TOBRAMYCIN SULFATE TO 80 MG	J3260	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TOCILIZUMAB 1 MG	J3262	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TORSEMIDE 10 MG/ML	J3265	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ THIETHYLPRAZINE MALEAT TO 10 MG	J3280	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION TREPROSTINIL 1 MG	J3285	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIAMCINOLONE ACETONIDE PF 1 MG	J3300	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIAMCINOLON ACETONID NOS 10 MG	J3301	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIAMCINOLONE DIACTAT 5 MG	J3302	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	J3303	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TAA PF ER MS FORMULATION 1 MG	J3304	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIMETREXATE GLUCORONATE 25 MG	J3305	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PERPHENAZINE UP TO 5 MG	J3310	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIPTORELIN PAMOATE 3.75 MG	J3315	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TRIPTORELIN ER 3.75 MG	J3316	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	J3320	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION UREA UP TO 40 G	J3350	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION UROFOLLITROPIN 75 IU	J3355	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	USTEKINUMAB FOR SUBQ INJECTION 1 MG	J3357	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	USTEKINUMAB INTRAVENOUS INJ 1 MG	J3358	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DIAZEPAM UP TO 5 MG	J3360	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION UROKINASE 5000 IU VIAL	J3364	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IV UROKINASE 250000 IU VIAL	J3365	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VANCOMYCIN HCL 500 MG	J3370	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VEDOLIZUMAB 1 MG	J3380	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VELAGLUCERASE ALFA 100 UNITS	J3385	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VERTEPORFIN 0.1 MG	J3396	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECT VESTRONIDASE ALFA-VJBK 1 MG	J3397	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VORETGN NEPARVVC-RZYL 1 B VEC G	J3398	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AVSX-101-XIOI P-TX TO 5X10^15VG	J3399	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRIFLUPROMAZINE HCL TO 20 MG	J3400	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION HYDROXYZINE HCL TO 25 MG	J3410	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION THIAMINE HCL 100 MG	J3411	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PYRIDOXINE HCL 100 MG	J3415	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	J3420	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PHYTONADIONE PER 1 MG	J3430	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VORICONAZOLE 10 MG	J3465	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYALURONIDASE TO 150 UNITS	J3470	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INE HYALURONIDASE OVINE 1 USP U	J3471	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYALURONIDASE OVINE 1000 USP U	J3472	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HYALURONIDASE RECOMB 1 USP UNIT	J3473	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MAGNESIUM SULFATE PER 500 MG	J3475	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ POTASSIUM CHLORIDE PER 2 MEQ	J3480	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ZIDOVUDINE 10 MG	J3485	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ ZIPRASIDONE MESYLATE 10 MG	J3486	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ZOLEDRONIC ACID 1 MG	J3489	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	UNCLASSIFIED DRUGS	J3490		Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	EDETATE DISODIUM PER 150 MG	J3520	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	NASAL VACCINE INHALATION	J3530	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DRUG ADMIN THRU METERED DOSE INHAL	J3535	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LAETRILE AMYGDALIN VITAMIN B17	J3570	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	UNCLASSIFIED BIOLOGICS	J3590	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	UNCLASS RX/BIO FOR ESRD ON DIALYSIS	J3591	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUS NORMAL SALINE SOL 1000 CC	J7030	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUS NORMAL SALINE SOL STERILE	J7040	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	5% DEXTROSE/NORMAL SALINE	J7042	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUS NORMAL SALINE SOLUTION 250 CC	J7050	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	5% DEXTROSE/WATER	J7060	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION D-5-W 1000 CC	J7070	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION DEXTRAN 40 500 ML	J7100	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION DEXTRAN 75 500 ML	J7110	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	RINGERS LACTATE INFUSION TO 1000 CC	J7120	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	5% DEXTROSE LR INFUSION TO 1000 CC	J7121	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PRT CMLPX CONC KCNTRA PR IU FIX ACT	J7168	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ COAG FAC XA INACTV-ZHZO 10 MG	J7169	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EMICIZUMAB-KXWH 0.5 MG	J7170	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR X 1 I.U.	J7175	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ HUMAN FIBRINOGEN CONC NOS 1 MG	J7178	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VWF 1 I.U. VWF:RCO	J7179	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR XIII 1 I.U.	J7180	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJ FACTOR XIII A-SUBUNIT PER IU	J7181	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR VIII PER IU	J7182	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VWF COMPLEX WILATE 1 I.U.:RCO	J7183	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR VIII PER IU	J7185	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ AHF/ VWF CMLX-FACTOR VIII IU	J7186	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VONWILLBRND FCT CMLX HUMN IU	J7187	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR VIII PER I.U.	J7188	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR VIIA 1 MICROGRAM	J7189	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR VIII AHF HUMAN PER IU	J7190	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR VIII AHF PROCINE PER IU	J7191	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR VIII PER IU NOS	J7192	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR IX AHF PURIFIED NON-RECMB-IU	J7193	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FACTOR IX COMPLEX PER IU	J7194	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION FACTOR IX PER IU NOS	J7195	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ANTITHROMBIN RECOMB 50 I.U.	J7196	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ANTITHROMBIN III PER IU	J7197	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ANTI-INHIBITOR PER IU	J7198	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HEMOPHILIA CLOTTING FACTOR NOC	J7199	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FACTOR IX RIXUBIS PER IU	J7200	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FACTOR IX FC FUS PROTEIN PER IU	J7201	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FAC IX AB FUS PRT IDELVN 1 I.U.	J7202	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FACTOR IX GLYCOPEGYLATED 1 IU	J7203	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FVIII AHF GLYCOPGYLTD-EXEI P-IU	J7204	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FACTOR VIII FC FUS PROTEIN IU	J7205	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FAC VIII PEGYLATED 1 I.U.	J7207	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	J7208	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION FACTOR VIII 1 I.U.	J7209	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LNG-RLS INTRAUTERNE COC SYS 13.5 MG	J7301	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CNTRACEPTVE SPL HORMONE VAG RING EA	J7303	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CONTRACEPTIVE SPL HORMONE PATCH EA	J7304	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEVONORGESTREL CONTRACPTV IMPL SYS	J7306	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	AMINOLEVULINIC ACID HCL TOP 20% 1 U	J7308	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHYL AMINOLEVULINATE TOP 16.8% 1G	J7309	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	J7310	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FA INTRAVTRL IMPL RTSRT 0.01 MG	J7311	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	J7312	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FA INTRAVTRL IMPL ILUVN 0.01 MG	J7313	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECT FA INTRAVITREAL IMPL 0.01 MG	J7314	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MITOMYCIN OPHTHALMIC 0. 2 MG	J7315	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION OCRIPLASMIN 0.125 MG	J7316	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALN/DERIV DUROLANE IA INJ 1 MG	J7318	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALN/DERIV GENVISC 850 IA INJ 1 MG	J7320	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D	J7321	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	J7322	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALURONAN/DERIV EUFLEXXA IA INJ PD	J7323	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALURONAN/DRIV ORTHOVISC IA INJ PD	J7324	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALURONAN/DERIV SYNVISC INJ 1 MG	J7325	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	J7326	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYLAN/DERV MONOVISC IA INJ PER DOSE	J7327	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG	J7328	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYALN/DERIV TRIVISC FOR IA INJ 1 MG	J7329	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	AUTOL CULTURD CHONDROCYTES IMPL	J7330	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	HYAL/DERIV SYNOJOYNT IA INJ 1 MG	J7331	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYAL/DERIV TRILURON IA INJ 1 MG	J7332	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HYAL/DERIV VISCO-3 IA INJ PER DOSE	J7333	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CAPSAICIN 8% PATCH PER SQ CM	J7336	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML	J7340	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INSTILLATION CIPRO OTIC SUSPN 6 MG	J7342	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALA HCL TOP ADMIN 10% GEL 10 MG	J7345	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MOMETASONE FUROATE SIN IMPL 10 MCG	J7401	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	AZATHIOPRINE ORAL 50 MG	J7500	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	AZATHIOPRINE PARENTERAL 100 MG	J7501	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CYCLOSPORINE ORAL 100 MG	J7502	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TACROLIMUS EXT RELEASE ORAL 0.25 MG	J7503	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LYMPHCYT GLOB EQUINE PARINTRAL 250MG	J7504	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	MUROMONAB-CD3 PARENTERAL 5 MG	J7505	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TACROLIMUS IMMEDIATE RELEASE ORAL 1 MG	J7507	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	J7508	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHYLPREDNISOLONE ORAL PER 4 MG	J7509	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PREDNISOLONE ORAL PER 5 MG	J7510	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LYMPHCYT GLOB RABBIT PARENTERAL 25MG	J7511	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PDN IMMEDIATE RELEASE/DELAYED RELEASE ORAL 1 MG	J7512	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DACLIZUMAB PARENTERAL 25 MG	J7513	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CYCLOSPORINE ORAL 25 MG	J7515	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CYCLOSPORINE PARENTERAL 250 MG	J7516	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MYCOPHENOLATE MOFETIL ORAL 250 MG	J7517	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MYCOPHENOLIC ACID ORAL 180 MG	J7518	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	SIROLIMUS ORAL 1 MG	J7520	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	TACROLIMUS PARENTERAL 5 MG	J7525	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	EVEROLIMUS ORAL 0. 25 MG	J7527	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IMMUNOSUPPRESSIVE DRUG NOC	J7599	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ACETYLCYSTEINE I SOL CP PROD UD P G	J7604	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ARFORMOTEROL I SOL NONCOMP UD 15 MG	J7605	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FORMOTEROL FUMARATE IHAL U D 20 MCG	J7606	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEVALBUTERAL INHAL CP DME 0.5 MG	J7607	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ACETYLCYSTEINE I SOL NONCP UD PER G	J7608	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALBUTEROL INHAL CP THRU DME 1 MG	J7609	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALBUTEROL INHAL ADMIN THRU DME 1MG	J7610	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALBUTEROL INHAL NON-CP CONC 1 MG	J7611	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEVALBUTROL INHL NON-CP CONC 0.5 MG	J7612	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALBUTEROL INHAL NON-CP U DOSE 1 MG	J7613	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	LEVALBUTEROL INHAL NON-CP U 0.5 MG	J7614	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEVALBUTEROL INHAL DME UNIT 0.5 MG	J7615	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	J7620	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BECLOMETHASONE INHAL CP UNIT PER MG	J7622	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BETAMETHASONE INHAL CP UNIT PER MG	J7624	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUDESONIDE INHAL NON-CP U TO 0.5 MG	J7626	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUDESONIDE INHAL CP UNIT TO 0.5 MG	J7627	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BITOLTEROL MESYLAT INHAL CP CONC MG	J7628	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BITOLTEROL MESYLATE INHAL CP U MG	J7629	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CROMOLYN NA I SOL NONCP UD P 10 MG	J7631	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CROMOLYN NA I SOL CP PROD UD 10 MG	J7632	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUDESONIDE INHAL NON-CP CNC 0.25 MG	J7633	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUDESONIDE INHAL CP DME 0.25 MG	J7634	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	ATROPINE INHAL CP CONC FORM PER MG	J7635	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ATROPINE INHAL CP UNIT DOSE PER MG	J7636	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DEXAMETHASONE INHAL CP CONC PER MG	J7637	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DEXAMETHASONE INHAL CP UNIT PER MG	J7638	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DORNASE ALFA I SOL NONCP U D-MG	J7639	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FORMOTEROL INHAL CP U DOSE 12 MCG	J7640	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	FLUNISOLIDE INHAL COMP UNIT PER MG	J7641	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GLYCOPYRROLATE INHAL CP CONC PER MG	J7642	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GLYCOPYRROLATE INHAL U DOSE PER MG	J7643	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IPRATROPIUM BROM INHAL NON-CP U MG	J7644	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IPRATROPIUM BROMIDE INHAL U PER MG	J7645	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOETHARINE HCL INHAL CP DME PER MG	J7647	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOETHARINE HCl INH NON-CP CONC MG	J7648	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	ISOETHARINE HCl NON-CP U DOS PER MG	J7649	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOETHARINE HCl INHAL U DOSE PER MG	J7650	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOPROTERENOL HCl INHAL CP DME MG	J7657	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOPROTERNOL HCl INH NON-CP CONC MG	J7658	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOPROTERENOL HCl INH NON-CP U MG	J7659	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ISOPROTERENOL HCl INHAL UNIT PER MG	J7660	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MANNITOL ADMIN THRU AN INHALER 5 MG	J7665	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METAPROTERENOL SULF INHAL CP 10 MG	J7667	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METAPROTERNOL INH NON-CP CONC 10 MG	J7668	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METAPROTERNOL INH NON-CP CONC 10 MG	J7669	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METAPROTERENOL SULFATE INHAL 10 MG	J7670	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHACHOLINE CHLORID INHAL PER 1 MG	J7674	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PENTAMIDINE ISETHIONATE I SL 300 MG	J7676	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	REVEFENACIN I SOL NONCP DME 1 MCG	J7677	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TERBUTALINE SULFATE INH CP CONC MG	J7680	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TERBUTALINE SULF INH COMP U DOSE MG	J7681	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TOBRAMYCIN INHAL NON-CP UNIT 300 MG	J7682	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TRIAMCINOLONE INHAL CP CONC PER MG	J7683	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TRIAMCINOLONE INHAL CP UNIT PER MG	J7684	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TOBRAMYCIN INHAL CP THRU DME 300 MG	J7685	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TREPROSTINIL INHAL UNIT DOS 1.74 MG	J7686	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	NOC RX INHAL SOL ADMINED THRU DME	J7699	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	NOC RX NOT INHAL RX ADMNED THRU DME	J7799	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	COMPOUNDED DRUG NOC	J7999	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ANTIEMETIC DRUG RECTAL/SUPP NOS	J8498	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	J8499	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	CYCLOPHOSAMIDE ORAL 25 MG	J8530	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DEXAMETHASONE ORAL 0.25 MG	J8540	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DOXORUBICIN HCL 10 MG	J9000	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ALDESLEUKIN PER SINGLE USE VIAL	J9015	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ARSENIC TRIOXIDE 1 MG	J9017	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ASPARAGINASE ERWINAZE 1000 IU	J9019	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ASPARAGINASE 10000 UNITS	J9020	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ATEZOLIZUMAB 10 MG	J9022	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AVELUMAB 10 MG	J9023	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AZACITIDINE 1 MG	J9025	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CLOFARABINE 1 MG	J9027	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BCG LIVE INTRAVESICAL INSTL 1 MG	J9030	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BCG PER INSTILLATION	J9031	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION BELINOSTAT 10 MG	J9032	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BENDAMUSTINE HCL TREANDA 1 MG	J9033	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BENDAMUSTINE HCL BENDEKA 1 MG	J9034	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BEVACIZUMAB 10 MG	J9035	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BENDAMUSTINE HYDROCHLORIDE 1 MG	J9036	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BLINATUMOMAB 1 MICROGRAM	J9039	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BLEOMYCIN SULFATE 15 UNIT	J9040	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BORTEZOMIB 0.1 MG	J9041	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BRENTUXIMAB VEDOTIN 1 MG	J9042	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CABAZITAXEL 1 MG	J9043	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BORTEZOMIB NOS 0.1 MG	J9044	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CARBOPLATIN 50 MG	J9045	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CARFILZOMIB 1 MG	J9047	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION CARMUSTINE 100 MG	J9050	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CETUXIMAB 10 MG	J9055	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION COPANLISIB 1 MG	J9057	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CISPLATIN POWDER/SOLUTION 10 MG	J9060	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CLADRIBINE PER 1 MG	J9065	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CYCLOPHOSPHAMIDE 100 MG	J9070	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CYTARABINE LIPOSOME 10 MG	J9098	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CYTARABINE 100 MG	J9100	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECT CALASPARGASE PEGOL-MKNL 10 U	J9118	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEMIPILIMAB-RWLC 1 MG	J9119	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DACTINOMYCIN 0.5 MG	J9120	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DACARBAZINE 100 MG	J9130	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DARA 10 MG & HYALURONIDASE-FIHJ	J9144	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION DARATUMUMAB 10 MG	J9145	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DAUNORUBICIN 10 MG	J9150	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DAUNORUBICIN CITRATE LIP 10 MG	J9151	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA	J9153	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DEGARELIX 1 MG	J9155	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DENILEUKIN DIFTITOX 300 MCG	J9160	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DIETHYLSTILBESTROL 250 MG	J9165	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DOCETAXEL 1 MG	J9171	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION DURVALUMAB 10 MG	J9173	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ELLIOTT'S B SOLUTION 1 ML	J9175	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ELOTUZUMAB 1 MG	J9176	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ENFORTUMAB VEDOTIN-EJFV 0.25 MG	J9177	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EPIRUBICIN HCL 2 MG	J9178	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION ERIBULIN MESYLATE 0.1 MG	J9179	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ETOPOSIDE 10 MG	J9181	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FLUDARABINE PHOSPHATE 50 MG	J9185	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FLUOROURACIL 500 MG	J9190	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GEMCITABINE HYDROCHLORDE 100 MG	J9198	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GEMCITABINE HCL INFUGEM 200 MG	J9199	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FLOXURIDINE 500 MG	J9200	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ GEMCITABINE HCL NOS 200 MG	J9201	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GOSERELIN ACETATE IMPLANT 3.6 MG	J9202	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MOGAMULIZUMAB-KPKC 1 MG	J9204	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IRINOTECAN LIPOSOME 1 MG	J9205	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IRINOTECAN 20 MG	J9206	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IXABEPILONE 1 MG	J9207	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJECTION IFOSFAMIDE 1 G	J9208	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MESNA 200 MG	J9209	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION EMAPALUMAB-LZSG 1 MG	J9210	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IDARUBICIN HCL 5 MG	J9211	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	J9212	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON ALFA-2A RECOM 3 M U	J9213	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON ALFA-2B RECOMB 1 M U	J9214	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON ALFA-N3 250,000 IU	J9215	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON GAMMA-1B 3 MILLION U	J9216	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEUPROLIDE ACETATE 7.5 MG	J9217	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEUPROLIDE ACETATE PER 1 MG	J9218	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LEUPROLIDE ACETATE IMPLANT 65 MG	J9219	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HISTRELIN IMPLANT VANTAS 50 MG	J9225	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	HISTRELIN IMPL SUPPRELIN LA 50 MG	J9226	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION IPILIMUMAB 1 MG	J9228	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECT INOTUZUMAB OZOGAMICIN 0.1 MG	J9229	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MECHLORETHAMINE HCL 10 MG	J9230	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MELPHALAN HCL 50 MG	J9245	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MELPHALAN EVOMELA 1 MG	J9246	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHOTREXATE SODIUM 5 MG	J9250	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHOTREXATE SODIUM 50 MG	J9260	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NELARABINE 50 MG	J9261	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ OMACETAXINE MEPESUCCINAT .01 MG	J9262	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OXALIPLATIN 0.5 MG	J9263	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PACLITAXEL PROTBND PARTICL 1 MG	J9264	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGASPARGASE SINGLE DOSE VIAL	J9266	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION PACLITAXEL 1 MG	J9267	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PENTOSTATIN 10 MG	J9268	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TAGRAXOFUSP-ERZS 10 MCG	J9269	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PLICAMYCIN 2.5 MG	J9270	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEMBROLIZUMAB 1 MG	J9271	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MITOMYCIN 5 MG	J9280	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OLARATUMAB 10 MG	J9285	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MITOXANTRONE HCL PER 5 MG	J9293	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NIVOLUMAB 1 MG	J9299	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OBINUTUZUMAB 10 MG	J9301	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OFATUMUMAB 10 MG	J9302	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PANITUMUMAB 10 MG	J9303	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PEMETREXED 10 MG	J9305	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION PERTUZUMAB 1 MG	J9306	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PRALATREXATE 1 MG	J9307	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RAMUCIRUMAB 5 MG	J9308	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ POLATUZUMAB VEDOTIN-PIIQ 1 MG	J9309	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RITUXIMAB 100 MG	J9310	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RITUXIMAB 10 MG & HYALURONIDASE	J9311	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION RITUXIMAB 10 MG	J9312	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	J9313	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ROMIDEPSIN NONLYOPHILIZED 0.1 MG	J9314	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ROMIDEPSIN 1 MG	J9315	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SACITUZUMB GOVITECN-HZIY 2.5 MG	J9317	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION STREPTOZOCIN 1 G	J9320	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ T-VEC PER 1 M PLAQUE FORM UNITS	J9325	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION TEMOZOLOMIDE 1 MG	J9328	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TEMSIROLIMUS 1 MG	J9330	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION THIOTEPA 15 MG	J9340	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION NAXITAMAB-GQGK 1 MG	J9348	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TOPOTECAN 0.1 MG	J9351	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION TRABECTEDIN 0.1 MG	J9352	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MARGETUXIMAB-CMKB 5 MG	J9353	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	J9354	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	J9355	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRA 10 MG & HYALURONIDASE-OYSK	J9356	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VALRUBICIN INTRAVESICAL 200 MG	J9357	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG	J9358	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION VINBLASTINE SULFATE 1 MG	J9360	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	VINCRIPTINE SULFATE 1 MG	J9370	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VINCRIPTINE SULF LIPOSOME 1 MG	J9371	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ VINOELBINE TARTRATE 10 MG	J9390	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FULVESTRANT 25 MG	J9395	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION ZIV-AFLIBERCEPT 1 MG	J9400	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PORFIMER SODIUM 75 MG	J9600	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	NOT OTHWISE CLASS ANTINEOPLSTC DRUG	J9999	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION ALBUMIN HUMAN 5% 50 ML	P9041	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUS PLSMA PROT FRAC HUMN 5% 50 ML	P9043	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION ALBUMIN HUMAN 5% 250 ML	P9045	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION ALBUMIN HUMAN 25% 20 ML	P9046	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUSION ALBUMIN HUMAN 25% 50 ML	P9047	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INFUS PLSMA PROT FRAC HU 5% 250 ML	P9048	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	WET MOUNTS W/PREP VAG CERV/SKN SPEC	Q0111	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FERUMOXITOL IDA 1 MG NON- ESRD	Q0138	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	Q0162	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DIPHENHYDRAMINE HCL 50 MG ORAL	Q0163	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DRONABINOL 2.5 MG ORAL	Q0167	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CTIL019 TO 600 M CAR++ VI T CE P TD	Q2042	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ DOXORUBICIN HCL LIPO NOS 10 MG	Q2050	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INTERFERON BETA-1A 1 MCG SUBQ	Q3028	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GRFX P GRFXPL P STRVX & STRVXPL SC	Q4133	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FILGRASTIM BIOSIMILAR 1 MCG	Q5101	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	Q5103	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	Q5104	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ EPO ALFA-EPBX BIOSIMILAR 100 U	Q5105	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJ EPO ALFA-EPBX BIOSIMILAR 1000 U	Q5106	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG	Q5107	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	Q5108	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	Q5109	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	Q5110	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGFLGRASTM-CBQV BIOSMLR 0.5 MG	Q5111	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB-DTTB BIOSIM 10 MG	Q5112	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG	Q5113	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB-DKST BIOSIM 10 MG	Q5114	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG	Q5115	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	Q5116	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG	Q5117	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG	Q5118	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code



Injectable Drugs	INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG	Q5119	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG	Q5120	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG	Q5121	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ RITUXIMAB-ARRX BIOSIMILAR 10 MG	Q5123	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ S HEXAFLUORIDE LIPID MSS PER ML	Q9950	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ OCTAFLUOROPROPANE MICROSPHRS ML	Q9956	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PERFLUTREN LIPID MICROSPHERS ML	Q9957	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM UP TO 149 MG/ML IODINE CONC ML	Q9958	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM 200-249 MG/ML IODINE CONC ML	Q9960	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM 250-299 MG/ML IODINE CONC ML	Q9961	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM 300-349 MG/ML IODINE CONC ML	Q9962	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM 350-399 MG/ML IODINE CONC ML	Q9963	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	HOCM 400 OR > MG/ML IODINE CONC ML	Q9964	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	LOCM 100-199 MG/ML I CONC PER ML	Q9965	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LOCM 200-299 MG/ML I CONC PER ML	Q9966	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	LOCM 300-399 MG/ML I CONC PER ML	Q9967	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ NONRA NONCNRST VIZ ADJNCT 1 MG	Q9968	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TC-99M NON-HEU COST ADD-ON STDY DS	Q9969	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUTORPHANL TARTRAT NASL SPRAY 25 MG	S0012	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TACRINE HYDROCHLORIDE 10 MG	S0014	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AMINOCAPROIC ACID 5 GRAMS	S0017	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ BUPIVICAINE HYDROCHLORIDE 30 ML	S0020	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CEFOPERAZONE SODIUM 1 GM	S0021	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CIMETIDINE HYDROCHLORIDE 300 MG	S0023	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FAMOTIDINE 20 MG	S0028	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION METRONIDAZOLE 500 MG	S0030	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJECTION NAFICILLIN SODIUM 2 GRAMS	S0032	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OFLOXACIN 400 MG	S0034	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	S0039	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ TICARCLLN & CLAVULANAT K+3.1 GM	S0040	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION AZTREONAM 500 MG	S0073	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION CEFOTETAN DISODIUM 500 MG	S0074	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ CLINDAMYCIN PHOSPHATE 300 MG	S0077	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ FOSPHENYTOIN SODIUM 750 MG	S0078	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PENTAMIDINE ISETHIONATE 300 MG	S0080	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PIPERACILLIN SODIUM 500 MG	S0081	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	IMATINIB 100 MG	S0088	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	SILDENAFIL CITRATE 25 MG	S0090	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	GRANISETRON HYDROCHLORIDE 1 MG	S0091	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	INJ HYDMORPHONE HYDROCHLORID 250 MG	S0092	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MORPHINE SULFATE 500 MG	S0093	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BUPROPION HCI SR TAB 150 MG 60 TABS	S0106	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MERCAPTOPYRINE ORAL 50 MG	S0108	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	METHADONE ORAL 5MG	S0109	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	TRETINOIN TOPICAL 5 GRAMS	S0117	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	ONDANSETRON ORAL 4 MG	S0119	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION MENOTROPINS 75 IU	S0122	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FOLLITROPIN ALFA 75 IU	S0126	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION FOLLITROPIN BETA 75 IU	S0128	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION GANIRELIX ACETATE 250 MCG	S0132	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CLOZAPINE 25 MG	S0136	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DIDANOSINE 25 MG	S0137	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	FINASTERIDE 5 MG	S0138	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	MINOXIDIL 10 MG	S0139	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	SAQUINAVIR 200 MG	S0140	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	COLISTHATE SODIUM INHAL CONC-MG	S0142	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGYLATD IFN ALFA-2A 180 MCG ML	S0145	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJ PEGYLATD INTRFER ALFA-2B 10 MCG	S0148	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	STERILE DILUTANT EPOPROSTENOL 50 ML	S0155	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	EXEMESTANE 25 MG	S0156	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	BECAPLERMIN GEL 0.01% 0.5 GM	S0157	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	DEXTROAMPHETAMINE SULFATE 5 MG	S0160	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION PANTOPRAZOLE SODIUM 40 MG	S0164	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION OLANZAPINE 2.5 MG	S0166	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	CALCITROL 0.25 MICROGRAM	S0169	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code

Injectable Drugs	ANASTROZOLE ORAL 1 MG	S0170	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Injectable Drugs	INJECTION BUMETANIDE 0.5 MG	S0171	>\$500 billed charges required authorization	Recent history and physical, plan of care, any clinical information to support medical necessity and total units per each code
Outpatient Procedures /Surgeries	ABORTION	59840		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59841		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59850		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59851		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59852		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59855		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59856		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION	59857		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	ABORTION (MPR)	59866		History and physical and any clinical to support medical necessity
Outpatient Procedures /Surgeries	TX CONTOUR DEFECTS 1 CC/<	11950		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	TX CONTOUR DEFECTS 1.1-5.0CC	11951		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	TX CONTOUR DEFECTS 5.1-10CC	11952		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	TX CONTOUR DEFECTS >10.0 CC	11954		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	INSERT TISSUE EXPANDER(S)	11960		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPLACE TISSUE EXPANDER	11970		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVE TISSUE EXPANDER(S)	11971		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14020		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14021		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14040		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14060		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14061		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGEMENT	14301		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN TISSUE REARRANGE ADD-ON	14302		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	FOREHEAD FLAP W/VASC PEDICLE	15731		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	HAIR TRNSPL 1-15 PUNCH GRFTS	15775		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	HAIR TRNSPL >15 PUNCH GRAFTS	15776		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	ACELLULAR DERM MATRIX IMPLT	15777		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DERMABRASION TOTAL FACE	15780		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DERMABRASION SEGMENTAL FACE	15781		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DERMABRASION OTHER THAN FACE	15782		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DERMABRASION SUPRFL ANY SITE	15783		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	ABRASION LESION SINGLE	15786		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	ABRASION LESIONS ADD-ON	15787		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CHEMICAL PEEL FACE EPIDERM	15788		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CHEMICAL PEEL FACE DERMAL	15789		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CHEMICAL PEEL NONFACIAL	15792		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CHEMICAL PEEL NONFACIAL	15793		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment



Outpatient Procedures /Surgeries	PLASTIC SURGERY NECK	15819		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF LOWER EYELID	15820		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF LOWER EYELID	15821		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF UPPER EYELID	15822		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF UPPER EYELID	15823		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF FOREHEAD WRINKLES	15824		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF NECK WRINKLES	15825		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF BROW WRINKLES	15826		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF FACE WRINKLES	15828		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF SKIN WRINKLES	15829		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXC SKIN ABD	15830		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESSIVE SKIN THIGH	15832		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESSIVE SKIN LEG	15833		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	EXCISE EXCESSIVE SKIN HIP	15834		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESSIVE SKIN BUTTCK	15835		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESSIVE SKIN ARM	15836		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESS SKIN ARM/HAND	15837		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESS SKIN FAT PAD	15838		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXCISE EXCESS SKIN & TISSUE	15839		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EXC SKIN ABD ADD-ON	15847		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SUCTION LIPECTOMY HEAD&NECK	15876		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SUCTION LIPECTOMY TRUNK	15877		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SUCTION LIPECTOMY UPR EXTREM	15878		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SUCTION LIPECTOMY LWR EXTREM	15879		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DESTRUCTION OF SKIN LESIONS	17106		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DESTRUCTION OF SKIN LESIONS	17107		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	DESTRUCTION OF SKIN LESIONS	17108		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CRYOTHERAPY OF SKIN	17340		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SKIN PEEL THERAPY	17360		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	HAIR REMOVAL BY ELECTROLYSIS	17380		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF BREAST TISSUE	19300		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PARTIAL MASTECTOMY	19301		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	P-MASTECTOMY W/LN REMOVAL	19302		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MAST SIMPLE COMPLETE	19303		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MAST SUBQ	19304		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MAST RADICAL	19305		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MAST RAD URBAN TYPE	19306		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MAST MOD RAD	19307		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SUSPENSION OF BREAST	19316		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	REDUCTION OF LARGE BREAST	19318		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	ENLARGE BREAST	19324		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	ENLARGE BREAST WITH IMPLANT	19325		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF BREAST IMPLANT	19328		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF IMPLANT MATERIAL	19330		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	IMMEDIATE BREAST PROSTHESIS	19340		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DELAYED BREAST PROSTHESIS	19342		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19350		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CORRECT INVERTED NIPPLE(S)	19355		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19357		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTR W/LAT FLAP	19361		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19364		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19366		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19367		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19368		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	BREAST RECONSTRUCTION	19369		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	SURGERY OF BREAST CAPSULE	19370		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVAL OF BREAST CAPSULE	19371		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE BREAST RECONSTRUCTION	19380		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DESIGN CUSTOM BREAST IMPLANT	19396		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REMOVE CORONOID PROCESS	21070		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	MNPJ OF TMJ W/ANESTH	21073		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21076		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21077		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21079		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21080		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21081		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21082		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21083		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21084		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21085		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21086		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21087		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21088		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PREPARE FACE/ORAL PROSTHESIS	21089		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF CHIN	21120		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF CHIN	21121		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF CHIN	21122		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF CHIN	21123		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	AUGMENTATION LOWER JAW BONE	21125		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	AUGMENTATION LOWER JAW BONE	21127		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REDUCTION OF FOREHEAD	21137		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REDUCTION OF FOREHEAD	21138		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REDUCTION OF FOREHEAD	21139		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT I-1 PIECE W/O GRAFT	21141		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT I-2 PIECE W/O GRAFT	21142		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT I-3/> PIECE W/O GRAFT	21143		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT I-2 PIECE W/ GRAFT	21146		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT I-3/> PIECE W/ GRAFT	21147		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT II ANTERIOR INTRUSION	21150		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT II W/BONE GRAFTS	21151		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT III W/O LEFORT I	21154		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	LEFORT III W/FHDW/O LEFORT I	21159		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LEFORT III W/FHD W/ LEFORT I	21160		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CONTOUR CRANIAL BONE LESION	21181		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CRANIAL BONE	21182		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CRANIAL BONE	21183		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CRANIAL BONE	21184		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF MIDFACE	21188		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONST LWR JAW W/O GRAFT	21193		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONST LWR JAW W/GRAFT	21194		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONST LWR JAW W/O FIXATION	21195		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONST LWR JAW W/FIXATION	21196		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTR LWR JAW SEGMENT	21198		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTR LWR JAW W/ADVANCE	21199		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment



Outpatient Procedures /Surgeries	RECONSTRUCT UPPER JAW BONE	21206		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	AUGMENTATION OF FACIAL BONES	21208		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REDUCTION OF FACIAL BONES	21209		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	FACE BONE GRAFT	21210		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	LOWER JAW BONE GRAFT	21215		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RIB CARTILAGE GRAFT	21230		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	EAR CARTILAGE GRAFT	21235		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF JAW JOINT	21240		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF JAW JOINT	21242		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF LOWER JAW	21244		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF JAW	21245		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF JAW	21246		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT LOWER JAW BONE	21247		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	RECONSTRUCT LOWER JAW BONE	21255		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCTION OF ORBIT	21256		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE EYE SOCKETS	21260		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE EYE SOCKETS	21261		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE EYE SOCKETS	21263		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE EYE SOCKETS	21267		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISE EYE SOCKETS	21268		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	AUGMENTATION CHEEK BONE	21270		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION ORBITOFACIAL BONES	21275		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF EYELID	21280		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF EYELID	21282		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REVISION OF JAW MUSCLE/BONE	21295		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	CRANIO/MAXILLOFACIAL SURGERY	21299		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment

Outpatient Procedures /Surgeries	REPAIR STERNUM/NUSS W/SCOPE	21743		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	PERQ CERVICOTHORACIC INJECT	22510		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22841		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22842		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22843		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22844		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22845		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22846		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SPINE FIXATION DEVICE	22847		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT PELV FIXATION DEVICE	22848		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REINSERT SPINAL FIXATION	22849		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE FIXATION DEVICE	22850		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE FIXATION DEVICE	22852		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	INSJ BIOMECHANICAL DEVICE	22853		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSJ BIOMECHANICAL DEVICE	22854		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE FIXATION DEVICE	22855		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CERV ARTIFIC DISKECTOMY	22856		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LUMBAR ARTIF DISKECTOMY	22857		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SECOND LEVEL CER DISKECTOMY	22858		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSJ BIOMECHANICAL DEVICE	22859		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE CERV ARTIFIC DISC	22861		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE LUMBAR ARTIF DISC	22862		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE CERV ARTIF DISC	22864		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE LUMB ARTIF DISC	22865		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	AUTOCHONDROCYTE IMPLANT KNEE	27412		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	OSTEOCHONDRAL KNEE ALLOGRAFT	27415		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	OSTEOCHONDRAL KNEE AUTOGRAFT	27416		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION KNEE	27427		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE KNEECAP WITH IMPLANT	27438		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF KNEE JOINT	27442		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF KNEE JOINT	27445		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF KNEE JOINT	27446		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TOTAL KNEE ARTHROPLASTY	27447		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE/REPLACE KNEE JOINT	27486		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE/REPLACE KNEE JOINT	27487		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FIXATION OF KNEE JOINT	27570		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR ACHILLES TENDON	27650		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF LEG TENDON EACH	27658		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCT ANKLE JOINT	27702		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	RECONSTRUCTION ANKLE JOINT	27703		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF ANKLE IMPLANT	27704		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INCISION OF TIBIA	27705		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF LOWER LEG TENDON	27685		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF CALF TENDON	27687		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE LOWER LEG TENDON	27690		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE LOWER LEG TENDON	27691		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF ANKLE LIGAMENT	27695		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF ANKLE LIGAMENTS	27696		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF ANKLE LIGAMENT	27698		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF ANKLE JOINT OPEN	27870		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PART REMOVAL OF METATARSAL	28110		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PART REMOVAL OF METATARSAL	28111		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	PART REMOVAL OF METATARSAL	28112		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PART REMOVAL OF METATARSAL	28113		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF HEEL BONE	28118		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF HEEL SPUR	28119		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PART REMOVAL OF ANKLE/HEEL	28120		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF FOOT BONE	28122		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF TOE	28124		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF TOE	28126		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF TOE	28153		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF TOE	28160		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF HAMMERTOE	28285		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL REMOVAL OF FOOT BONE	28288		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR HALLUX RIGIDUS	28289		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	Hallux rigidus correction with cheilectomy,	28291		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION OF BUNION	28292		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Correction, hallux valgus (bunionectomy), with sesamoidectom	28295		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION OF BUNION	28296		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION OF BUNION	28297		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION OF BUNION	28298		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION OF BUNION	28299		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF METATARSALS	28322		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EXTRA TOE(S)	28344		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	OSTEOCHONDRAL TALUS AUTOGRFT	28446		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF FOOT BONES	28715		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF FOOT BONES	28725		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF FOOT BONES	28730		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity



Outpatient Procedures /Surgeries	FUSION OF FOOT BONES	28735		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF FOOT BONES	28737		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF FOOT BONES	28740		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF BIG TOE JOINT	28750		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FUSION OF BIG TOE JOINT	28755		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	AMPUTATION TOE & METATARSAL	28810		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	AMPUTATION OF TOE	28820		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	PARTIAL AMPUTATION OF TOE	28825		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FOOT/TOES SURGERY PROCEDURE	28899		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CASTING/STRAPPING PROCEDURE	29799		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	JAW ARTHROSCOPY/SURGERY	29800		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	JAW ARTHROSCOPY/SURGERY	29804		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY DX	29805		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29806		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29807		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29819		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29820		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29821		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29822		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29823		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29824		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29825		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SHOULDER ARTHROSCOPY/SURGERY	29826		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ARTHROSCOP ROTATOR CUFF REPR	29827		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ARTHROSCOPY BICEPS TENODESIS	29828		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	WRIST ARTHROSCOPY/SURGERY	29846		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	WRIST ENDOSCOPY/SURGERY	29848		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	AUTGRFT IMPLNT KNEE W/SCOPE	29876		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ALLGRFT IMPLNT KNEE W/SCOPE	29877		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29876		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29877		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29879		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29880		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29881		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29882		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29883		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29884		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29886		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29887		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29888		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	KNEE ARTHROSCOPY/SURGERY	29889		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	HIP ARTHRO W/LABRAL REPAIR	29916		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF INTRANASAL LESION	30117		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	EXCISE INFERIOR TURBINATE	30130		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RESECT INFERIOR TURBINATE	30140		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION OF NOSE	30410		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION OF NOSE	30420		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF NOSE	30430		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF NOSE	30435		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF NOSE	30450		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF NOSE	30460		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR NASAL STENOSIS	30465		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR NASAL DEFECT	30540		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RELEASE OF NASAL ADHESIONS	30560		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31237		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31239		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31240		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Nasal/sinus endoscopy, surgical with ethmoidectomy; total	31253		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF ETHMOID SINUS	31254		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF ETHMOID SINUS	31255		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	EXPLORATION MAXILLARY SINUS	31256		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Nasal/sinus endoscopy, surgical with ethmoidectomy; total	31257		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Nasal/sinus endoscopy, surgical with ethmoidectomy; total	31259		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOSCOPY MAXILLARY SINUS	31267		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SINUS ENDOSCOPY SURGICAL	31276		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31287		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31288		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NSL/SINS NDSC SURG MAX SINS	31295		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NSL/SINS NDSC SURG FRNT SINS	31296		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NSL/SINS NDSC SURG SPHN SINS	31297		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NASAL/SINUS ENDOSCOPY SURG	31298		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BRONCHOSCOPY W/BIOPSY(S)	31625		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BRONCHOSCOPY/LUNG BX EACH	31628		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION SUBVALVULAR TISSUE	33415		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE VENTRICLE MUSCLE	33416		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF AORTIC VALVE	33417		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF HEART CHAMBER	33476		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF HEART CHAMBER	33478		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR HEART SEPTUM DEFECT	33641		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR HEART SEPTUM DEFECTS	33647		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR HEART SEPTUM DEFECT	33681		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR HEART - VEIN DEFECT(S)	33730		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF HEART CHAMBER	33736		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	MAJOR VESSEL SHUNT	33767		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR SEPTAL DEFECT	33853		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR PULMONARY ARTERY	33917		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR PULMONARY ATRESIA	33920		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE PULMONARY SHUNT	33924		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOVENOUS RF 1ST VEIN	36475		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOVENOUS RF VEIN ADD-ON	36476		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOVENOUS LASER 1ST VEIN	36478		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	AV FUSION DIRECT ANY SITE	36821		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Vascular embolization or occlusion, inclusive of all radiology	37242		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Vascular embolization or occlusion, inclusive of all radiology	37243		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BONE MARROW BIOPSY	38221		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	38222		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BIOPSY/REMOVAL LYMPH NODES	38500		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NEEDLE BIOPSY LYMPH NODES	38505		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BIOPSY/REMOVAL LYMPH NODES	38510		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BIOPSY/REMOVAL LYMPH NODES	38525		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	BONE MARROW BIOPSY	38221		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	38222		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCT LIP WITH FLAP	40525		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT LIP WITH FLAP	40527		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment



Outpatient Procedures /Surgeries	REPAIR CLEFT LIP/NASAL	40700		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPAIR CLEFT LIP/NASAL	40701		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPAIR CLEFT LIP/NASAL	40702		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPAIR CLEFT LIP/NASAL	40720		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPAIR CLEFT LIP/NASAL	40761		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	REPAIR PALATE PHARYNX/UVULA	42145		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42200		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42205		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42210		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42215		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42220		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	RECONSTRUCT CLEFT PALATE	42225		Pre-operative evaluation, any clinical to support medical necessity, history and physical including functional impairment
Outpatient Procedures /Surgeries	DENTAL SURGERY PROCEDURE	41899		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	EXCISE PAROTID GLAND/LESION	42415		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE TONSILS AND ADENOIDS	42820		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE TONSILS AND ADENOIDS	42821		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF TONSILS	42825		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF TONSILS	42826		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF ADENOIDS	42830		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF ADENOIDS	42831		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	EXCISION OF LINGUAL TONSIL	42870		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPER GI ENDOSCOPY BIOPSY	43239		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ESOPH ENDOSCOPE W/DRAIN CYST	43240		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPER GI ENDOSCOPY WITH TUBE	43241		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPR GI ENDOSCOPY W/US FN BX	43242		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPR GI SCOPE DILATE STRICTR	43245		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	PLACE GASTROSTOMY TUBE	43246		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	OPERATIVE UPPER GI ENDOSCOPY	43247		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPR GI ENDOSCOPY/GUIDE WIRE	43248		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ESOPH ENDOSCOPY DILATION	43249		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	UPPER GI ENDOSCOPY/TUMOR	43250		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	OPERATIVE UPPER GI ENDOSCOPY	43251		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Esophagogastroduodenoscopy, flexible, transoral; with transe	43253		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Esophagogastroduodenoscopy, flexible, transoral; with endosc	43254		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	OPERATIVE UPPER GI ENDOSCOPY	43255		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOSCOPIC ULTRASOUND EXAM	43259		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDO CHOLANGIOPANCREATOGRAPH	43260		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDO CHOLANGIOPANCREATOGRAPH	43261		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDO CHOLANGIOPANCREATOGRAPH	43265		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	Esophagogastroduodenoscopy, flexible, transoral; with ablati	43270		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Endoscopic retrograde cholangiopancreatography (ERCP); with	43274		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Endoscopic retrograde cholangiopancreatography (ERCP); with	43275		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Endoscopic retrograde cholangiopancreatography (ERCP); with	43276		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DILATE ESOPHAGUS	43450		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP GASTRIC BYPASS/ROUX-EN-Y	43644		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RPR UMBIL HERN REDUC < 5 YR	49580	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	FRAGMENTING OF KIDNEY STONE	50590		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION OF URETHRA	53410		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION OF URETHRA	53415		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCT URETHRA STAGE 1	53420		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCT URETHRA STAGE 2	53425		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RECONSTRUCTION OF URETHRA	53430		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	RECONSTRUCT URETHRA/BLADDER	53431		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CIRCUMCISION W/REGIONL BLOCK	54150		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CIRCUM 28 DAYS OR OLDER	54161		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LYSIS PENIL CIRCUMIC LESION	54162		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF CIRCUMCISION	54163		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT SELF-CONTD PROSTHESIS	54401		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSERT MULTI-COMP PENIS PROS	54405		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF TESTIS	54520		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF TESTIS	54530		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF SCROTUM	55180		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF TESTIS	54660		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF HYDROCELE	55040		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF VAGINA	57260		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR BLADDER & VAGINA	57240		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR RECTUM & VAGINA	57250		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TOTAL HYSTERECTOMY	58150		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TOTAL HYSTERECTOMY	58152		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	58180-PARTIAL HYSTERECTOMY	58180		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF PELVIS CONTENTS	58240		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	VAGINAL HYSTERECTOMY	58260		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	VAG HYST INCLUDING T/O	58262		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ARTIFICIAL INSEMINATION	58322		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REOPEN FALLOPIAN TUBE	58345		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	ENDOMETR ABLATE THERMAL	58353		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	HYSTEROSCOPY BIOPSY	58558		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	HYSTEROSCOPY RESECT SEPTUM	58560		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	HYSTEROSCOPY REMOVE MYOMA	58561		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TLH UTERUS 250 G OR LESS	58570		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TLH W/T/O 250 G OR LESS	58571		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TLH UTERUS OVER 250 G	58572		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TLH W/T/O UTERUS OVER 250 G	58573		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAPAROSCOPY REMOVE ADNEXA	58661		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAPAROSCOPY EXCISE LESIONS	58662		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAPAROSCOPY TUBAL CAUTERY	58670		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAPAROSCOPIC MYOMECTOMY	58545		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAPARO-MYOMECTOMY COMPLEX	58546		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVAL OF OVARIAN CYST(S)	58925		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR CRV/THRC	62320		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR CRV/THRC	62321		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	NJX INTERLAMINAR LMBR/SAC	62322		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR LMBR/SAC	62323		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR CRV/THRC	62324		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR CRV/THRC	62325		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR LMBR/SAC	62326		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	IMPLANT SPINE INFUSION PUMP	62362		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NJX INTERLAMINAR LMBR/SAC	62327		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1/2 CRVL	63001		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1/2 THRC	63003		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1/2 LMBR	63005		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1/2 SCRL	63011		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE LAMINA/FACETS LUMBAR	63012		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA >2 CRVCL	63015		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity



Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA >2 THRC	63016		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA >2 LMBR	63017		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NECK SPINE DISK SURGERY	63020		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LOW BACK DISK SURGERY	63030		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SPINAL DISK SURGERY ADD-ON	63035		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAMINOTOMY SINGLE CERVICAL	63040		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAMINOTOMY SINGLE LUMBAR	63042		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAMINOTOMY ADDL CERVICAL	63043		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAMINOTOMY ADDL LUMBAR	63044		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1 CRVL	63045		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1 THRC	63046		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINE LAMINA 1 LMBR	63047		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE SPINAL LAMINA ADD-ON	63048		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	CERVICAL LAMINOPLSTY 2/> SEG	63050		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	C-LAMINOPLASTY W/GRAFT/PLATE	63051		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DECOMPRESS SPINAL CORD THRC	63055		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DECOMPRESS SPINAL CORD LMBR	63056		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DECOMPRESS SPINE CORD ADD-ON	63057		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DECOMPRESS SPINAL CORD THRC	63064		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DECOMPRESS SPINE CORD ADD-ON	63066		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NECK SPINE DISK SURGERY	63075		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	NECK SPINE DISK SURGERY	63076		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SPINE DISK SURGERY THORAX	63077		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SPINE DISK SURGERY THORAX	63078		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERT BODY DCMPRN CRVL	63081		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERTEBRAL BODY ADD-ON	63082		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REMOVE VERT BODY DCMPRN THRC	63085		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERTEBRAL BODY ADD-ON	63086		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOV VERTBR DCMPRN THRCLMBR	63087		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERTEBRAL BODY ADD-ON	63088		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERT BODY DCMPRN LMBR	63090		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REMOVE VERTEBRAL BODY ADD-ON	63091		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INSRT/REDO SPINE N GENERATOR	63685		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	N BLOCK INJ PLANTAR DIGIT	64455		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INJ FORAMEN EPIDURAL ADD-ON	64480		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INJ FORAMEN EPIDURAL L/S	64483		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INJ FORAMEN EPIDURAL ADD-ON	64484		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	N BLOCK LUMBAR/THORACIC	64520		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	N BLOCK INJ CELIAC PELUS	64530		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	DESTROY CERV/THOR FACET JNT	64633		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DESTROY C/TH FACET JNT ADDL	64634		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DESTROY LUMB/SAC FACET JNT	64635		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	DESTROY L/S FACET JNT ADDL	64636		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INJECTION TREATMENT OF NERVE	64640		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CATARACT SURGERY COMPLEX	66982		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CATARACT SURG W/IOL 1 STAGE	66984		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	INJECTION EYE DRUG	67028		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	Repair of complex retinal detachment	67113		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	TREATMENT OF RETINAL LESION	67228		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR BROW DEFECT	67900		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67901		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67903		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67904		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67908		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE EYELID DEFECT	67911		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	CORRECTION EYELID W/IMPLANT	67912		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67917		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67921		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67923		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EYELID DEFECT	67924		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF EYELID	67950		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF EYELID	67961		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISION OF EYELID	67966		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	MASTOID SURGERY REVISION	69602		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR OF EARDRUM	69610		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR OF EARDRUM	69620		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR EARDRUM STRUCTURES	69631		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REBUILD EARDRUM STRUCTURES	69632		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REBUILD EARDRUM STRUCTURES	69633		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REBUILD EARDRUM STRUCTURES	69637		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR & MASTOID	69641		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR & MASTOID	69642		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR & MASTOID	69643		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR & MASTOID	69645		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR & MASTOID	69646		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REVISE MIDDLE EAR BONE	69660		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	RPR UMBIL HERN BLOCK < 5 YR	49582	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR UMBILICAL LESION	49600	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity

Outpatient Procedures /Surgeries	REPAIR UMBILICAL LESION	49605	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR UMBILICAL LESION	49606	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR UMBILICAL LESION	49610	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	REPAIR UMBILICAL LESION	49611	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP ING HERNIA REPAIR INIT	49650	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP ING HERNIA REPAIR RECUR	49651	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP VENT/ABD HERNIA REPAIR	49652	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP VENT/ABD HERN PROC COMP	49653	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP INC HERNIA REPAIR	49654	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP INC HERN REPAIR COMP	49655	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP INC HERNIA REPAIR RECUR	49656	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	LAP INC HERN RECUR COMP	49657	<5 years of age authorization required	Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Outpatient Procedures /Surgeries	SPEECH/HEARING THERAPY	92507		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function

Outpatient Procedures /Surgeries	SPEECH/HEARING THERAPY	92508		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ORAL FUNCTION THERAPY	92526		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	HOT OR COLD PACKS THERAPY	97010		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	MECHANICAL TRACTION THERAPY	97012		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ELECTRIC STIMULATION THERAPY	97014		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	VASOPNEUMATIC DEVICE THERAPY	97016		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	PARAFFIN BATH THERAPY	97018		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	WHIRLPOOL THERAPY	97022		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	DIATHERMY EG MICROWAVE	97024		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	INFRARED THERAPY	97026		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ULTRAVIOLET THERAPY	97028		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ELECTRICAL STIMULATION	97032		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ELECTRIC CURRENT THERAPY	97033		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function



Outpatient Procedures /Surgeries	CONTRAST BATH THERAPY	97034		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ULTRASOUND THERAPY	97035		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	HYDROTHERAPY	97036		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	THERAPEUTIC EXERCISES	97110		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	NEUROMUSCULAR REEDUCATION	97112		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	AQUATIC THERAPY/EXERCISES	97113		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	GAIT TRAINING THERAPY	97116		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	MASSAGE THERAPY	97124		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	MANUAL THERAPY 1/> REGIONS	97140		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	GROUP THERAPEUTIC PROCEDURES	97150		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	THERAPEUTIC ACTIVITIES	97530		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	SELF CARE MNGMENT TRAINING	97535		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	COMMUNITY/WORK REINTEGRATION	97537		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function

Outpatient Procedures /Surgeries	WHEELCHAIR MNGMENT TRAINING	97542		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	PHYSICAL PERFORMANCE TEST	97750		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ORTHOTIC MGMT&TRAING 1ST ENC	97760		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	PROSTHETIC TRAING 1ST ENC	97761		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	ORTHC/PROSTC MGMT SBSQ ENC	97763		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	PHYSICAL MEDICINE PROCEDURE	97799		Recent history and physical, treatment plan, any clinical to support medical necessity, therapy evaluation with prior and current level of function
Outpatient Procedures /Surgeries	LAPARO PROC HERNIA REPAIR	49659		Pre-operative evaluation, history and physical including functional impairment, clinical information to support medical necessity
Radiology / Imaging	CT ANGIOGRAPHY HEAD	70496		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIOGRAPHY NECK	70498		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIO UPR EXTRM W/O&W/DYE	73206		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIO LWR EXTR W/O&W/DYE	73706		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIO ABD&PELV W/O&W/DYE	74174		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIO ABDOM W/O & W/DYE	74175		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	CT ANGIO HRT W/3D IMAGE	75574		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIO ABDOMINAL ARTERIES	75635		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HEAD/BRAIN W/O DYE	70450		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HEAD/BRAIN W/DYE	70460		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HEAD/BRAIN W/O & W/DYE	70470		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ORBIT/EAR/FOSSA W/O DYE	70480		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ORBIT/EAR/FOSSA W/DYE	70481		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ORBIT/EAR/FOSSA W/O&W/DYE	70482		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT MAXILLOFACIAL W/O DYE	70486		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT MAXILLOFACIAL W/DYE	70487		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT MAXILLOFACIAL W/O & W/DYE	70488		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT SOFT TISSUE NECK W/O DYE	70490		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT SOFT TISSUE NECK W/DYE	70491		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	CT SFT TSUE NCK W/O & W/DYE	70492		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT THORAX W/O DYE	71250		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT THORAX W/DYE	71260		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT THORAX W/O & W/DYE	71270		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIOGRAPHY CHEST	71275		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT NECK SPINE W/O DYE	72125		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT NECK SPINE W/DYE	72126		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT NECK SPINE W/O & W/DYE	72127		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT CHEST SPINE W/O DYE	72128		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT CHEST SPINE W/DYE	72129		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT CHEST SPINE W/O & W/DYE	72130		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT LUMBAR SPINE W/O DYE	72131		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT LUMBAR SPINE W/DYE	72132		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	CT LUMBAR SPINE W/O & W/DYE	72133		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ANGIOGRAPH PELV W/O&W/DYE	72191		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT PELVIS W/O DYE	72192		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT PELVIS W/DYE	72193		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT PELVIS W/O & W/DYE	72194		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT UPPER EXTREMITY W/O DYE	73200		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT UPPER EXTREMITY W/DYE	73201		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT UPPR EXTREMITY W/O&W/DYE	73202		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT LOWER EXTREMITY W/O DYE	73700		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT LOWER EXTREMITY W/DYE	73701		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT LWR EXTREMITY W/O&W/DYE	73702		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ABDOMEN W/O DYE	74150		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ABDOMEN W/DYE	74160		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	CT ABDOMEN W/O & W/DYE	74170		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ABD & PELVIS W/O CONTRAST	74176		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ABD & PELV W/CONTRAST	74177		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT ABD & PELV 1/> REGNS	74178		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT COLONOGRAPHY DX	74261		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT COLONOGRAPHY DX W/DYE	74262		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT COLONOGRAPHY SCREENING	74263		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HRT W/O DYE W/CA TEST	75571		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HRT W/3D IMAGE	75572		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT HRT W/3D IMAGE CONGEN	75573		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CAT SCAN FOLLOW-UP STUDY	76380		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CT PROCEDURE	76497		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY HEAD W/O DYE	70544		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	MR ANGIOGRAPHY HEAD W/DYE	70545		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPH HEAD W/O&W/DYE	70546		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY NECK W/O DYE	70547		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY NECK W/DYE	70548		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPH NECK W/O&W/DYE	70549		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO SPINE W/O&W/DYE	72159		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO PELVIS W/O & W/DYE	72198		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO UPR EXTR W/O&W/DYE	73225		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANG LWR EXT W OR W/O DYE	73725		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY W/CONTRAST ABDOMEN	C8900		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY WITHOUT CONTRST ABD	C8901		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO W/O CONTRST W/CONTRST ABD	C8902		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR IMAGING W/CONTRAST BREAST; UNI	C8903		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	MR ANGIOGRAPHY WITH CONTRAST CHEST	C8909		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO WITHOUT CONTRST CHEST	C8910		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO NO CONTRST FLW CNTRST CHST	C8911		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO W/CONTRST LOWER EXTREMITY	C8912		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO WITHOUT CONTRST LOW EXTREM	C8913		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIO NO CNTRST FLW CON LW EXTRM	C8914		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR ANGIOGRAPHY WITH CONTRAST PELVIS	C8918		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA WITHOUT CONTRAST PELVIS	C8919		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA NO CONTRST FLWED W/CONTRST PELV	C8920		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA W/O CONTRST SP CANAL CONTENTS	C8932		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA NO CONTRST CONTRST SP CANAL CNT	C8933		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA WITH CONTRAST UPPER EXTREMITY	C8934		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRA WITHOUT CONTRST UPPER EXTREMITY	C8935		Recent history and physical, MD order and any clinical to support medical necessity



Radiology / Imaging	MRA NO CONTRST FLW W/CONTRST UP EXT	C8936		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ORBIT/FACE/NECK W/O DYE	70540		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ORBIT/FACE/NECK W/DYE	70542		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ORBT/FAC/NCK W/O &W/DYE	70543		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN STEM W/O DYE	70551		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN STEM W/DYE	70552		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN STEM W/O & W/DYE	70553		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	FMRI BRAIN BY TECH	70554		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	FMRI BRAIN BY PHYS/PSYCH	70555		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN W/O DYE	70557		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN W/DYE	70558		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BRAIN W/O & W/DYE	70559		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI CHEST W/O DYE	71550		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	MRI CHEST W/DYE	71551		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI CHEST W/O & W/DYE	71552		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ANGIO CHEST W OR W/O DYE	71555		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI NECK SPINE W/O DYE	72141		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI NECK SPINE W/DYE	72142		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI CHEST SPINE W/O DYE	72146		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI CHEST SPINE W/DYE	72147		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LUMBAR SPINE W/O DYE	72148		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LUMBAR SPINE W/DYE	72149		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI NECK SPINE W/O & W/DYE	72156		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI CHEST SPINE W/O & W/DYE	72157		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LUMBAR SPINE W/O & W/DYE	72158		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI PELVIS W/O DYE	72195		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	MRI PELVIS W/DYE	72196		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI PELVIS W/O & W/DYE	72197		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI UPPER EXTREMITY W/O DYE	73218		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI UPPER EXTREMITY W/DYE	73219		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI UPPR EXTREMITY W/O&W/DYE	73220		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI JOINT UPR EXTREM W/O DYE	73221		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI JOINT UPR EXTREM W/DYE	73222		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI JOINT UPR EXTR W/O&W/DYE	73223		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LOWER EXTREMITY W/O DYE	73718		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LOWER EXTREMITY W/DYE	73719		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI LWR EXTREMITY W/O&W/DYE	73720		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI JNT OF LWR EXTRE W/O DYE	73721		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI JOINT OF LWR EXTR W/DYE	73722		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	MRI JOINT LWR EXTR W/O&W/DYE	73723		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ABDOMEN W/O DYE	74181		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ABDOMEN W/DYE	74182		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ABDOMEN W/O & W/DYE	74183		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ANGIO ABDOM W ORW/O DYE	74185		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI FETAL SNGL/1ST GESTATION	74712		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI FETAL EA ADDL GESTATION	74713		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARDIAC MRI FOR MORPH	75557		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARDIAC MRI W/STRESS IMG	75559		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARDIAC MRI FOR MORPH W/DYE	75561		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARD MRI W/STRESS IMG & DYE	75563		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARD MRI VELOC FLOW MAPPING	75565		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	3D RENDER W/INTRP POSTPROCES	76376		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	3D RENDER W/INTRP POSTPROCES	76377		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR SPECTROSCOPY	76390		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI GUIDANCE NDL PLMT RS&I	77021		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI GDN PARNCHYMA TISS ABLTJ	77022		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BREAST C- UNILATERAL	77046		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BREAST C- BILATERAL	77047		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BREAST C+ W/CAD UNI	77048		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BREAST C+ W/CAD BI	77049		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI ONE BREAST	77058		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MRI BOTH BREASTS	77059		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MAGNETIC IMAGE BONE MARROW	77084		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR IMAGING W/CONTRST BREAST; BIL	C8906		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MR NO CONTRST FLW CNTRST BRST; BIL	C8908		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	INTENSITY MODULATED RADIATION THERAPY TREATMENT DELIVERY (IMRT)	77385		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	INTENSITY MODULATED RADIATION THERAPY TREATMENT DELIVERY (IMRT)	77386		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	GASTRIC EMPTYING STUDY	78264		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	BONE IMAGING WHOLE BODY	78306		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	BONE IMAGING 3 PHASE	78315		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	Myocardial imaging, PET, perfusion study	78431		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	SPECT Radiopharmaceutical localization of tumor	78830		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	NON-IMAGING HEART FUNCTION	78414		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARDIAC SHUNT IMAGING	78428		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	VASCULAR FLOW IMAGING	78445		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	ACUTE VENOUS THROMBUS IMAGE	78456		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MYOCRD IMG PET SINGLE STUDY	78459		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	HEART INFARCT IMAGE	78466		Recent history and physical, MD order and any clinical to support medical necessity

Radiology / Imaging	HEART INFARCT IMAGE (EF)	78468		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	GATED HEART PLANAR SINGLE	78472		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	GATED HEART MULTIPLE	78473		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	HEART FIRST PASS SINGLE	78481		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	HEART FIRST PASS MULTIPLE	78483		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MYOCRD IMG PET 1STD RST/STRS	78491		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	MYOCRD IMG PET MLT RST&STRS	78492		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	HEART FIRST PASS ADD-ON	78496		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	CARDIOVASCULAR NUCLEAR EXAM	78499		Recent history and physical, MD order and any clinical to support medical necessity
Radiology / Imaging	BRAIN IMAGING (PET)	78608		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	BRAIN IMAGING (PET)	78609		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PET IMAGE LTD AREA	78811		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PET IMAGE SKULL-THIGH	78812		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	PET IMAGE FULL BODY	78813		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PET IMAGE W/CT LMTD	78814		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PET IMAGE W/CT SKULL-THIGH	78815		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PET IMAGE W/CT FULL BODY	78816		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	FETAL CONTRACT STRESS TEST	59020	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	FETAL NON-STRESS TEST	59025	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US < 14 WKS SINGLE FETUS	76801	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US < 14 WKS ADDL FETUS	76802	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US >= 14 WKS SNGL FETUS	76805	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US >= 14 WKS ADDL FETUS	76810	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US NUCHAL MEAS ADD-ON	76814	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US LIMITED FETUS(S)	76815	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	OB US FOLLOW-UP PER FETUS	76816	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity



Radiology / Imaging	TRANSVAGINAL US OBSTETRIC	76817	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	FETAL BIOPHYS PROFILE W/NST	76818	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	FETAL BIOPHYS PROFIL W/O NST	76819	For OBs who are not MFM specialists	History and physical and any clinical to support medical necessity
Radiology / Imaging	PARATHYRD PLANAR W/WO SUBTRJ	78071		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	PARATHYRD PLANAR W/SPECT & CT	78072		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	LIVER IMAGING (3D)	78205		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	BONE IMAGING (3D)	78320		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	HT MUSCLE IMAGE SPECT SING	78451		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	HT MUSCLE IMAGE SPECT MULTIPLE	78452		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	HT MUSCLE IMAGE PLANAR SING	78453		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	HT MUSC IMAGE PLANAR MULT	78454		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	VENOUS THROMBOSIS IMAGING	78457		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	VEN THROMBOSIS IMAGES BILAT	78458		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	HEART INFARCT IMAGE (3D)	78469		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	HEART IMAGE SPECT	78494		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	BRAIN IMAGING (3D)	78607		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	CEREBROSPINAL FLUID SCAN	78647		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	KIDNEY IMAGING (3D)	78710		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	RP LOCLZJ TUM SPECT 1 AREA	78803		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	NUCLEAR LOCALIZATION/ABSCCESS	78807		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	MAGNETIC IMAGE JAW JOINT	70336		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	Long-term EEG Setup	95700		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG with video, review by EEG technologist	95712		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG with video, review by EEG technologist	95713		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG with video, review by EEG technologist	95714		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG with video, review by EEG technologist	95715		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	EEG with video, review by EEG technologist	95716		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG continuous recording, review by physician or other QHP	95718		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG continuous recording, review by physician or other QHP	95720		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG continuous recording, review by physician or other QHP	95722		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG continuous recording, review by physician or other QHP	95724		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	EEG continuous recording, review by physician or other QHP	95726		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	MULTIPLE SLEEP LATENCY TEST	95805		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	POLYSPMNOGRAPHY 1-3	95808		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	POLYSOMNOGRAPHY 4 OR MORE	95810		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	POLYSOMNOGRAPHY W/CPAP	95811		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	MEG SPONTANEOUS	95965		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	MEG EVOKED SINGLE	95966		Recent history and physical, MD order, any clinical information to support medical necessity
Radiology / Imaging	Intensity modulated treatment delivery, single or multiple fields/arcs	G6015		Recent history and physical, MD order, any clinical information to support medical necessity

Radiology / Imaging	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or	G6016		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSTHORACIC	93303		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSTHORACIC	93304		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	TTE W/DOPPLER COMPLETE	93306		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	TTE W/O DOPPLER COMPLETE	93307		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	TTE F-UP OR LMTD	93308		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93312		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93313		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93314		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93315		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93316		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL	93317		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL INTRAOP	93318		Recent history and physical, MD order, any clinical information to support medical necessity

Stress Echocardiography	STRESS TTE ONLY	93350		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	STRESS TTE COMPLETE	93351		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ADMIN ECG CONTRAST AGENT	93352		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	ECHO TRANSESOPHAGEAL (TEE)	93355		Recent history and physical, MD order, any clinical information to support medical necessity
Stress Echocardiography	INTRACARDIAC ECG (ICE)	93662		Recent history and physical, MD order, any clinical information to support medical necessity
Transplantation	0539T-RECEIPT&PREP CAR-T CLL ADMN	0539T		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	0540T-CAR-T CLL ADMN AUTOLOGOUS	0540T		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	S2140-CORD BLD HARVEST TPLNT ALLOGENEIC	S2140		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	LUNG TRANSPLANT SINGLE	32851		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	LUNG TRANSPLANT WITH BYPASS	32852		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	LUNG TRANSPLANT DOUBLE	32853		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	LUNG TRANSPLANT WITH BYPASS	32854		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREPARE DONOR LUNG SINGLE	32855		History and Physical, any clinical to support medical necessity, transplant evaluation

Transplantation	PREPARE DONOR LUNG DOUBLE	32856		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREPARE DONOR HEART/LUNG	33933		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION HEART/LUNG	33935		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	REMOVAL OF DONOR HEART	33940		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREPARE DONOR HEART	33944		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION OF HEART	33945		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	VOLUME DEplete OF HARVEST	38214		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLT ALLO HCT/DONOR	38240		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLT AUTOL HCT/DONOR	38241		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLT ALLO LYMPHOCYTES	38242		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLJ HEMATOPOIETIC BOOST	38243		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	REMOVAL OF DONOR LIVER	47133		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION OF LIVER	47135		History and Physical, any clinical to support medical necessity, transplant evaluation

Transplantation	PARTIAL REMOVAL DONOR LIVER	47140		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PARTIAL REMOVAL DONOR LIVER	47141		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PARTIAL REMOVAL DONOR LIVER	47142		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR LIVER WHOLE	47143		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR LIVER 3-SEGMENT	47144		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR LIVER LOBE SPLIT	47145		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR LIVER/VENOUS	47146		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR LIVER/ARTERIAL	47147		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PANCREAS REMOVAL/TRANSPLANT	48160		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	DONOR PANCREATECTOMY	48550		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR PANCREAS	48551		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR PANCREAS/VENOUS	48552		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPL ALLOGRAFT PANCREAS	48554		History and Physical, any clinical to support medical necessity, transplant evaluation

Transplantation	PREP CADAVER RENAL ALLOGRAFT	50323		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP DONOR RENAL GRAFT	50325		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP RENAL GRAFT/VENOUS	50327		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP RENAL GRAFT/ARTERIAL	50328		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP RENAL GRAFT/URETERAL	50329		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	REMOVAL OF KIDNEY	50340		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION OF KIDNEY	50360		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION OF KIDNEY	50365		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	REMOVE TRANSPLANTED KIDNEY	50370		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	REIMPLANTATION OF KIDNEY	50380		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	CORNEAL TRANSPLANT	65710		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	CORNEAL TRANSPLANT	65730		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	CORNEAL TRANSPLANT	65750		History and Physical, any clinical to support medical necessity, transplant evaluation



Transplantation	CORNEAL TRANSPLANT	65755		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	CORNEAL TRNSPL ENDOTHELIAL	65756		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	PREP CORNEAL ENDO ALLOGRAFT	65757		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	CORNEAL TISSUE TRANSPLANT	65767		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	OCULAR RECONST TRANSPLANT	65780		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	OCULAR RECONST TRANSPLANT	65781		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	OCULAR RECONST TRANSPLANT	65782		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TPLNT SM INTESTINE&LIVER ALLOGFTS	S2053		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	TRANSPLANTATION MULTIVISCERAL ORGN	S2054		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	HARV DONR MX-VSCL ORGN; CADVR DONR	S2055		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	LOBAR LUNG TRANSPLANTATION	S2060		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	DONOR LOBECT TPLNT LIVING DONOR	S2061		History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation	SIMULTANEOUS PANC KIDNEY TPLNT	S2065		History and Physical, any clinical to support medical necessity, transplant evaluation















































































































































































































































































































































