



## PRIOR AUTHORIZATION PROCEDURE CODES

Prior authorization is a condition of reimbursement for select services. The following services require prior authorization, as of **April 1, 2024**. The prior authorization list is subject to change by FBHP, in its sole discretion, at any time with 30 days prior written notice. For the most current and comprehensive list of services requiring prior authorization, please refer to the [FBHP Prior Authorization Search](#) page which contains a link to the most recent version of this document.

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.

No authorization is required for medically necessary emergent services, urgently needed care or out-of-area dialysis services provided by a Medicare-certified dialysis provider.

Procedure Code	Procedure Description
0001U	Red Blood Cell Antigen Typing, Dna, Human Erythrocyte Antigen Gene Analysis Of 35 Antigens From 11 Blood Groups, Utilizing Whole Blood, Common Rbc Alleles Reported
0004M	Scoliosis, Dna Analysis Of 53 Single Nucleotide Polymorphisms (Snps), Using Saliva, Prognostic Algorithm Reported As A Risk Score
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
0006M	Oncology (Hepatic), Mrna Expression Levels Of 161 Genes, Utilizing Fresh Hepatocellular Carcinoma Tumor Tissue, With Alpha-Fetoprotein Level
0007M	Oncology (Gastrointestinal Neuroendocrine Tumors), Real-Time Pcr Expression Analysis Of 51 Genes, Utilizing Whole Peripheral Blood
0012U	Germline Disorders, Gene Rearrangement Detection By Whole Genome Next-Generation Sequencing, Dna, Whole Blood, Report Of Specific Gene Rearrangement(S)
0013U	Oncology (Solid Organ Neoplasia), Gene Rearrangement Detection By Whole Genome Next-Generation Sequencing, Dna, Fresh Or Frozen Tissue Or Cells, Report Of Specific Gene Rearra
0014U	Hematology (Hematolymphoid Neoplasia), Gene Rearrangement Detection By Whole Genome Next-Generation Sequencing, Dna, Whole Blood Or Bone Marrow, Report Of Specific Gene Rearra
0016U	Oncology (Hematolymphoid Neoplasia), Rna, Bcr/Abl1 Major And Minor Breakpoint Fusion Transcripts, Quantitative Pcr Amplification, Blood Or Bone Marrow, Report Of Fusion Not De
0017U	Oncology (Hematolymphoid Neoplasia), Jak2 Mutation, Dna, Pcr Amplification Of Exons 12-14 And Sequence Analysis, Blood Or Bone Marrow, Report Of Jak2 Mutation Not Detected Or
0018U	Oncology (Thyroid), Microrna Profiling By Rt-Pcr Of 10 Microrna Sequences, Utilizing Fine Needle Aspirate, Algorithm Reported As A Positive Or Negative Result For Moderate



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0022U	Targeted Genomic Sequence Analysis Panel, Non-Small Cell Lung Neoplasia, Dna And Rna Analysis, 23 Genes, Interrogation For Sequence Variants And Rearrangements, Reported As Pr
0023U	Oncology (Acute Myelogenous Leukemia), Dna, Genotyping Of Internal Tandem Duplication, P.D835, P.I836, Using Mononuclear Cells, Reported As Detection Or Non-Detection Of Flt3
0026U	Oncology (Thyroid), Dna And Mrna Of 112 Genes, Next-Generation Sequencing, Fine Needle Aspirate Of Thyroid Nodule, Algorithmic Analysis Reported As A Categorical Result ("Positive, High Probability Of Malignancy" Or "Negative, Low Probability Of Malignancy")
0027U	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, Targeted Sequence Analysis Exons 12-15
0030U	Drug Metabolism (Warfarin Drug Response), Targeted Sequence Analysis (Ie, Cyp2C9, Cyp4F2, Vkorc1, Rs12777823)
0031U	Cyp1A2 (Cytochrome P450 Family 1, Subfamily A, Member 2)(Eg, Drug Metabolism) Gene Analysis, Common Variants (Ie, *1F, *1K, *6, *7)
0032U	Comt (Catechol-O-Methyltransferase)(Drug Metabolism) Gene Analysis, C.472G>A (Rs4680) Variant
0033U	Htr2A (5-Hydroxytryptamine Receptor 2A), Htr2C (5-Hydroxytryptamine Receptor 2C) (Eg, Citalopram Metabolism) Gene Analysis, Common Variants (Ie, Htr2A Rs7997012 [C.614-2211T>C], Htr2C Rs3813929 [C.-759C>T] And Rs1414334 [C.551-3008C>G])
0034U	Tpmt (Thiopurine S-Methyltransferase), Nudt15 (Nudix Hydroxylase 15)(Eg, Thiopurine Metabolism) Gene Analysis, Common Variants (Ie, Tpmt *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; Nudt15 *3, *4, *5)
0036U	Exome (Ie, Somatic Mutations), Paired Formalin-Fixed Paraffin-Embedded Tumor Tissue And Normal Specimen, Sequence Analyses
0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, Dna Analysis Of 324 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden
0040U	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis, Major Breakpoint, Quantitative
0046U	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia) Internal Tandem Duplication (ItD) Variants, Quantitative
0049U	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Quantitative
0055U	Cardiology (Heart Transplant), Cell-Free Dna, Pcr Assay Of 96 Dna Target Sequences (94 Single Nucleotide Polymorphism Targets And Two Control Targets), Plasma
0060U	Placental Alpha-Micro Globulin-1 (Pamg-1), Immunoassay With Direct Optical Observation, Cervico-Vaginal Fluid, Each Specimen
0068U	Candida Species Panel (C. Albicans, C. Glabrata, C. Parapsilosis, C. Kruseii, C Tropicalis, And C. Auris), Amplified Probe Technique With Qualitative Report Of The Presence Or Absence Of Each Species
0070U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Common And Select Rare Variants (Ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *Xn)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0071U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Full Gene Sequence (List Separately In Addition To Code For Primary Procedure)
0072U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, Cyp2D6-2D7 Hybrid Gene) (List Separately In Addition To Code For Primary Procedure)
0073U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, Cyp2D7-2D6 Hybrid Gene)
0074U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, Non-Duplicated Gene When Duplication/Multiplication Is Trans)
0075U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, 5' Gene Duplication/Multiplication)
0076U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, 3' Gene Duplication/Multiplication)
0084U	Red Blood Cell Antigen Typing, Dna, Genotyping Of?10?Blood Groups With Phenotype Prediction Of?37?Red Blood Cell Antigens
0087U	Cardiology (Heart Transplant), Mrna Gene Expression Profiling By Microarray Of 1283 Genes, Transplant Biopsy Tissue, Allograft Rejection And Injury Algorithm Reported As A Probability Score
0088U	Transplantation Medicine (Kidney Allograft Rejection), Microarray Gene Expression Profiling Of 1494 Genes, Utilizing Transplant Biopsy Tissue, Algorithm Reported As A Probability Score For Rejection
0111U	Oncology (Colon Cancer), Targeted?Kras?(Codons 12, 13, And 61) And?Nras?(Codons 12, 13, And 61) Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded Tissue
0129U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis And Deletion/Duplication Analysis Panel (Atm, Brca1, Brca2, Cdh1, Chek2, Palb2, Pten, And Tp53)
0136U	Atm (Ataxia Telangiectasia Mutated)?(Eg, Ataxia Telangiectasia) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)
0137U	Palb2 (Partner And Localizer Of Brca2)?(Eg, Breast And Pancreatic Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)
0154U	Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis (Ie, P.R248C [C.742C>T], P.S249C [C.746C>G], P.G370C [C.1108G>T], P.Y373C [C.1118A>G], Fgfr3-Tacc3V1, And Fgfr3-Tacc3)
0155U	Pik3Ca (Phosphatidylinositol-4,5-Bisphosphate 3-Kinase, Catalytic Subunit Alpha) (Eg, Breast Cancer) Gene Analysis (Ie, P.C420R, P.E542K, P.E545A, P.E545D [G.1635G>T Only], P.
0157U	Apc (Apc Regulator Of Wnt Signaling Pathway) (Eg, Familial Adenomatosis Polyposis [Fap]) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)
0158U	Mlh1 (Mutl Homolog 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)
0159U	Msh2 (Muts Homolog 2) (Eg, Hereditary Colon Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0160U	Msh6 (Muts Homolog 6) (Eg, Hereditary Colon Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)
0161U	Pms2 (Pms1 Homolog 2, Mismatch Repair System Component) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To
0169U	Nudt15 (Nudix Hydrolase 15) And Tpm1 (Thiopurine S-Methyltransferase) (Eg, Drug Metabolism) Gene Analysis, Common Variants
0170U	Neurology (Autism Spectrum Disorder [Asd]), Rna, Next-Generation Sequencing, Saliva, Algorithmic Analysis, And Results Reported As Predictive Probability Of Asd Diagnosis
0171U	Targeted Genomic Sequence Analysis Panel, Acute Myeloid Leukemia, Myelodysplastic Syndrome, And Myeloproliferative Neoplasms, Dna Analysis, 23 Genes, Interrogation For Sequencing
0172U	Oncology (Solid Tumor As Indicated By The Label), Somatic Mutation Analysis Of Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) And Analysis Of Homologous Recombination Deficiency Pathways, Dna, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Quantifying Tumor Genomic Instability Score
0173U	Psychiatry (Ie, Depression, Anxiety), Genomic Analysis Panel, Includes Variant Analysis Of 14 Genes
0175U	Psychiatry (Eg, Depression, Anxiety), Genomic Analysis Panel, Variant Analysis Of 15 Genes
0177U	Oncology (Breast Cancer), Dna, Pik3Ca (Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha) Gene Analysis Of 11 Gene Variants Utilizing Plasma, Reported As Pik3Ca Gene Mutation Status
0179U	Oncology (Non-Small Cell Lung Cancer), Cell-Free Dna, Targeted Sequence Analysis Of 23 Genes (Single Nucleotide Variations, Insertions And Deletions, Fusions Without Prior Knowledge Of Partner/Breakpoint, Copy Number Variations), With Report Of Significant Mutation(S)
0180U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene Analysis Sanger/Chain Termination/Conventional Sequencing, Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And Alpha 1-3-Galactosyltransferase) Gene, Including Subtyping, 7 Exons
0181U	Red Cell Antigen (Colton Blood Group) Genotyping (Co), Gene Analysis, Aqp1 (Aquaporin 1 [Colton Blood Group]) Exon 1
0182U	Red Cell Antigen (Cromer Blood Group) Genotyping (Crom), Gene Analysis, Cd55 (Cd55 Molecule [Cromer Blood Group]) Exons 1-10
0183U	Red Cell Antigen (Diego Blood Group) Genotyping (Di), Gene Analysis, Slc4A1 (Solute Carrier Family 4 Member 1 [Diego Blood Group]) Exon 19
0184U	Red Cell Antigen (Dombrock Blood Group) Genotyping (Do), Gene Analysis, Art4 (Adp-Ribosyltransferase 4 [Dombrock Blood Group]) Exon 2
0185U	Red Cell Antigen (H Blood Group) Genotyping (Fut1), Gene Analysis, Fut1 (Fucosyltransferase 1 [H Blood Group]) Exon 4
0186U	Red Cell Antigen (H Blood Group) Genotyping (Fut2), Gene Analysis, Fut2 (Fucosyltransferase 2) Exon 2
0187U	Red Cell Antigen (Duffy Blood Group) Genotyping (Fy), Gene Analysis, Akr1 (Atypical Chemokine Receptor 1 [Duffy Blood Group]) Exons 1-2



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0188U	Red Cell Antigen (Gerbich Blood Group) Genotyping (Ge), Gene Analysis, Gypc (Glycophorin C [Gerbich Blood Group]) Exons 1-4
0189U	Red Cell Antigen (Mns Blood Group) Genotyping (Gypa), Gene Analysis, Gypa (Glycophorin A [Mns Blood Group]) Introns 1, 5, Exon 2
0190U	Red Cell Antigen (Mns Blood Group) Genotyping (Gypb), Gene Analysis, Gypb (Glycophorin B [Mns Blood Group]) Introns 1, 5, Pseudoexon 3
0191T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; Internal Approach
0191U	Red Cell Antigen (Indian Blood Group) Genotyping (In), Gene Analysis, Cd44 (Cd44 Molecule [Indian Blood Group]) Exons 2, 3, 6
0192U	Red Cell Antigen (Kidd Blood Group) Genotyping (Jk), Gene Analysis, Slc14A1 (Solute Carrier Family 14 Member 1 [Kidd Blood Group]) Gene Promoter, Exon 9
0193U	Red Cell Antigen (Jr Blood Group) Genotyping (Jr), Gene Analysis, Abcg2 (Atp Binding Cassette Subfamily G Member 2 [Junior Blood Group]) Exons 2-26
0194U	Red Cell Antigen (Kell Blood Group) Genotyping (Kel), Gene Analysis, Kel (Kell Metallo-Endopeptidase [Kell Blood Group]) Exon 8
0195U	Klf1 (Kruppel-Like Factor 1), Targeted Sequencing (Ie, Exon 13)
0196U	Red Cell Antigen (Lutheran Blood Group) Genotyping (Lu), Gene Analysis, Bcam (Basal Cell Adhesion Molecule [Lutheran Blood Group]) Exon 3
0197U	Red Cell Antigen (Landsteiner-Wiener Blood Group) Genotyping (Lw), Gene Analysis, Icam4 (Intercellular Adhesion Molecule 4 [Landsteiner-Wiener Blood Group]) Exon 1
0198U	Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis Sanger/Chain Termination/Conventional Sequencing, Rhd (Rh Blood Group D Antigen) Exons 1-10 And Rhce (Rh Blood Group Ccee Antigens) Exon 5
0199U	Red Cell Antigen (Scianna Blood Group) Genotyping (Sc), Gene Analysis, Ermap (Erythroblast Membrane Associated Protein [Scianna Blood Group]) Exons 4, 12
0200U	Red Cell Antigen (Kx Blood Group) Genotyping (Xk), Gene Analysis, Xk (X-Linked Kx Blood Group) Exons 1-3
0201U	Red Cell Antigen (Yt Blood Group) Genotyping (Yt), Gene Analysis, Ache (Acetylcholinesterase [Cartwright Blood Group]) Exon 2
0203U	Autoimmune (Inflammatory Bowel Disease), Mrna, Gene Expression Profiling By Quantitative Rt-Pcr, 17 Genes (15 Target And 2 Reference Genes), Whole Blood, Reported As A Continuous Risk Score And Classification Of Inflammatory Bowel Disease Aggressiveness
0205U	Ophthalmology (Age-Related Macular Degeneration), Analysis Of 3 Gene Variants (2 Cfh Gene, 1 Arms2 Gene), Using Pcr And Maldi-Tof, Buccal Swab, Reported As Positive Or Negative For Neovascular Age-Related Macular-Degeneration Risk Associated With Zinc Supplements
0209U	Cytogenomic Constitutional (Genome-Wide) Analysis, Interrogation Of Genomic Regions For Copy Number, Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0213T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, Cervical or Thoracic; Single Level
0214T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, Cervical or Thoracic; Second Level (List Separately in addition to Code for Primary Procedure)
0214U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Proband
0215T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, Cervical or Thoracic; Third and any additional Level(s) (List Separately in addition to Code for Primary
0215U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants, Each Comparator Exome (Eg, Parent, Sibling)
0216T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, Lumbar or Sacral; Single Level
0216U	Neurology (Inherited Ataxias), Genomic Dna Sequence Analysis Of 12 Common Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants
0217T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, ; Lumbar or Sacral Second Level (List Separately in addition to Code for Primary Procedure)
0217U	Neurology (Inherited Ataxias), Genomic Dna Sequence Analysis Of 51 Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Categorization Of Genetic Variants
0218T	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Ultrasound Guidance, Lumbar or Sacral; Third and any additional Level(s) (List Separately in addition to Code for Primary Pro
0218U	Neurology (Muscular Dystrophy), Dmd Gene Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Characterization Of Genetic Variants
0219T	Placement of a Posterior Intrafacet Implant(s), Unilateral or Bilateral, Including Imaging and Placement of Bone Graft(s) or Synthetic Device(s), Single Level; Cervical
0220T	Placement of a Posterior Intrafacet Implant(s), Unilateral or Bilateral, Including Imaging and Placement of Bone Graft(s) or Synthetic Device(s), Single Level; Thoracic
0221T	Placement of a Posterior Intrafacet Implant(s), Unilateral or Bilateral, Including Imaging and Placement of Bone Graft(s) or Synthetic Device(s), Single Level; Lumbar
0221U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene Analysis, Next-Generation Sequencing, Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And Alpha 1-3-Galactosyltransferase) Gene
0222T	Placement of a Posterior Intrafacet Implant(s), Unilateral or Bilateral, Including Imaging and Placement of Bone Graft(s) or Synthetic Device(s), Single Level; Each additional Vertebral Segment (List Separately in addition to Code for Primary Procedure)
0222U	Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis, Next-Generation Sequencing, Rh Proximal Promoter, Exons 1-10, Portions Of Introns 2-3
0229U	Bcat1 (Branched Chain Amino Acid Transaminase 1) Or Ikzf1 (Ikaros Family Zinc Finger 1) (Eg, Colorectal Cancer) Promoter Methylation Analysis



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0230U	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation), Full Sequence Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (Str) Expansions, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0231U	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha 1A) (Eg, Spinocerebellar Ataxia), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (Str) Gene Expansions, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0232U	Cstb (Cystatin B) (Eg, Progressive Myoclonic Epilepsy Type 1A, Unverricht-Lundborg Disease), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (Str) Expansions, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0234U	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0235U	Pten (Phosphatase And Tensin Homolog) (Eg, Cowden Syndrome, Pten Hamartoma Tumor Syndrome), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0236U	Smn1 (Survival Of Motor Neuron 1, Telomeric) And Smn2 (Survival Of Motor Neuron 2, Centromeric) (Eg, Spinal Muscular Atrophy) Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Duplications, Deletions, And Mobile Element Insertions
0237U	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia), Genomic Sequence Analysis Panel Including Ank2, Casq2, Cav3, Kcne1, Kcne2, Kcnh2, Kcnj2, Kcnq1, Ryr2, And Scn5A, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0238U	Oncology (Lynch Syndrome), Genomic Dna Sequence Analysis Of Mlh1, Msh2, Msh6, Pms2, And Epcam, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions
0245U	Oncology (Thyroid), Mutation Analysis Of 10 Genes And 37 Rna Fusions And Expression Of 4 Mrna Markers Using Next-Generation Sequencing, Fine Needle Aspirate, Report Includes Associated Risk Of Malignancy Expressed As A Percentage
0246U	Red Blood Cell Antigen Typing, Dna, Genotyping Of At Least 16 Blood Groups With Phenotype Prediction Of At Least 51 Red Blood Cell Antigens
0250U	Oncology (Solid Organ Neoplasm), Targeted Genomic Sequence Dna Analysis Of 505 Genes, Interrogation For Somatic Alterations (Snvs [Single Nucleotide Variant], Small Insertions And Deletions, One Amplification, And Four Translocations), Microsatellite Instability And Tumor-Mutation Burden
0252U	Fetal Aneuploidy Short Tandem-Repeat Comparative Analysis, Fetal Dna From Products Of Conception, Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And Segmental Aneuploidy
0253T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; Internal Approach, Into The Suprac
0253U	Reproductive Medicine (Endometrial Receptivity Analysis), Rna Gene Expression Profile, 238 Genes By Next-Generation Sequencing, Endometrial Tissue, Predictive Algorithm Reported As Endometrial Window Of Implantation (Eg, Pre-Receptive, Receptive, Post-Receptive)
0254U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis Of 24 Chromosomes Using Embryonic Dna Genomic Sequence Analysis For Aneuploidy, And A Mitochondrial Dna Score In Euploid Embryos, Results Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And Segmental Aneuploidy, Per Embryo Tested
0285U	Evaluation Of Response To Radiation In Cell-Free Dna By Quantitative Branched Chain Dna Amplification, Reported As Radiation Toxicity Score
0286U	Gene Analysis Of Centrosomal Protein, 72-Kda (Cep72), Nudix Hydrolase 15 (Nudt15) And Thiopurine S-Methyltransferase (Tpmt) For Detection Of Common Variants
0287U	Next-Generation Dna And Rna Sequencing Of 112 Genes In Tumor Specimen, With Algorithmic Prediction Of Cancer Recurrence, Reported As A Categorical Risk Result (Low, Intermediate, High)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0288U	Pcr Measurement Of 11 Genes (Bag1, Brca1, Cdc6, Cdk2Ap1, Erbb3, Fut3, Il11, Lck, Rnd3, Sh3Bgr, Wnt3A) And 3 Reference Genes (Esd, Tbp, Yap1), In Tumor Tissue, With Algorithmic Interpretation Reported As A Recurrence Risk Score
0289U	Mrna Gene Expression Profiling Of 24 Genes In Whole Blood For Detection Of Abnormalities Associated With Alzheimer Disease, Algorithm Reported As Predictive Risk Score
0290U	Mrna Gene Expression Profiling Of 36 Genes In Whole Blood For Pain Management Evaluation, Algorithm Reported As Predictive Risk Score
0291U	Mrna Gene Expression Profiling Of 144 Genes In Whole Blood For Detection Of Abnormalities Associated With Mood Disorders, Algorithm Reported As Predictive Risk Score
0292U	Mrna Gene Expression Profiling Of 72 Genes In Whole Blood For Detection Of Abnormalities Associated With Stress Disorders, Algorithm Reported As Predictive Risk Score
0293U	Mrna Gene Expression Profiling Of 54 Genes In Whole Blood For Detection Of Abnormalities Associated With Suicidal Ideation, Algorithm Reported As Predictive Risk Score
0294U	Mrna Gene Expression Profiling Of 18 Genes In Whole Blood For Detection Of Abnormalities Associated With Life Expectancy, Algorithm Reported As Predictive Risk Score
0295U	Protein Expression Profiling By Immunohistochemistry Of 7 Proteins (Cox2, Foxa1, Her2, Ki-67, P16, Pr, Siah2), With 4 Clinicopathologic Factors (Size, Age, Margin Status, Palpability), In Breast Ductal Carcinoma In Situ Tumor Tissue, Algorithm Reported As A Recurrence Risk Score
0296U	Mrna Gene Expression Profiling Of At Least 20 Molecular Features In Saliva, Algorithm Reported As Positive Or Negative For Signature Associated With Mouth Or Mouth And Pharynx Cancer
0297U	Whole Genome Sequencing Of Paired Tumor And Normal Dna Specimens, In Tissue, Blood Or Bone Marrow, With Comparative Sequence Analyses And Variant Identification
0298U	Whole Transcriptome Sequencing Of Paired Tumor And Normal Dna Specimens, In Tissue, Blood Or Bone Marrow, With Comparative Sequence Analyses And Expression Level And Chimeric Transcript Identification
0299U	Whole Transcriptome Sequencing Of Paired Tumor And Normal Dna Specimens, In Tissue, Blood Or Bone Marrow, With Comparative Structural Variant Identification
0300U	Whole Genome Sequencing And Optical Genome Mapping Of Paired Tumor And Normal Dna Specimens, In Tissue, Blood Or Bone Marrow, With Comparative Sequence Analyses And Variant Identification
0301U	Droplet Digital Pcr (Ddpcr) Detection Of Bartonella Henselae And Bartonella Quintana
0302U	Droplet Digital Pcr (Ddpcr) Detection Of Bartonella Henselae And Bartonella Quintana Following Liquid Enrichment
0303U	Functional Assessment Of Red Blood Cell Adhesion To Endothelial/Subendothelial Adhesion Molecules In Whole Blood With Low Oxygen Level, With Algorithmic Analysis And Result Reported As An Rbc Adhesion Index
0304U	Functional Assessment Of Red Blood Cell Adhesion To Endothelial/Subendothelial Adhesion Molecules In Whole Blood With Normal Oxygen Level, With Algorithmic Analysis And Result Reported As An Rbc Adhesion Index
0305U	Evaluation Of Red Blood Cell Functionality And Deformability Under Shear Stress In Whole Blood, Reported As Maximum Elongation Index





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0306U	Initial Baseline Gene Analysis For Minimum Residual Disease In Cancer, Next-Generation Targeted Sequencing Analysis Of Cell-Free Dna, To Determine A Patient Specific Panel For Future Comparisons
0307U	Subsequent Gene Analysis For Minimum Residual Disease In Cancer, Next-Generation Targeted Sequencing Analysis Of Cell-Free Dna, To Determine A Patient Specific Panel For Future Comparisons
0308U	Analysis Of 3 Proteins (High Sensitivity [Hs] Troponin, Adiponectin, And Kidney Injury Molecule-1 [Kim-1]) In Plasma Specimen, Algorithm Reported As Risk Score For Obstructive Coronary Artery Disease
0309U	Analysis Of 4 Proteins (Nt-Probnp, Osteopontin, Tissue Inhibitor Of Metalloproteinase-1 [Timp-1], And Kidney Injury Molecule-1 [Kim-1]) In Plasma Specimen, Algorithm Reported As Risk Score For Major Adverse Heart Event
0310U	Analysis Of 3 Biomarkers (Nt-Probnp, C-Reactive Protein, And T-Uptake) For Kawasaki Disease (Kd) In Plasma Specimen, Algorithm Reported As Risk Score For Kd
0311U	Measurement Of Bacterial Susceptibility To Antibiotics, Reported As Phenotypic Minimum Inhibitory Concentration (Mic) For Each Organism Identified
0312T	Vagus Nerve Blocking; Laparoscopic Implant Neurostim Electrode Array, Vagal Trunks, W Implantation Of Pulse Generator
0312U	Analysis Of 8 Igg Autoantibodies And 2 Cell-Bound Complement Activation Products Associated With Autoimmune Disease, Using Enzyme-Linked Immunosorbent Immunoassay (Elisa), Flow Cytometry And Indirect Immunofluorescence In Serum Specimen Or Plasma And Whole Blood Specimen, Individual Components Reported Along With Algorithmic Systemic Lupus Erythematosus-likelihood Assessment
0313T	Vagus Nerve Blocking Therapy; Laparoscopic Revision Or Replacement Of Vagal Trunk Neurostimulator Electrode Array
0313U	Dna And Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis Of Cea (Ceacam5) Gene Expression In Pancreatic Cyst Fluid Specimen, Algorithm Reported As Negative, Low Probability Of Cancer Of Pancreas Or Positive, High Probability Of Cancer Of Pancreas Or Positive, High Probability Of Cancer Of Pancreas
0314T	Vagus Nerve Blocking Therapy; Laparoscopic Removal Of Vagal Trunk Neurostimulator Electrode Array And Pulse Generator
0314U	Mrna Gene Expression Profiling By Real-Time Polymerase Chain Reaction (Rt-Pcr) Of 35 Genes (32 Content And 3 Housekeeping) Associated With Melanoma Of Skin In Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Specimen, Algorithm Reported As Benign, Intermediate, Or Malignant
0315T	Vagus Nerve Blocking Therapy (Morbid Obesity); Removal Of Pulse Generator
0315U	Mrna Gene Expression Profiling By Real-Time Polymerase Chain Reaction (Rt-Pcr) Of 40 Genes (34 Content And 6 Housekeeping) Associated With Squamous Cell Carcinoma Of Skin In Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Specimen, Algorithm Reported As Benign, Intermediate, Or Malignant
0316T	Vagus Nerve Blocking Therapy (Morbid Obesity); Replacement Of Pulse Generator
0316U	Evaluation Of Outer Surface Protein A (Ospa) Of Borrelia Burgdorferi (Lyme Disease) In Urine Specimen
0317T	Vagus Nerve Blocking Therapy; Neurostimulator Pulse Generator Electronic Analysis, Includes Reprogramming When Performed
0317U	Four-Probe Fluorescence In Situ Hybridization (FISH) (3Q29, 3P22)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0318U	Whole Genome Methylation Analysis By Microarray For 50 Or More Genes Associated With Congenital Epigenetic Disorders In Blood Specimen
0319U	Rna Gene Expression Profiling By Select Transcriptome Sequencing In Peripheral Blood Specimen Taken Before Kidney Transplant, Algorithm Reported As Risk Score For Early Acute Rejection
0320U	Rna Gene Expression Profiling By Select Transcriptome Sequencing In Peripheral Blood Specimen Taken After Kidney Transplant, Algorithm Reported As Risk Score For Acute Cellular Rejection
0321U	Detection Test By Nucleic Acid (Dna Or Rna) Multiplex Amplified Probe Technique For Identification Of 20 Bacterial And Fungal Organisms Associated With Genital Or Urinary Tract Infection And Identification Of 16 Associated Antibiotic-Resistance Genes
0322U	Measurement Of 14 Acyl Carnitines And Microbiome-Derived Metabolites Associated With Autism Spectrum Disorders By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) In Plasma Specimen, Results Reported As Negative Or Positive For Risk Of Metabolic Subtypes Associated With Autism Spectrum Disorders
0323U	Dna And Mrna Next-Generation Sequencing Analysis In Cerebrospinal Fluid Specimen For Detection Of Organisms Causing Disease In Central Nervous System
0324U	Culture Of Spheroid Ovarian Cancer Cells For Evaluation Of 4 Drugs (Carboplatin, Doxorubicin, Gemcitabine, Paclitaxel), Result Reported As Tumor Chemotherapy Response Prediction For Each Drug
0325U	Culture Of Spheroid Ovarian Cancer Cells For Evaluation Of Poly (Adp-Ribose) Polymerase (Parp) Inhibitors (Niraparib, Olaparib, Rucaparib, Velparib), Result Reported As Tumor Chemotherapy Response Prediction For Each Drug
0326U	Targeted Genomic Sequence Analysis Of 83 Or More Genes In Cell Free Circulating Dna For Detection Of Abnormalities Associated With Solid Organ Cancers
0327U	Dna Sequence Analysis Of Selected Regions For Detection Of Abnormal Fetal Chromosome Number (Trisomy 13, 18, And 21) In Maternal Plasma Specimen, Algorithm Reported As Risk Score For Each Trisomy, Includes Sex Reporting, If Performed
0328U	Definitive Drug Testing For 120 Or More Drugs And Metabolites In Urine Specimen
0329U	Exome And Transcriptome Sequence Analysis Of Dna And Rna From Tumor With Dna From Normal Blood Or Saliva For Subtraction, Report Of Clinically Significant Mutations With Therapy Associations
0330U	Amplified Nucleic Acid Probe For Identification Of 27 Vaginal Disease Agents In Vaginal Swab Specimen
0331U	Optical Genome Mapping Of Dna From Blood Or Bone Marrow Specimen, Report Of Clinically Significant Alterations Associated With Blood Or Lymph System Cancers
0332U	Genetic Profiling Of 8 Epigenetic Markers To Evaluate Probability Of Responding To Immune Checkpoint-Inhibitor Therapy For Cancer
0333U	Surveillance For Liver Cancer In High Risk Patients Using Algorithm
0334U	Targeted Genomic Sequence Analysis Of 84 Or More Genes For Detection Of Abnormalities Associated With Cancer Of Body Organ
0335U	Whole Genome Sequence Analysis Of Fetal Sample For Detection Of Abnormalities Associated With Rare Constitutional/Heritable Diseases



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0336U	Whole Genome Sequence Analysis Of Comparator Genome (Parent) For Detection Of Abnormalities Associated With Rare Constitutional/Heritable Diseases
0337U	Evaluation Of Plasma Cells For Detection Of Abnormalities Associated With Plasma Cell Disorders And Myeloma
0338U	Evaluation Of Circulating Solid Tumor Cells In Peripheral Blood
0339U	Mrna Expression Profiling Of Genes Associated With High-Grade Prostate Cancer
0340U	Dna Assays For Detection Of Minimal Residual Disease In Cancer
0341U	Fetal Dna Sequencing Of Products Of Conception For Detection Of Abnormal Chromosome Number
0342T	Therapeutic Apheresis With Selective Hdl Delipidation And Plasma Reinfusion
0342U	Multiplex Immunoassay For Markers Of Pancreatic Cancer In Serum
0343U	Exosome-Based Analysis Of 442 Small Noncoding Rnas In Urine To Evaluate Risk Of Prostate Cancer
0344U	Evaluation Of 28 Lipid Markers For Risk Of Nonalcoholic Fatty Liver Disease
0346U	Evaluation Of Beta Amyloid Ab 1-40 And Ab 1-42 Ratio
0347U	Dna Analysis Of 16 Genes Involved In Drug Metabolism Or Processing
0348U	Dna Analysis Of 25 Genes Involved In Drug Metabolism Or Processing
0349U	Dna Analysis Of 27 Genes Involved In Drug Metabolism Or Processing, Report Including Gene-Drug Interactions
0350U	Dna Analysis Of 27 Genes Involved In Drug Metabolism Or Processing, Analysis And Reported Phenotypes
0351U	Biochemical Assays For Markers Of Bacterial Infection
0352U	Detection Of Bacteria Causing Vaginosis And Vaginitis By Multiplex Amplified Nucleic Acid Probe Technique
0353U	Detection Of Chlamydia Trachomatis And Neisseria Gonorrhoeae By Multiplex Amplified Dna Probe Technique



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0354U	Human Papilloma Virus (Hpv) By Quantitative Polymerase Chain Reaction (Qpcr)
0362T	Behavior Identification Supporting Assessment, Each 15 Minutes Of Technicians' Time Face-To-Face With A Patient, Requiring The Following Components: Administration By The Phys
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
0373T	Adaptive Behavior Treatment With Protocol Modification, Each 15 Minutes Of Technicians' Time Face-To-Face With A Patient, Requiring The Following Components: Administration By The Phys
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
0376T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Trabecular Meshwork; Each Additional Device Insertion (List S
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer
0394T	High Dose Rate Electronic Brachytherapy, Skin Surface Application, Per Fraction, Includes Basic Dosimetry, When Performed
0395T	High Dose Rate Electronic Brachytherapy, Interstitial Or Interacavitary Treatment, Per Fraction, Includes Basic Domietry, When Performed
0398T	Magnetic Resonance Image Guided High Intensity Focused Ultrasound (Mrgfus), Stereotactic Ablation Lesion, Intracranial For Movement Disorder Including Stereotactic Navigation
0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified m
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 (For additional PLA code with identical clinical descriptor, see
0412U	Beta amyloid, Aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) sco
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions,
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algori
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition
0424T	Insertion Or Replacement Of Neurostimulator System For Treatment Of Central Sleep Apnea; Complete System (Transvenous Placement Of Right Or Left Stimulation Lead, Sensing Lead
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer
0425T	Insertion Or Replacement Of Neurostimulator System For Treatment Of Central Sleep Apnea; Sensing Lead Only



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)
0426T	Insertion Or Replacement Of Neurostimulator System For Treatment Of Central Sleep Apnea; Stimulation Lead Only
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis
0427T	Insertion Or Replacement Of Neurostimulator System For Treatment Of Central Sleep Apnea; Pulse Generator Only
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)
0428T	Removal Of Neurostimulator System For Treatment Of Central Sleep Apnea; Pulse Generator Only
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability,
0429T	Removal Of Neurostimulator System For Treatment Of Central Sleep Apnea; Sensing Lead Only
0430T	Removal Of Neurostimulator System For Treatment Of Central Sleep Apnea; Stimulation Lead Only
0431T	Removal And Replacement Of Neurostimulator System For Treatment Of Central Sleep Apnea, Pulse Generator Only
0432T	Repositioning Of Neurostimulator System For Treatment Of Central Sleep Apnea; Stimulation Lead Only
0433T	Repositioning Of Neurostimulator System For Treatment Of Central Sleep Apnea; Sensing Lead Only
0434T	Interrogation Device Evaluation Implanted Neurostimulator Pulse Generator System For Central Sleep Apnea
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes
0435T	Programming Device Evaluation Of Implanted Neurostimulator Pulse Generator System For Central Sleep Apnea; Single Session
0436T	Programming Device Evaluation Of Implanted Neurostimulator Pulse Generator System For Central Sleep Apnea; During Sleep Study
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0449T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Initial Device
0451t	Insertion Or Replacement Of A Permanently Implantable Aortic Counterpulsation Ventricular Assist System, Endovascular Approach, And Programming Of Sensing And Therapeutic Para
0452t	Insertion Or Replacement Of A Permanently Implantable Aortic Counterpulsation Ventricular Assist System, Endovascular Approach, And Programming Of Sensing And Therapeutic Para
0453t	Insertion Or Replacement Of A Permanently Implantable Aortic Counterpulsation Ventricular Assist System, Endovascular Approach, And Programming Of Sensing And Therapeutic Para
0454t	Insertion Or Replacement Of A Permanently Implantable Aortic Counterpulsation Ventricular Assist System, Endovascular Approach, And Programming Of Sensing And Therapeutic Para
0455t	Removal Of Permanently Implantable Aortic Counterpulsation Ventricular Assist System; Complete System (Aortic Counterpulsation Device, Vascular Hemostatic Seal, Mechano-Electr
0456t	Removal Of Permanently Implantable Aortic Counterpulsation Ventricular Assist System; Aortic Counterpulsation Device And Vascular Hemostatic Seal
0457t	Removal Of Permanently Implantable Aortic Counterpulsation Ventricular Assist System; Mechano-Electrical Skin Interface
0458t	Removal Of Permanently Implantable Aortic Counterpulsation Ventricular Assist System; Subcutaneous Electrode
0459t	Relocation Of Skin Pocket With Replacement Of Implanted Aortic Counterpulsation Ventricular Assist Device, Mechano-Electrical Skin Interface And Electrodes
0460t	Repositioning Of Previously Implanted Aortic Counterpulsation Ventricular Assist Device; Subcutaneous Electrode
0461t	Repositioning Of Previously Implanted Aortic Counterpulsation Ventricular Assist Device; Aortic Counterpulsation Device
0466T	Insertion Of Chest Wall Respiratory Sensor Electrode Or Electrode Array, Including Connection To Pulse Generator (List Separately In Addition To Code For Primary Procedure)
0467T	Revision Or Replacement Of Chest Wall Respiratory Sensor Electrode Or Electrode Array, Including Connection To Existing Pulse Generator
0468T	Removal Of Chest Wall Respiratory Sensor Electrode Or Electrode Array
0474T	Insertion Of Anterior Segment Aqueous Drainage Device, With Creation Of Intraocular Reservoir, Internal Approach, Into The Supraciliary Space
0588T	Revision Or Removal Of Integrated Single Device Neurostimulation System Including Electrode Array And Receiver Or Pulse Generator, Including Analysis, Programming, And Imaging
0660T	Implantation Of Anterior Segment Intraocular Nonbiodegradable Drug-Eluting System, Internal Approach





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0661T	Removal And Reimplantation Of Anterior Segment Intraocular Nonbiodegradable Drug-Eluting Implant
0714T	Transperineal Laser Destruction Of Benign Prostatic Enlargement Using Imaging Guidance
0715T	Shockwave Destruction Of Calcified Plaque In Coronary Artery Accessed Through Skin Using Catheter
0716T	Acoustic Waveform Recording Of Heart With Automated Analysis And Generation Of Coronary Artery Disease Risk Score
0717T	Harvesting Of Patient'S Own Fatty Tissue And Preparation Of Cells For Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear
0718T	Injection Of Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy Into Supraspinatus Tendon Of One Shoulder Using Ultrasound Guidance, For Partial Thickness Rotator Cuff Tear
0719T	Replacement Of Posterior Joint In Single Segment Of Spine In Lower Back (Lumbar) Using Imaging Guidance
0720T	Electrical Nerve Field Stimulation Of Cranial Nerves Through Skin
0721T	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report
0722T	Quantitative Computed Tomography (Ct Scan) Tissue Characterization With Interpretation And Report And Concurrent Ct Examination Of Any Structure Contained In The Concurrently Acquired Diagnostic Imaging Dataset
0723T	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography (Qmrcp), With Data Preparation And Transmission, Interpretation And Report
0724T	Quantitative Magnetic Resonance (Mr Scan) Imaging Of Gallbladder, Bile Ducts, Pancreas And Pancreatic Duct Cholangiopancreatography (Qmrcp), With Data Preparation And Transmission, Interpretation And Report And With Diagnostic Magnetic Resonance Imaging (MRI)
0725T	Implantation Of Vestibular Nerve Stimulation Device In One Ear
0726T	Removal Of Vestibular Nerve Stimulation Device From One Ear
0727T	Removal And Replacement Of Vestibular Nerve Stimulation Device From One Ear
0728T	Diagnostic Analysis And Initial Programming Of Vestibular Nerve Stimulation Device In One Ear
0729T	Diagnostic Analysis And Subsequent Programming Of Vestibular Nerve Stimulation Device In One Ear
0730T	Laser Incision Of Drainage Tissue Within Eye (Trabeculotomy) Using Optical Coherence Tomography (Oct) Guidance



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0731T	Augmentative Artificial Intelligence-Based Analysis Of Facial Features (Facial Phenotype) For Possible Genetic Syndromes With Report
0732T	Administration Of Immunotherapy Into Muscle Using Electric Pulse (Electroporation)
0735T	Preparation Of Tumor Cavity And Placement Of Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) At Time Of Primary Incision Of Skull
0736T	Insertion Of Rectal Catheter And Flushing Of Colon With Gravity-Fed 35 Or More Liters Of Water
0737T	Implantation Of Nonhuman Tissue Graft Into Surface Of Joint
0738T	Treatment Planning For Destruction Of Prostate Cancer By Magnetic Field Induction, Using Data From Previously Performed Mri
0739T	Destruction Of Prostate Cancer By Magnetic Field Induction
0740T	Set-Up And Patient Education For Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration
0741T	Provision Of Software, Data Collection, Transmission, And Storage For Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration, Each 30 Days
0742T	Spect Measurement Of Blood Flow To Heart Muscle
0744T	Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein)
0745T	Noninvasive Localization And Mapping Of Heart Tissue Causing Abnormal Heart Rhythm For Radiation Treatment For Focal Destruction Of Arrhythmia Site
0746T	Conversion Of Localization And Mapping Of Heart Tissue Causing Abnormal Heart Rhythm Into A Multidimensional Radiation Treatment Plan For Focal Destruction Of Arrhythmia Site
0747T	Radiation Treatment For Focal Destruction Of Arrhythmia Site Causing Abnormal Heart Rhythm
0748T	Injections Of Stem Cell Product Into Soft Tissue Around Abnormal Drainage Tract Next To Anus
0764T	Assistive Algorithmic Ekg Risk-Based Assessment For Heart Dysfunction Based On Ekg Performed At Same Time
0765T	Assistive Algorithmic Ekg Risk-Based Assessment For Heart Dysfunction Based On Previous Ekg
0766T	Transcutaneous Magnetic Stimulation Of Peripheral Nerve By Focused Low-Frequency Electromagnetic Pulse, Initial Treatment On First Nerve



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0767T	Transcutaneous Magnetic Stimulation Of Peripheral Nerve By Focused Low-Frequency Electromagnetic Pulse, Initial Treatment On Additional Nerve
0768T	Transcutaneous Magnetic Stimulation Of Peripheral Nerve By Focused Low-Frequency Electromagnetic Pulse, Subsequent Treatment On First Nerve
0769T	Transcutaneous Magnetic Stimulation Of Peripheral Nerve By Focused Low-Frequency Electromagnetic Pulse, Subsequent Treatment On Additional Nerve
0770T	Virtual Reality Technology To Assist Therapy
0771T	Virtual Reality (Vr) Procedural Dissociation Services Provided By Same Health Care Professional Performing Diagnostic Or Therapeutic Procedure Vr Procedural Dissociation Supports, Initial 15 Minutes, Patient Age 5 Years Or Older
0772T	Virtual Reality (Vr) Procedural Dissociation Services Provided By Same Health Care Professional Performing Diagnostic Or Therapeutic Procedure Vr Procedural Dissociation Supports, Additional 15 Minutes
0773T	Virtual Reality (Vr) Procedural Dissociation Services Provided By Different Health Care Professional Than Health Care Professional Performing Diagnostic Or Therapeutic Procedure Vr Procedural Dissociation Supports, Initial 15 Minutes, Patient Age 5 Years Of Age Or Older
0774T	Virtual Reality (Vr) Procedural Dissociation Services Provided By Different Health Care Professional Than Health Care Professional Performing Diagnostic Or Therapeutic Procedure Vr Procedural Dissociation Supports, Additional 15 Minutes
0775T	Fusion Of Sacroiliac Joint Between Spine And Pelvis With Bone Graft, Accessed Through Skin Using Imaging Guidance
0776T	Therapeutic Induction Of Low Temperature In Brain, 30 Minutes Of Treatment
0777T	Real-Time Pressure-Sensing Epidural Guidance System
0778T	Surface Mechanomyography (Smmg) With Application Of Inertial Measurement Unit (Imu) Sensors For Measurement Of Multi-Joint Range Of Motion, Posture, Gait, And Muscle Function
0779T	Study Of Gastrointestinal Muscle Electric Activity Of Stomach Through Large Intestine
0780T	Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract
0781T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope
0782T	Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope
0783T	Set-Up, Calibration, And Patient Education On Use Of Equipment Or Stimulation Of Nerve To External Ear And Surrounding Area (Auricular Nerve) Through Skin
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior t
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior t
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, whe
11960	Insertion, Tissue Expander(S), Other Than Breast, W/Subsequent Expansion
11971	Removal, Tissue Expander(S) W/O Insertion, Prosthesis
14000	Adjacent Tissue Transfer/Rearrangement, Trunk; Defect 10 Sq Cm/<
14001	Adjacent Tissue Transfer/Rearrangement, Trunk; Defect 10.1-30.0 Sq Cm
14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/ Hands/Feet;10.1-30.0Sqcm
15734	Muscle, Myocutaneous/Fasciocutaneous Flap; Trunk
15738	Muscle, Myocutaneous/Fasciocutaneous Flap; Lower Extremity
15750	Flap; Neurovascular Pedicle
15757	Free Skin Flap W/Microvascular Anastomosis
15758	Free Fascial Flap W/Microvascular Anastomosis
15778	Implantation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
15820	Blepharoplasty, Lower Eyelid
15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
15822	Blepharoplasty, Upper Eyelid
15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid
15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy
15847	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy), Abdomen
15877	Suction Assisted Lipectomy; Trunk
17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue
19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy);
19303	Mastectomy, Simple, Complete
19316	Mastopexy
19318	Reduction Mammoplasty
19325	Mammoplasty, Augmentation; W/Prosthetic Implant
19328	Removal, Intact Mammary Implant
19330	Removal, Mammary Implant Matl



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
19350	Nipple/Areola Reconstruction
19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
19361	Breast Reconstruction W/Latissimus Dorsi Flap, W/Wo Prosthetic Implant
19364	Breast Reconstruction W/Free Flap
19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
19370	Open Periprosthetic Capsulotomy, Breast
19371	Periprosthetic Capsulectomy, Breast
19380	Revision, Reconstructed Breast
19396	Preparation, Moulage, Custom Breast Implant
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)
20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing, Noninvasive (Nonoperative)
21081	Impression & Custom Preparation; Mandibular Resection Prosthesis
21082	Impression & Custom Preparation; Palatal Augmentation Prosthesis



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
21084	Impression & Custom Preparation; Speech Aid Prosthesis
21085	Impression And Custom Preparation; Oral Surgical Splint
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation, Includes Removal
21137	Reduction Forehead; Contouring Only
21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
21146	Reconstruction Midface, Lefort I; 2 Pieces, Segment Movement In Any Direction, Requiring Bone Grafts
21147	Reconstruction Midface, Lefort I; 3 Or More Pieces, Segment Movement In Any Direction, Requiring Bone Grafts
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts; Without Lefort I
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts; With Lefort I
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement, Requiring Bone Grafts; Without Lefort I
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement, Requiring Bone Grafts; With Lefort
21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
21181	Reconstruction, Contouring, Benign Tumor, Cranial Bones, Extracranial
21182	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft < 40 Sq Cm
21183	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft 40-80 Sq Cm
21184	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft > 80 Sq Cm
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts
21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; Without Bone Graft
21194	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; With Bone Graft
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation
21196	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation
21198	Osteotomy, Mandible, Segmental;
21199	Osteotomy, Mandible, Segmental; With Genioglossus Advancement
21200	Graft, Bone; Nasal, Maxillary Or Malar Areas
21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft, Or Prosthetic Implant)
21209	Osteoplasty, Facial Bones; Reduction
21210	Graft, Bone; Nasal, Maxillary Or Malar Areas
21215	Graft, Bone; Mandible
21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)
21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
21240	Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft)
21242	Arthroplasty, Temporomandibular Joint, With Allograft
21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement
21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate
21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial
21246	"Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete"
21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autog Rafts
21248	Reconstruction Of Mandible Or Maxilla, Endosteal Implant; Partial
21249	Reconstruction Of Mandible Or Maxilla, Endosteal Implant; Complete
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage
21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)
21260	Periorbital Osteotomies, Orbital Hypertelorism, W/Bone Grafts; Extracranial Approach
21261	Periorbital Osteotomies, Orbital Hypertelorism, W/Bone Grafts; Intra & Extracranial Approach
21263	Periorbital Osteotomies, Orbital Hypertelorism, W/Bone Grafts; W/Forehead Advancement
21267	Orbital Repositioning, Periorbital Osteotomies, Unilat W/Bone Grafts; Extracranial Approach
21268	Orbital Repositioning, Periorbital Osteotomies, Unilat W/Bone Graft; Intra & Extracranial Approach
21270	Malar Augmentation, Prosthetic Material
21275	Secondary Revision, Orbitocraniofacial Reconstruction



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
21280	Medial Canthopexy (Sep Proc)
21282	Lateral Canthopexy
21295	Reduction, Masseter Muscle/Bone; Extraoral Approach
21296	Reduction Of Masseter Muscle And Bone; Intraoral Approach
21299	Unlisted Craniofacial And Maxillofacial Procedure
21421	Closed Treatments Of Palatal Or Maxillary Fracture (Lefort I Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint
21422	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type);
21423	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type); Complicated, Multiple Approaches
21431	Closed Treatment Of Craniofacial Separation (Lefort Iii Type) Using Interdental Wire Fixation Of Denture Or Splint
21432	Open Treatment Of Craniofacial Separation (Lefort Iii Type); With Wiring And/Or Internal Fixation
21433	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Multiple Surgical Approaches
21435	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Utilizing Internal And/Or External Fixation Techniques
21436	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Multiple Surgical Approaches, Internal Fixation, With Bone Grafting
21685	Hyoid Myotomy And Suspension
21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
22100	Partial Excision Of Posterior Vertebral Component, Single Vertebral Segment; Cervical



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
22101	Partial Excision Of Posterior Vertebral Component, Single Vertebral Segment; Thoracic
22102	Partial Excision Of Posterior Vertebral Component, Single Vertebral Segment; Lumbar
22103	Partial Excision Of Posterior Vertebral Component, Single Vertebral Segment; Each Additional Segment
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(S), Single Vertebral Segment; Cervical
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(S), Single Vertebral Segment; Thoracic
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(S), Single Vertebral Segment; Lumbar
22116	Partial Excision Of Posterior Vertebral Component, Single Vertebral Segment; Thoracic
22505	Manipulation Of Spine Requiring Anesthesia, Any Region
22510	"Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic"
22511	Percutaneous Vertebroplasty, 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral
22512	Percutaneous Vertebroplasty , 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
22860	Insertion Of Artificial Disc Between Bones Of Lower Spine, Additional Space
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)
22899	Unlisted Procedures, Spine
23455	Capsulorrhaphy, Anterior; With Labral Repair (Eg, Bankart Procedure)
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral Replacement (Eg, Total Shoulder)
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component
23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component
23800	Arthrodesis, Glenohumeral Joint;
23802	Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft)
23921	Disarticulation Of Shoulder; Secondary Closure Or Scar Revision
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision
25441	Arthroplasty With Prosthetic Replacement; Distal Radius
25442	Arthroplasty With Prosthetic Replacement; Distal Ulna
25443	Arthroplasty With Prosthetic Replacement; Scaphoid Carpal (Navicular)
25444	Arthroplasty With Prosthetic Replacement; Lunate
25445	Arthroplasty With Prosthetic Replacement; Trapezium
25446	Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Entire Carpus (Total Wrist)
25447	Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
25922	Disarticulation Through Wrist; Secondary Closure Or Scar Revision
26508	Release Of Thenar Muscle(S) (Eg, Thumb Contracture)
26530	Arthroplasty, Metacarpophalangeal Joint; Each Joint
26531	Arthroplasty, Metacarpophalangeal Joint; With Prosthetic Implant, Each Joint
26535	Arthroplasty, Interphalangeal Joint; Each Joint
26536	Arthroplasty, Interphalangeal Joint; With Prosthetic Implant, Each Joint
27125	Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthroplasty)
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Allograft
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
27412	Autologous Chondrocyte Implantation, Knee
27415	Osteochondral Allograft, Knee, Open
27437	Arthroplasty, Patella; Without Prosthesis
27438	Arthroplasty, Patella; With Prosthesis
27440	Arthroplasty, Knee, Tibial Plateau;



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component
27700	Arthroplasty, Ankle;
27702	Arthroplasty, Ankle; With Implant (Total Ankle)
27703	Arthroplasty, Ankle; Revision, Total Ankle
28344	Reconstruction, Toe(S); Polydactyly
28899	Unlisted Procedure, Foot Or Toes
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
30130	Excision Inferior Turbinate, Partial Or Complete, Any Method
30140	Submucous Resection Inferior Turbinate, Partial Or Complete, Any Method
30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip
30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
30420	Rhinoplasty, Primary; W/Major Septal Repair
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)
30460	Rhinoplasty, Nasal Deformity Secondary To Cong Cleft Lip/Palate, W/Columellar Lengthening; Tip Only
30462	Rhinoplasty, Nasal Deform Sec To Cong Cleft Lip/Palat, W/Columellar Lengthen; Tip/Septum/Osteotomies
30465	Repair, Nasal Vestibular Stenosis (Spreader Grafting, Lateral Nasal Wall Reconstruction)
30468	Repair Of Nasal Valve Collapse With Subcutaneous/Submucosal Lateral Wall Implant(S)
30469	Repair Of Collapsed Nasal Valve
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft
30540	Repair Choanal Atresia; Intranasal
30545	Repair Choanal Atresia; Transpalatine
30560	Lysis Intranasal Synechia
30620	Septal/Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)
30801	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial
30802	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Intramural (Ie, Submucosal)
31899	Unlisted Proc, Trachea, Bronchi
33206	Ins New/Rplcmt Prm Pacemakr W/Trans Eltrd Atrial



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
33207	Ins New/Rplc Prm Pacemaker W/Transv Eltrd Ventr
33208	Ins New/Rplcmt Prm Pm W/Transv Eltrd Atrial&Vent
33212	Insertion/Replacement, Pacemaker Pulse Generator Only; Single Chamber, Atrial/Ventricular
33213	Ins Pacemaker Pulse Gen Only W/Exist Dual Leads
33214	Repositioning, Previously Implanted Transvenous Electrode/Pacing Cardiovert-Defib Electrode
33221	Insertion Of Pacemaker Pulse Generator Only; With Existing Multiple Leads
33224	Insertion, Pacing Electrode, Cardiac Venous Sys, W/Attach, Prev Placed Pacemkr/Pac Cardiovert-Defib
33225	Insj Eltrd Car Ven Sys Tm Insj Dfb/Pm Pls Gen
33227	Remvl Perm Pm Plse Gen W/Repl Plse Gen Sngl Lead
33228	Remvl Perm Pm Pls Gen W/Repl Plse Gen 2 Lead Sys
33229	Remvl Perm Pm Pls Gen W/Repl Plse Gen Mult Lead
33230	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Dual Leads
33231	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads
33240	Insertion, Single/Dual Chamber Pacing Cardioverter-Defibrillator Pulse Generator
33249	Insj/Rplcmt Perm Dfb W/Trnsvns Lds 1/Dual Chmbr
33262	Rmvl Impltbl Dfb Plse Gen W/Repl Plse Gen 1 Lead
33263	Rmvl Impltbl Dfb Plse Gen W/Rplcmt Plse Gen 2 Ld
33264	Rmvl Impltbl Dfb Pls Gen W/Rplcmt Pls Gen Mlt Ld





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
33270	Ins/Rplcmnt Perm Subq Impltbl Dfb W/Subq Eltrd
33274	Tcat Insj/Rpl Perm Leadless Pacemaker Rv W/Img
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
33289	Tcat Impl Wrls P-Art Prs Snr L-T Hemodyn Mntr
33900	Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body
33901	Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body
33902	Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body
33903	Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body
33904	Placement Of Additional Stent In Pulmonary Artery
33927	Implantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiectomy
33928	Removal And Replacement Of Total Replacement Heart System (Artificial Heart)
33929	Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)
33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
33981	Replacement Of Extracorporeal Ventricular Assist Device, Single Or Biventricular, Pump(S), Single Or Each Pump
33982	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorporeal, Single Ventricle, W/O Cardiopulmonary Bypass



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
33983	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorporeal, Single Ventricle, W Cardiopulmonary Bypass
33990	Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only
33991	Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transeptal Puncture
33995	Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Right Heart, Venous Access Only
36465	Injection Of Non?Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Single Incompetent Extremity Truncal Vein
36466	Injection Of Non?Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Multiple Incompetent Truncal Veins, Same Leg
36468	Treatment of telangiectases
36470	Injection Of Sclerosant; Single Incompetent Vein
36471	Injection Of Sclerosant; Multiple Incompetent Veins, Same Leg
36473	Endovenous Ablation Therapy Of Incompetent Vein, Extremity; First Vein Treated
36474	Endovascular Ablation Therapy of Incompetent Extremity Veins
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity; First Vein Treated
36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity; First Vein Treated
36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites
36482	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive Remote From The Access Site; First Vein Treated
36483	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive Remote From The Access Site; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites
37224	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(S), Unilateral; With Transluminal Angioplasty



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
37225	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(S), Unilateral; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed
37226	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(S), Unilateral; With Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel, When Performed
37227	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(S), Unilateral; With Transluminal Stent Placement(S) And Atherectomy, Includesangioplasty Within The Same Vessel, When Performed
37246	Transluminal Balloon Angioplasties (Except Lower Extremity Artery(ies) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous
37247	Transluminal Balloon Angioplasties (Except Lower Extremity Artery(ies) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous
37650	Ligation Of Femoral Vein
37660	Ligation Of Common Iliac Vein
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg
37765	Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10?20 Stab Incisions
37766	Stab Phlebectomy Of Varicose Veins, 1 Extremity; More Than 20 Incisions
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), 1 Leg
41512	Tongue Base Suspension, Permanent Suture Technique



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
41530	Submucosal Ablation Of The Tongue Base, Radiofrequency, One Or More Sites, Per Session
41599	Unlisted Proc, Tongue, Mouth Floor
42140	Uvulectomy, Excision, Uvula
42145	Palatopharyngoplasty
42299	Unlisted Proc, Palate, Uvula
42950	Pharyngoplasty (Plastic/Reconstructive Operation On Pharynx)
43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43648	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum
43659	Unlisted Proc, Laparoscopy, Stomach
43770	Laparoscopy, Surg, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Band
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Band Component Only
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Band Component Only
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Band Component Only
43774	Laparoscopy, Surg, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Band And Subcutaneous Port Components
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy)
43843	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
43845	Gastric Stapling Morbid Obesity
43846	Gastric Restrictive Procedure, W/Gastric Bypass, Morbid Obesity; W/Short Limb Roux-En-Y Gastroenterostomy
43847	Gastric Restrictive Procedure, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
43848	Revision, Gastric Restrictive Procedure, Morbid Obesity (Sep Proc)
43860	Revision, Gastrojejunal Anastomosis W/Reconstruction W/Wo Part Gastrect/Bowel Resect; W/O Vagotomy
43865	Revision, Gastrojejunal Anastomosis W/Reconstruction W/Wo Part Gastrect/Bowel Resect; W/Vagotomy
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gastric Restrictive Procedure, Open; Revision Of Subcutaneous Port Component Only
43887	Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port Component Only
43888	Gastric Restrictive Procedure, Open; Removal And Replacement Of Subcutaneous Port Component Only
50080	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, With Or Without Dilation, Endoscopy, Lithotripsy, Stenting, Or Basket Extraction; Up To 2 Cm
50081	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, With Or Without Dilation, Endoscopy, Lithotripsy, Stenting, Or Basket Extraction; Over 2 Cm
50590	Lithotripsy, Extracorporeal Shock Wave
50592	Ablation, 1 Or More Renal Tumor(S), Percutaneous, Unilateral, Radiofrequency
51715	Endoscopic Injection Of Implant Material Into The Submucosal Tissues Of The Urethra And/Or Bladder Neck
52601	Transurethral Electrosurgical Resections Of Prostate, Including Control Of Postoperative Bleeding, Complete
52648	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
53410	Urethroplasty, 1-Stage Reconstruction, Male Anterior Urethra
53430	Urethroplasty, Reconstruction, Female Urethra
53440	Sling Operation For Correction Of Male Urinary Incontinence
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff
53850	Transurethral Destruction Of Prostate Tissue; By Microwave Thermotherapy
53852	Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy
53860	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;
53862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S)
53865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes
53875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application, With Or Without Cystoscopy
53899	Unlisted Procedure, Urinary System
53899	Unlisted Procedure, Male Genital System
54125	Amputation, Penis; Complete
54520	Orchiectomy, Simple, W/Wo Prosthesis, Scrotal/Inguinal Approach
54660	Insertion, Testicular Prosthesis (Sep Proc)
54690	Laparoscopy, Surgical; Orchiectomy
55175	Scrotoplasty; Simple
55180	Scrotoplasty; Complicated



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
55860	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;
55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S)
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes
55875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application, With Or Without Cystoscopy
55899	Unlisted Proc, Male Genital System
55970	Intersex Surgery; Male To Female
55980	Intersex Surgery; Female To Male
56625	Vulvectomy Simple; Complete
56800	Plastic Repair, Introitus
56805	Clitoroplasty, Intersex State
56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)
57106	Vaginectomy, Partial Removal, Vaginal Wall;
57107	Vaginectomy, Partial Removal, Vaginal Wall; W/Removal, Paravaginal Tissue (Radical Vaginectomy)
57110	Vaginectomy, Complete Removal, Vaginal Wall
57111	Vaginectomy, Complete Removal, Vaginal Wall; W/Removal Paravaginal Tissue
57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy
57156	Insertion Of A Vaginal Radiation After Loading Apparatus For Clinical Brachytherapy
57291	Construction, Artificial Vagina; W/O Graft



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
57292	Construction, Artificial Vagina; W/Graft
57335	Vaginoplasty, Intersex State
57425	Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex)
58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)
58260	Vaginal Hysterectomy, Uterus 250 Gms/<
58262	Vaginal Hysterectomy, Uterus 250 Gms/<; W/Removal, Tube(S) & Ovary(S)
58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy
58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele
58285	Vaginal Hysterectomy; Radical
58290	Vaginal Hysterectomy, Uterus >250 Gms;
58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)
58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less;
58542	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(S) And/Or Ovary(S)
58543	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G
58544	Laparoscopy, Surg, Supracerv Hysterectomy, Uterus > 250 G; With Removal Of Tube(S) And/Or Ovary(S)
58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250Gms/<
58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250Gms/<; W/Removal, Tube(S) &/Or Ovary(S)





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250G Or Less; With Removal Of Tube(S) And/Or Ovary(S)
58573	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250G; With Removal Of Tube(S) And/Or Ovary(S)
58578	Unlisted Laparoscopy Procedure, Uterus
58661	Laparoscopy, Surgical; W/Removal, Adnexal Structures
58720	Salpingo-Oophorectomy, Complete/Partial, Unilat/Bilat (Sep Proc)
58940	Oophorectomy, Partial/Total, Unilat/Bilat
58999	Unlisted Proc, Female Genital System (Nonobstetrical)
61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical
61863	Burr Hole Craniotomy With Implantation Of Subcortical Electrode Array, Wo Intraop Microelectrode Recording; First Array
61867	Burr Hole Craniotomy With Implantation Of Subcortical Electrode Array, W Intraop Microelectrode Recording; First Array
61868	Burr Hole Craniotomy W Implantation Of Subcortical Electrode Array, W Intraop Microelectrode Recording; Ea Addl Array
61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opi)
62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opi)
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opi)
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opi)
62350	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservoir/Infusion Pump; W/O Laminect



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
62360	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Subq Reservoir
62361	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Non-Programmable Pump
62362	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter? Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina; Cervical
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina; Thoracic
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina; Lumbar
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); 1 Interspace, Cervical
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); 1 Interspace, Lumbar
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); Each Additional Interspace, Cervical Or Lumbar
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); Cervical
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); Lumbar
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); Each Additional Cervical Interspace
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S); Each Additional Lumbar Interspace
63045	Laminectomy, Facetectomy And Foraminotomy , Single Vertebral Segment; Cervical
63046	Laminectomy, Facetectomy And Foraminotomy, Single Vertebral Segment; Thoracic
63047	Laminectomy, Facetectomy And Foraminotomy, Single Vertebral Segment; Lumbar
63048	Laminectomy, Facetectomy And Foraminotomy, Single Vertebral Segment; Each Additional



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic, Single Segment
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic, Each Additional Segment
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic Or Lumbar; Single Segment
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic Or Lumbar; Each Additional Segment
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic, Lumbar, Or Sacral; Single Segment
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic, Lumbar, Or Sacral; Each Additional Segment
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic, Single Segment
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Lumbar, Single Segment
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extra Cavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Or Lumbar, Each Additional Segment
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracic
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar
63265	Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm, Extradural; Cervical
63266	Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm, Extradural; Sacral
63267	Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm, Extradural; Lumbar
63268	Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm, Extradural; Sacral
63270	Laminectomy For Excision Of Intraspinial Lesion Other Than Neoplasm, Intradural; Cervical



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Thoracic
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Sacral
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral
63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Including Fluoroscopy, When Performed
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Inc Fluoro
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Percutaneous Array(S), Inc Fluoro
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver
64479	Injection, Anesthetic/Steroid, Transforaminal Epidural; Cervical/Thoracic, Single Level
64480	Injection, Anesthetic/Steroid, Transforaminal Epidural; Cervical/Thoracic, Add'L Level
64483	Injection, Anesthetic/Steroid, Transforaminal Epidural; Lumbar/Sacral, Single Level



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
64484	Injection, Anesthetic/Steroid, Transforaminal Epidural; Lumbar/Sacral, Add'L Level
64490	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Cervical or Thoracic; Single Level
64491	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Cervical or Thoracic; Second Level (List Separately in addition to Code for Primary Proced
64492	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Cervical or Thoracic; Third and any additional Level(s) (List Separately in Addition to Co
64493	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Lumbar or Sacral; Single Level
64494	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Lumbar or Sacral; Second Level (List separately in addition to Code for Primary Procedure)
64495	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating that Joint) with Image Guidance (Fluoroscopy or CT), Lumbar or Sacral; Third and any additional Level(s) (List Separately in Addition to Code f
64553	Percutaneous Implantation, Neurostimulator Electrodes; Cranial Nerve
64555	Percutaneous Implantation, Neurostimulator Electrodes; Peripheral Nerve, W/O Sacral Nerve
64561	Percutaneous Implantation, Neurostimulator Electrodes; Sacral Nerve W/Transforaminal Placement
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator
64581	Incision, Implantation, Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)
64590	Incision & Subq Placement, Peripheral Neurostimulator Pulse Generator/Receiver
64595	Revision/Removal, Peripheral Neurostimulator Pulse Generator/Receiver
64633	Destruction by Neurolytic Agent, Paravertebral Facet Joint Nerve(s), with Imaging Guidance (Fluoroscopy or CT); Cervical or Thoracic, Single Facet Joint
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint
64635	Destruction by Neurolytic Agent, Paravertebral Facet Joint Nerve(s), with Imaging Guidance (Fluoroscopy or CT); Lumbar or Sacral, Single Facet Joint
64636	Destruction by Neurolytic Agent, Paravertebral Facet Joint Nerve(s), with Imaging Guidance (Fluoroscopy or CT); Lumbar or Sacral, Each additional Facet Joint (List Separately in addition to Code for Primary Procedure)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
64856	Suture, Major Peripheral Nerve, Arm/Leg, Except Sciatic; W/Transposition
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm/Leg; Up To 4 Cm Length
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands, Hand/Foot; > 4 Cm Length
64999	Unlisted Proc, Nervous System
66761	Iridotomy/Iridectomy By Laser Surgery (Eg, For Glaucoma) (Per Session)
66821	Discission Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid); Laser Surgery (Eg, Yag Laser) (1 Or More Stages)
66982	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1?Stage Procedure), Manual Or Mechanical Technique, Complex; Without Endoscopic Cyclophotocoagulation
66983	Intracapsular Cataract Extraction With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure)
66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique; Without Endoscopic Cyclophotocoagulation
66985	Insertion Of Intraocular Lens Prosthesis (Secondary Implant), Not Associated With Concurrent Cataract Removal
66986	Exchange Of Intraocular Lens
67221	Destruction Of Localized Lesion Of Choroid (Eg, Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion)
67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
67901	Repair, Blepharoptosis; Frontalis Muscle Technique W/Suture/Other Material
67902	Repair, Blepharoptosis; Frontalis Muscle W/Fascial Sling
67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach
67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach
67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller'S Muscle-Levator Resection
67909	Reduction, Overcorrection, Ptosis
67911	Correction, Lid Retraction
67912	Correction Of Lagophthalmos, With Implantation Of Upper Eyelid Lid Load (Eg, Gold Weight)
67914	Repair, Ectropion; Suture
67915	Repair, Ectropion; Thermocauterization
67916	Repair, Ectropion; Excision Tarsal Wedge
67917	Repair, Ectropion; Extensive
67921	Repair, Entropion; Suture
67922	Repair, Entropion; Thermocauterization
67923	Repair, Entropion; Blepharoplasty, Excision Tarsal Wedge
67924	Repair, Entropion; Blepharoplasty, Extensive
67950	Canthoplasty (Reconstruction, Canthus)
67961	Excision/Repair, Eyelid; Up TO One Quarter, Lid Margin
67966	Excision/Repair, Eyelid; > One Quarter, Lid Margin
67971	Reconstruction, Eyelid, Full Thickness; Up To Two Thirds, Lid 1 Stage/First Stage
67973	Reconstruction, Eyelid, Full Thickness; Total Lid, Lower, 1 Stage/First Stage
67974	Reconstruction, Eyelid, Full Thickness; Total Lid, Upper, 1 Stage/First Stage



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
67975	Reconstruction, Eyelid, Full Thickness; 2Nd Stage
67999	Unlisted Proc, Eyelids
68700	Plastic Repair Of Canaliculi
69728	Removal Of Entire Cochlear Stimulating System From Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor
69729	Implantation Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor
69730	Replacement Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor
69805	Endolymphatic Sac Operation; Without Shunt
69806	Endolymphatic Sac Operation; With Shunt
69930	Cochlear Device Implantations, With Or Without Mastoidectomy
69949	Unlisted Procedure, Inner Ear
70557	Mri, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure; Without Contrast Material
70558	Mri, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure; With Contrast Material(S)
70559	Mri, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure; Wo And W Contrast Material(S)
73200	Ct Scan, Upper Extremity; W/O Contrast
73201	Ct Scan, Upper Extremity; W/Contrast
73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
73206	Ct Angiography, Uppr Extrem, W/O Contrast Matl(S), Followed By Contrast Matl(S), W/Image Post-Proc
73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; With Stress Imaging
75561	Cardiac Mri Wo Contrast Followed By Contrast And Further Sequences;
75563	Cardiac Mri Wo Contrast Followed By Contrast And Further Sequences; With Stress Imaging
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code For Primary Procedure)
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology
75573	Computed Tomography, Heart, With Contrast Material, For Evaluation In Ea Setting Of Congenital Heart Disease
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present), With Contrast
76376	3D Rendering W/Interp & Postprocess Supervision
76377	3D Rendering W/Interp&Postproc Diff Work Station
76883	Comprehensive Ultrasound Scan Of Entire Length Of Nerves In Extremity
77338	Multi-Leaf Collimator Devices For Intensity Modulated Radiation Therapy (Imrt), Design And Construction Per Imrt Plan
77432	Radiation Treatment Management, Stereotactic, Cerebral Lesion(S)
77435	Stereotactic Body Radiation Therapy, Treatment Management, Per Course, Entire Course Not To Exceed 5 Fractions
77469	Intraoperative Radiation Treatment Management
78012	Thyroid Uptake, Single Or Multiple Quantitative Measurement(S)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78013	Thyroid Imaging (Including Vascular Flow, When Performed);
78014	Thyroid Uptake W/Blood Flow Sngle/Mult Quan Meas
78015	Thyroid Carcinoma Metastases Imaging; Limited Area
78016	Thyroid Carcinoma Metastases Imaging; W/Add'L Studies
78018	Thyroid Carcinoma Metastases Img Whole Body
78070	Parathyroid Planar Imaging
78071	Parathyroid Planar Imaging W/Wo Subtraction
78072	Parathyroid Imaging W/Tomographic Spect & Ct
78075	Adrenal Imaging, Cortex &/Or Medulla
78099	Unlisted Endocrine Proc, Dx Nuclear Medicine
78102	Bone Marrow Imaging; Limited Area
78103	Bone Marrow Imaging; Multiple Areas
78104	Bone Marrow Imaging; Whole Body
78185	Spleen Imaging Only, W/Wo Vascular Flow
78195	Lymphatics & Lymph Nodes Imaging
78199	Unlisted Hematopoietic/Reticuloendothelial/Lymphatic Proc, Dx Nuclear Medicine
78201	Liver Imaging; Static Only
78202	Liver Imaging; W/Vascular Flow



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78215	Liver & Spleen Imaging; Static Only
78216	Liver & Spleen Imaging; W/Vascular Flow
78226	Hepatobiliary Syst Imaging Including Gallbladder
78227	Hepatobil Syst Imag Inc Gb W/Pharma Intervenj
78230	Salivary Gland Imaging
78231	Salivary Gland Imaging; W/Serial Images
78232	Salivary Gland Function Study
78258	Esophageal Motility
78261	Gastric Mucosa Imaging
78262	Gastroesophageal Reflux Study
78264	Gastric Emptying Imaging Study
78265	Gastric Emptying Imaging Study (Eg, Solid, Liquid, Or Both); With Small Bowel Transit
78266	Gastric Emptying Imaging Study (Eg, Solid, Liquid, Or Both); With Small Bowel And Colon Transit, Multiple Days
78278	Acute Gi Blood Loss Imaging
78282	Gi Protein Loss
78290	Bowel Imaging
78291	Peritoneal-Venous Shunt Patency Test
78299	Unlisted Gi Proc, Dx Nuclear Medicine



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78300	Bone &/Joint Imaging Limited Area
78305	Bone &/Or Joint Imaging; Multiple Areas
78306	Bone &/Joint Imaging Whole Body
78315	Bone &/Joint Imaging 3 Phase Study
78399	Unlisted Musculoskeletal Proc, Dx Nuclear Medicine
78428	Cardiac Shunt Detection
78429	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed), Single S
78430	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed); Single Study, At Re
78431	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed); Multiple Studies At
78432	Myocardial Imaging, Positron Emission Tomography (Pet), Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], W
78433	Myocardial Imaging, Positron Emission Tomography (Pet), Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], W
78434	Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Positron Emission Tomography (Pet), Rest And Pharmacologic Stress (List Separately In Addition To Code For Primary Proc
78445	Non-Cardiac Vascular Flow Imaging
78451	Myocardial Spect Single Study At Rest Or Stress
78452	Myocardial Spect Multiple Studies
78453	Myocardial Perfusion Imaging, Planar; Single Study, At Rest Or Stress (Exercise Or Pharmacologic)
78454	Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection
78456	Imaging, Peptide, Acute Venous Thrombosis



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78457	Venous Thrombosis, Imaging, Venogram; Unilat
78458	Venous Thrombosis, Imaging, Venogram; Bilat
78459	Myocrd Img Pet Metab Eval Single Study
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1St Pass Technique
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
78481	Cardiac Blood Pool Imaging, Planar, 1St Pass; Single Study & Ejection Fraction W/Wo Quantification
78483	Cardiac Blood Pool Imaging, Planar, 1St Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
78491	Myocrd Img Pet Prfuj Single Study Rest/Stress
78492	Myocrd Img Pet Prfuj Multiple Study Rest&Stress
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, Rest, Rt Vent Ejection Fract, 1St Pass
78499	Unlisted Cardiovascular Px Dx Nuclear Medicine
78579	Pulmonary Ventilation Imaging (Eg, Aerosol Or Gas)
78580	Pulmonary Perfusion Imaging, Particulate
78582	Pulmonary Ventilation & Perfusion Imaging



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78597	Quantitative Differential Pulmonary Perfusion, Including Imaging When Performed
78598	Quant Diff Pulm Prfusion & Ventlaj W/Wo Imagin
78599	Unlisted Respiratory Proc, Dx Nuclear Medicine
78600	Brain Imaging, Limited Proc; Static
78601	Brain Imaging, Limited Proc; W/Vascular Flow
78605	Brain Imaging, Complete Study; Static
78606	Brain Imaging, Complete Study; W/Vascular Flow
78608	Brain Imaging Pet Metabolic Evaluation
78609	Brain Imaging Pet Perfusion Evaluation
78610	Brain Imaging, Vascular Flow Only
78630	Cerebrospinal Fluid Flow, Imaging (Not W/Introduction, Matl); Cisternography
78635	Cerebrospinal Fluid Flow, Imaging (Not W/Introduction, Matl); Ventriculography
78645	Cerebrospinal Fluid Flow, Imaging (Not W/Introduction, Matl); Shunt Evaluation
78650	Csf Leakage Detection & Localization
78660	Radiopharmaceutical Dacryocystography
78699	Unlisted Nervous System Proc, Dx Nuclear Medicine
78700	Kidney Imaging Morphology
78701	Kidney Imaging; W/Vascular Flow



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78707	Kidney Imaging W/Blood Flow & Function; Single W/O Drug Intervention
78708	Kidney Img Morphology Vascular Flow 1 W/Rx
78709	Kidney Img Morphology Vascular Flow Multiple
78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)
78761	Testicular Imaging; W/Vascular Flow
78799	Unlisted Genitourinary Proc, Dx Nuclear Medicine
78800	Rp Loclzj Tum Plnr 1 Area Single Day Imaging
78801	Radiopharmaceutical Localization, Tumor; Multiple Areas
78802	Rp Loclzj Tum Plnr Whole Body Single Day Imaging
78803	Rp Loclzj Tum Spect 1 Area Single Day Imaging
78804	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiopharm Agent(S); Whole Body, Two Or More Days Imaging
78811	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck)
78812	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh
78813	Pet Imaging Whole Body
78814	Pet Imaging Ct For Attenuation Limited Area
78815	Pet Imaging Ct Attenuation Skull Base Mid-Thigh
78816	Pet Imaging For Ct Attenuation Whole Body
78830	Rp Loclzj Tum Spect W/Ct 1 Area 1 Day Imaging



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
78831	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed)
78832	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed)
78999	Unlisted Miscellaneous Px Dx Nuclear Medicine
81105	Human Platelet Antigen 1 Genotyping (Hpa-1), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia], Antigen Cd61 [GpIIIA]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Pos
81106	Human Platelet Antigen 2 Genotyping (Hpa-2), Gp1Ba (Glycoprotein Ib [Platelet], Alpha Polypeptide [GpIb]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion P
81107	Human Platelet Antigen 3 Genotyping (Hpa-3), Itga2B (Integrin, Alpha 2B [Platelet Glycoprotein Iib Of Iib/Iiia Complex], Antigen Cd41 [GpIb]) (Eg, Neonatal Alloimmune Thrombo
81108	Human Platelet Antigen 4 Genotyping (Hpa-4), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia], Antigen Cd61 [GpIIIA]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Pos
81109	Human Platelet Antigen 5 Genotyping (Hpa-5), Itga2 (Integrin, Alpha 2 [Cd49B, Alpha 2 Subunit Of V1a-2 Receptor] [Gpia]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post
81110	Human Platelet Antigen 6 Genotyping (Hpa-6W), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia, Antigen Cd61] [GpIIIA]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Po
81111	Human Platelet Antigen 9 Genotyping (Hpa-9W), Itga2B (Integrin, Alpha 2B [Platelet Glycoprotein Iib Of Iib/Iiia Complex, Antigen Cd41] [GpIb]) (Eg, Neonatal Alloimmune Thromb
81120	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+], Soluble) (Eg, Glioma), Common Variants (Eg, R132H, R132C)
81121	Idh2 (Isocitrate Dehydrogenase 2 [Nadp+], Mitochondrial) (Eg, Glioma), Common Variants (Eg, R140W, R172M)
81161	Dmd (Dystrophin) (Eg, Duchenne/Becker Muscular Dystrophy) Deletion Analysis, And Duplication Analysis, If Performed
81162	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis And Full Duplicatio
81163	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis
81164	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, De
81165	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis
81166	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81167	Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)
81168	Ccnd1/Igh (T(11;14)) (Eg, Mantle Cell Lymphoma) Translocation Analysis, Major Breakpoint, Qualitative And Quantitative, If Performed
81170	Abl1 (Abl Proto-Oncogene 1, Non-Receptor Tyrosine Kinase) (Eg, Acquired Imatinib Tyrosine Kinase Inhibitor Resistance), Gene Analysis, Variants In The Kinase Domain
81171	Aff2 (Af4/Fmr2 Family, Member 2 [Fmr2]) (Eg, Fragile X Mental Retardation 2 [Fraxe]) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81172	Aff2 (Af4/Fmr2 Family, Member 2 [Fmr2]) (Eg, Fragile X Mental Retardation 2 [Fraxe]) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size And Methylation Status)
81173	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Full Gene Sequence
81174	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Known Familial Variant
81175	Asxl1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Fu
81176	Asxl1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Ta
81177	Atn1 (Atrophin 1) (Eg, Dentatorubral-Pallidoluysian Atrophy) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81178	Atxn1 (Ataxin 1) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81179	Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81180	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81181	Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81182	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81183	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81184	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebellar Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81185	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebellar Ataxia) Gene Analysis; Full Gene Sequence



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81186	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebellar Ataxia) Gene Analysis; Known Familial Variant
81187	Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg, Myotonic Dystrophy Type 2) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81188	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81188	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81189	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene Sequence
81190	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Known Familial Variant(S)
81191	Ntrk1 (Neurotrophic Receptor Tyrosine Kinase 1) (Eg, Solid Tumors) Translocation Analysis
81192	Ntrk2 (Neurotrophic Receptor Tyrosine Kinase 2) (Eg, Solid Tumors) Translocation Analysis
81193	Ntrk3 (Neurotrophic Receptor Tyrosine Kinase 3) (Eg, Solid Tumors) Translocation Analysis
81194	Ntrk (Neurotrophic Receptor Tyrosine Kinase 1, 2, And 3) (Eg, Solid Tumors) Translocation Analysis
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
81201	Apc (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence
81202	Apc (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants
81203	Apc (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants
81204	Ar (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size Or Me
81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) Gene Analysis, Common Variants
81206	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qual/Quantitative
81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qual/Quantitative



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qual/Quantitative
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant
81210	Braf (B-Raf Proto-Oncogene, Serine/Threonine Kinase) (Eg, Colon Cancer, Melanoma), Gene Analysis, V600 Variant(S)
81212	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants
81215	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant
81216	Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis
81217	Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant
81218	Cebpa (Ccaat/Enhancer Binding Protein [C/Ebp], Alpha) (Eg, Acute Myeloid Leukemia), Gene Analysis, Full Gene Sequence
81219	Calr (Calreticulin) (Eg, Myeloproliferative Disorders), Gene Analysis, Common Variants In Exon 9
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Duplication/Deletion Variants
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Intron 8 Poly-T Analysis
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants
81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
81228	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation Of Genomic Regions For Copy Number Variants



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81229	Cytogenomic Constitutional Microarray Analysis; Interrog Genomic Regns For Copy Numbr & Sgl Nucleide Polymorphism Variants
81230	Cyp3A4 (Cytochrome P450 Family 3 Subfamily A Member 4) (Eg, Drug Metabolism), Gene Analysis, Common Variant(S) (Eg, *2, *22)
81232	Dpyd (Dihydropyrimidine Dehydrogenase) (Eg, 5-Fluorouracil/5-Fu And Capecitabine Drug Metabolism), Gene Analysis, Common Variant(S) (Eg, *2A, *4, *5, *6)
81233	Btk (Bruton'S Tyrosine Kinase) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, C481S, C481R, C481F)
81234	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles
81235	Egfr (Epidermal Growth Factor Receptor) Gene Analysis, Common Variants
81236	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms) Gene Analysis, Full Gene Sequence
81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Diffuse Large B-Cell Lymphoma) Gene Analysis, Common Variant(S) (Eg, Codon 646)
81238	F9 (Coagulation Factor Ix) (Eg, Hemophilia B), Full Gene Sequence
81239	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size)
81240	F2 (Prothrombin, Coagulation Factor Ii) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant
81242	Fancc (Fanconi Anemia, Complementation Group C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)
81243	Fmr1 (Fragile X Mental Retardation 1) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81244	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size And Promoter Methylation Status)
81245	Flt3 (Fms-Related Tyrosine Kinase 3), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)
81246	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis; Tyrosine Kinase Domain (Tkd) Variants (Eg, D835, I836)
81247	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg, Hemolytic Anemia, Jaundice), Gene Analysis; Common Variant(S) (Eg, A, A-)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81248	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg, Hemolytic Anemia, Jaundice), Gene Analysis; Known Familial Variant(S)
81249	G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg, Hemolytic Anemia, Jaundice), Gene Analysis; Full Gene Sequence
81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) Gene Analysis, Common Variants (Eg, R83C, Q347X)
81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)
81252	Gjb2 (Gap Junction Protein, Beta 2, 26Kda; Connexin 26) Gene Analysis; Full Gene Sequence
81253	Gjb2 (Gap Junction Protein, Beta 2, 26Kda; Connexin 26) Gene Analysis; Known Familial Variants
81254	Gjb6 (Gap Junction Protein, Beta 6, 30Kda, Connexin 30) Gene Analysis, Common Variants
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)
81257	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2), Gene Analysis, For Common Deletions Or Variant
81258	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Known Familial Variant
81259	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Full Gene Sequence
81260	Inhibtr Of Kappa Light Plypeptide Gene Enhancr In B-Cells, Kinase Complex-Assoc Protein Gene Analysis, Common Variants
81261	Immunoglobulin Heavy Chain Locus, Gene Rearrangement Analysis To Detect Abnormal Clonal Pops; Amplified Methodology
81262	Immunoglobulin Heavy Chain Locus, Gene Rearrangement Analysis To Detect Abnormal Clonal Pops; Direct Probe Methodology
81263	Immunoglobulin Heavy Chain Locus (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis
81264	Immunoglobulin Kappa Light Chain Locus, Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)
81265	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81266	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Each Additional Specimen
81267	Chimerism (Engraftment) Analysis, Post Transplantation Specimen (Eg, Hematopoietic Stem Cell); Without Cell Selection
81268	Chimerism (Engraftment) Analysis, Post Transplantation Specimen; With Cell Selection, Each Cell Type
81269	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Duplication/Deletion Variants
81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
81271	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81272	Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (Eg, Gastrointestinal Stromal Tumor [Gist], Acute Myeloid Leukemia, Melanoma), Gene Analysis, Targeted Sequencing
81273	Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (Eg, Mastocytosis), Gene Analysis, D816 Variant(S)
81274	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size)
81275	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg, Carcinoma) Gene Analysis; Variants In Exon 2 (Eg, Codons 12 And 13)
81276	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg, Carcinoma) Gene Analysis; Additional Variant(S) (Eg, Codon 61, Codon 146)
81277	Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis, Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants For Chromosomal Abnormalities
81278	Igh@/Bcl2 (T(14;18)) (Eg, Follicular Lymphoma) Translocation Analysis, Major Breakpoint Region (Mbr) And Minor Cluster Region (Mcr) Breakpoints, Qualitative Or Quantitative
81279	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Targeted Sequence Analysis (Eg, Exons 12 And 13)
81283	Ifnl3 (Interferon, Lambda 3) (Eg, Drug Response), Gene Analysis, Rs12979860 Variant
81284	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles
81285	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size)
81286	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Full Gene Sequence



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81287	Mgmt (O-6-Methylguanine-Dna Methyltransferase) (Eg, Glioblastoma Multiforme) Promoter Methylation Analysis
81288	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis
81289	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Known Familial Variant(S)
81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants
81298	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis
81299	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants
81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants
81301	Microsatellite Instability Analysis Of Markers For Mismatch Repair Deficiency
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81305	Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Waldenstrom'S Macroglobulinemia, Lymphoplasmacytic Leukemia) Gene Analysis, P.Leu265Pro (L265P) Variant
81306	Nudt15 (Nudix Hydrolase 15) (Eg, Drug Metabolism) Gene Analysis, Common Variant(S) (Eg, *2, *3, *4, *5, *6)
81307	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence
81308	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Known Familial Variant
81309	Pik3Ca (Phosphatidylinositol-4, 5-Biphosphate 3-Kinase, Catalytic Subunit Alpha) (Eg, Colorectal And Breast Cancer) Gene Analysis, Targeted Sequence Analysis (Eg, Exons 7, 9,
81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants
81311	Nras (Neuroblastoma Ras Viral [V-Ras] Oncogene Homolog) (Eg, Colorectal Carcinoma), Gene Analysis, Variants In Exon 2 (Eg, Codons 12 And 13) And Exon 3 (Eg, Codon 61)
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg, Oculopharyngeal Muscular Dystrophy) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81313	Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related Peptidase 3 [Prostate Specific Antigen]) Ratio (Eg, Prostate Cancer)
81314	Pdgfra (Platelet-Derived Growth Factor Receptor, Alpha Polypeptide) (Eg, Gastrointestinal Stromal Tumor [Gist]), Gene Analysis, Targeted Sequence Analysis (Eg, Exons 12, 18)
81315	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant
81316	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants
81320	Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, R665W, S707F, L845F)
81321	Pten (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis
81322	Pten (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81323	Pten (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant
81324	Pmp22 (Peripheral Myelin Protein 22) Gene Analysis; Duplication/Deletion Analysis
81325	Pmp22 (Peripheral Myelin Protein 22) Gene Analysis; Full Sequence Analysis
81326	Pmp22 (Peripheral Myelin Protein 22) Gene Analysis; Known Familial Variant
81327	Sept9 (Septin9) (Eg, Colorectal Cancer) Promoter Methylation Analysis
81328	Slco1B1 (Solute Carrier Organic Anion Transporter Family, Member 1B1) (Eg, Adverse Drug Reaction), Gene Analysis, Common Variant(S) (Eg, *5)
81329	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) Gene Analysis; Dosage/Deletion Analysis (Eg, Carrier Testing), Includes Smn2 (Survival Of Motor Neur
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Vars
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A), Methylation Analysis
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1), Gene Analysis,Common Vars
81333	Tgfbi (Transforming Growth Factor Beta-Induced) (Eg, Corneal Dystrophy) Gene Analysis, Common Variants (Eg, R124H, R124C, R124L, R555W, R555Q)
81334	Runx1 (Runt Related Transcription Factor 1) (Eg, Acute Myeloid Leukemia, Familial Platelet Disorder With Associated Myeloid Malignancy), Gene Analysis, Targeted Sequence Analy
81335	Tpmt (Thiopurine S-Methyltransferase) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3)
81336	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) Gene Analysis; Full Gene Sequence
81337	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) Gene Analysis; Known Familial Sequence Variant(S)
81338	Mpl (Mpl Proto-Oncogene, Thrombopoietin Receptor) (Eg, Myeloproliferative Disorder) Gene Analysis; Common Variants (Eg, W515A, W515K, W515L, W515R)
81339	Mpl (Mpl Proto-Oncogene, Thrombopoietin Receptor) (Eg, Myeloproliferative Disorder) Gene Analysis; Sequence Analysis, Exon 10
81340	T Cell Antigen Receptor, Beta, Gene Rearrangemt Analysis To Detect Abnormal Clonal Pops; Using Amplification Methodology



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81341	T Cell Antigen Receptor, Beta, Gene Rearrangemt Analysis To Detect Abnormal Clonal Pops; Using Direct Probe Methodology
81342	T Cell Antigen Receptor, Gamma, Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)
81343	Ppp2R2B (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81344	Tbp (Tata Box Binding Protein) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (Eg, Expanded) Alleles
81345	Tert (Telomerase Reverse Transcriptase) (Eg, Thyroid Carcinoma, Glioblastoma Multiforme) Gene Analysis, Targeted Sequence Analysis (Eg, Promoter Region)
81346	Tyms (Thymidylate Synthetase) (Eg, 5-Fluorouracil/5-Fu Drug Metabolism), Gene Analysis, Common Variant(S) (Eg, Tandem Repeat Variant)
81347	Sf3B1 (Splicing Factor [3B] Subunit B1) (Eg, Myelodysplastic Syndrome/Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, A672T, E622D, L833F, R625C, R625L)
81348	Srsf2 (Serine And Arginine-Rich Splicing Factor 2) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, P95H, P95L)
81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants
81351	Tp53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Full Gene Sequence
81352	Tp53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Targeted Sequence Analysis (Eg, 4 Oncology)
81353	Tp53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Known Familial Variant
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variant(S) (Eg, -1639G>A, C.173+1000C>T)
81357	U2Af1 (U2 Small Nuclear Rna Auxiliary Factor 1) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, S34F, S34Y, Q157R, Q157P)
81360	Zrsr2 (Zinc Finger Ccch-Type, Rna Binding Motif And Serine/Arginine-Rich 2) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variant(S) (Eg, E65Fs, E122Fs, R448Fs)
81361	Hbb (Hemoglobin, Subunit Beta) (Eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Common Variant(S) (Eg, Hbs, Hbc, Hbe)
81362	Hbb (Hemoglobin, Subunit Beta) (Eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Known Familial Variant(S)
81363	Hbb (Hemoglobin, Subunit Beta) (Eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Duplication/Deletion Variant(S)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81364	Hbb (Hemoglobin, Subunit Beta) (Eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Full Gene Sequence
81370	Hla Class I And Ii Typing, Low Resolution (Eg, Antigen Equivalents); Hla-A, -B, -C, -Drb1/3/4/5, And -Dqb1
81371	Hla Class I And Ii Typing, Low Resolution (Eg, Antigen Equivalents); Hla-A, -B, And -Drb1 (Eg, Verification Typing)
81372	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); Complete (Ie, Hla-A, -B, And -C)
81373	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); One Locus (Eg, Hla-A, -B, Or -C), Each
81374	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); One Antigen Equivalent (Eg, B*27), Each
81375	Hla Class Ii Typing, Low Resolution (Eg, Antigen Equivalents); Hla-Drb1/3/4/5 And -Dqfob1
81376	Hla Class Ii Typing, Low Resolution (Eg, Antigen Equivalents); 1 Locus (Eg, Hla-Drb1, -Drb3/4/5, -Dqb1, -Dqa1, -Dpb1, Or -Dpa1), Each
81377	Hla Class Ii Typing, Low Resolution (Eg, Antigen Equivalents); One Antigen Equivalent, Each
81378	Hla Class I And Ii Typing, High Resolution (Ie, Alleles Or Allele Groups), Hla-A, -B, -C, And -Drb1
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each
81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
81382	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus, Each
81383	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group, Each
81400	Molecular Pathology Procedure Level 1
81401	Molecular Pathology Procedure Level 2
81402	Molecular Pathology Procedure Level 3



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81403	Molecular Pathology Procedure Level 4
81404	Molecular Pathology Procedure Level 5
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81407	Molecular Pathology Procedure Level 8
81408	Molecular Pathology Procedure Level 9
81410	Aortic Dysfunction Or Dilation (Eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome Type Iv, Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel, Must
81411	Aortic Dysfunction Or Dilation (Eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome Type Iv, Arterial Tortuosity Syndrome); Duplication/Deletion Analysis Panel, M
81412	Ashkenazi Jewish Associated Disorders (Eg, Bloom Syndrome, Canavan Disease, Cystic Fibrosis, Familial Dysautonomia, Fanconi Anemia Group C, Gaucher Disease, Tay-Sachs Disease)
81413	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia); Genomic Sequence Analysis Panel
81414	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia); Duplication/Deletion Gene Analy
81415	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis
81416	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis, Each Comparator Exome (Eg, Parents, Siblings) (List Separately In Addition To Code
81417	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Exome Sequence (Eg, Updated Knowledge Or Unrelated Condition/Syn
81418	Genomic Sequence Analysis Panel Of At Least 6 Genes Associated With Drug Metabolism
81419	Epilepsy Genomic Sequence Analysis Panel, Must Include Analyses For Aldh7A1, Cacna1A, Cdkl5, Chd2, Gabrg2, Grin2A, Kcnq2, Mecp2, Pcdh19, Polg, Prrt2, Scn1A, Scn1B, Scn2A, Scn8A, Slc2A1, Slc9A6, Stxbp1, Syngap1, Tcf4, Tpp1, Tsc1, Tsc2, And Zeb2
81420	Fetal Chromosomal Aneuploidy (Eg, Trisomy 21, Monosomy X) Genomic Sequence Analysis Panel, Circulating Cell-Free Fetal Dna In Maternal Blood, Must Include Analysis Of Chromoso
81430	Hearing Loss (Eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 60 Genes, Including Cdh23,



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81431	Hearing Loss (Eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Duplication/Deletion Analysis Panel, Must Include Copy Number Analyses For Strc And Dfnb1 Delet
81432	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer); Genomic Sequence Analysis Panel, Must Incl
81433	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer); Genomic Sequence Analysis Panel, Must Incl
81434	Hereditary Retinal Disorders (Eg, Retinitis Pigmentosa, Leber Congenital Amaurosis, Cone-Rod Dystrophy), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 1
81435	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis); Genomic Sequence Analysis Panel, Must Includ
81436	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis); Duplication/Deletion Analysis Panel, Must In
81437	Hereditary Neuroendocrine Tumor Disorders (Eg, Medullary Thyroid Carcinoma, Parathyroid Carcinoma, Malignant Pheochromocytoma Or Paraganglioma); Genomic Sequence Analysis Pane
81438	Hereditary Neuroendocrine Tumor Disorders (Eg, Medullary Thyroid Carcinoma, Parathyroid Carcinoma, Malignant Pheochromocytoma Or Paraganglioma); Duplication/Deletion Analysis
81439	Inherited Cardiomyopathy (Eg, Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy) Genomic Sequence Analysis Panel, Must Inclu
81440	Nuclear Encoded Mitochondrial Genes (Eg, Neurologic Or Myopathic Phenotypes), Genomic Sequence Panel, Must Include Analysis Of At Least 100 Genes, Including Bcs1L, C10orf2, Co
81441	Gene Sequence Analysis Panel At Least 30 Genes Associated With Inherited Bone Marrow Failure Syndromes
81442	Noonan Spectrum Disorders (Eg, Noonan Syndrome, Cardio-Facio-Cutaneous Syndrome, Costello Syndrome, Leopard Syndrome, Noonan-Like Syndrome), Genomic Sequence Analysis Panel, M
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashkenazi Jewish-Associated Disorders [Eg, Bloom Syndrome, Canavan Disease, Fanconi Anemia Type C, Mucoli
81445	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Dna Analysis, And Rna Analysis When Performed, 5-50 Genes (Eg, Alk, Braf, Cdkn2A, Egfr, Erbb2, Kit, Kras, Nras,
81448	Hereditary Peripheral Neuropathies (Eg, Charcot-Marie-Tooth, Spastic Paraplegia), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 5 Peripheral Neuropathy-
81449	Targeted Genomic Sequence Analysis Panel Of Rna Of 5-50 Genes Associated With Solid Organ Neoplasm
81451	Targeted Genomic Sequence Analysis Panel Of Rna Of 5-50 Genes Associated With Blood And Lymphatic System Disorders
81456	Targeted Genomic Sequence Analysis Panel Of Rna Of 51 Or Greater Genes Associated With Blood And Lymphatic System Disorders



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
81460	Whole Mitochondrial Genome (Eg, Leigh Syndrome, Mitochondrial Encephalomyopathy, Lactic Acidosis, And Stroke-Like Episodes [Melas], Myoclonic Epilepsy With Ragged-Red Fibers [
81465	Whole Mitochondrial Genome Large Deletion Analysis Panel (Eg, Kearns-Sayre Syndrome, Chronic Progressive External Ophthalmoplegia), Including Heteroplasmy Detection, If Perfor
81470	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 60 Genes, Including Arx, A
81471	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Duplication/Deletion Gene Analysis, Must Include Analysis Of At Least 60 Genes, Including Arx,
81479	Unlisted Molecular Pathology Procedure
81507	Fetal Aneuploidy (Trisomy 21, 18, And 13) Dna Sequence Analysis Of Selected Regions Using Maternal Plasma, Algorithm Reported As A Risk Score For Each Trisomy
81518	Oncology (Breast), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 11 Genes (7 Content And 4 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm
81519	Oncology (Breast), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 21 Genes, Utilizing Formalin-Fixed Paraffin Embedded Tissue, Algorithm Reported As Recurrence Score
81520	Oncology (Breast), Mrna Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm R
81521	Oncology (Breast), Mrna, Microarray Gene Expression Profiling Of 70 Content Genes And 465 Housekeeping Genes, Utilizing Fresh Frozen Or Formalin-Fixed Paraffin-Embedded Tissue
81522	Oncology (Breast), Mrna, Gene Expression Profiling By Rt-Pcr Of 12 Genes (8 Content And 4 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported
81541	Oncology (Prostate), Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 46 Genes (31 Content And 15 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algori
81546	Oncology (Thyroid), Mrna, Gene Expression Analysis Of 10,196 Genes, Utilizing Fine Needle Aspirate, Algorithm Reported As A Categorical Result (Eg, Benign Or Suspicious)
81551	Oncology (Prostate), Promoter Methylation Profiling By Real-Time Pcr Of 3 Genes (Gstp1, Apc, Rassf1), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As
81554	Pulmonary Disease (Idiopathic Pulmonary Fibrosis [Ipf]), Mrna, Gene Expression Analysis Of 190 Genes, Utilizing Transbronchial Biopsies, Diagnostic Algorithm Reported As Categorical Result (Eg, Positive Or Negative For High Probability Of Usual Interstitial Pneumonia [UIP])
81595	Cardiology (Heart Transplant), Mrna, Gene Expression Profiling By Real-Time Quantitative Pcr Of 20 Genes (11 Content And 9 Housekeeping), Utilizing Subfraction Of Peripheral B
81599	Unlisted Multianalyte Assay With Algorithmic Analysis
84433	Evaluation Of Thiopurine S-Methyltransferase (Tpmt)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
87468	Detection Of Anaplasma Phagocytophilum By Amplified Nucleic Acid Probe Technique
87469	Detection Of Babesia Microtim By Amplified Nucleic Acid Probe Technique
87478	Detection Of Babesia Borrelia Miyamotoi By Amplified Nucleic Acid Probe Technique
87481	Infectious Agent, Nucleic Acid (Dna/Rna); Candida, Amplified Probe
87482	Infectious Agent, Nucleic Acid (Dna/Rna); Candida, Quantification
87484	Detection Of Ehrlichia Chaffeensis By Amplified Nucleic Acid Probe Technique
87505	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Mul
87506	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Mul
87507	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Mul
87510	Infectious Agent, Nucleic Acid (Dna/Rna); Gardnerella Vaginalis, Direct Probe
87511	Infectious Agent, Nucleic Acid (Dna/Rna); Gardnerella Vaginalis, Amplified Probe
87512	Infectious Agent, Nucleic Acid (Dna/Rna); Gardnerella Vaginalis, Quantification
87623	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Human Papillomavirus (Hpv), Low-Risk Types (Eg, 6, 11, 42, 43, 44)
87797	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; Direct Probe Technique, Ea Organism
87798	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; Amplified Probe Technique, Ea Organism
87799	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; Quantification, Ea Organism
87800	Infectious Agent, Nucleic Acid (Dna/Rna), Multiple Organisms; Direct Probe(S) Technique
87801	Infectious Agent, Nucleic Acid (Dna/Rna), Multiple Organisms; Amplified Probe(S) Technique



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
87913	Genotype Analysis Of Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) By Nucleic Acid For Identification Of Mutations In Targeted Regions
88245	Chromosome Analysis, Breakage Syndromes; Baseline Sister Chromatid Exchange, 20-25 Cells
88248	Chromosome Analysis, Breakage Syndromes; Baseline Breakage, 50-100 Cells, Count 20 Cells, 2 Karyotyp
88249	Chromosome Analysis, Breakage Syndromes; 100 Cells, Clastogen Stress
88261	Chromosome Analysis; Count 5 Cells, 1 Karyotype, W/Banding
88262	Chromosome Analysis; Count 15-20 Cells, 2 Karyotypes, W/Banding
88263	Chromosome Analysis; Count 45 Cells, Mosaicism, 2 Karyotypes, W/Banding
88264	Chromosome Analysis; Analyze 20-25 Cells
88271	Molecular Cytogenetics; Dna Probe, Each
88272	Molecular Cytogenetics; Chromosomal In Situ Hybridization, 3-5 Cells
88273	Molecular Cytogenetics; Chromosomal In Situ Hybridization, 10-30 Cells
88274	Molecular Cytogenetics; Interphase In Situ Hybridization, 25-99 Cells
88275	Molecular Cytogenetics; Interphase In Situ Hybridization, 100-300 Cells
88280	Chromosome Analysis; Add'L Karyotypes, Each Study
88283	Chromosome Analysis; Add'L Specialized Banding Technique
88285	Chromosome Analysis; Add'L Cells Counted, Each Study
88289	Chromosome Analysis; Add'L High Resolution Study
88291	Cytogenetics & Molecular Cytogenetics, Interpretation & Report





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
88299	Unlisted Cytogenetic Study
88364	In Situ Hybridization (Eg, Fish), Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)
88366	In Situ Hybridization (Eg, Fish), Per Specimen; Each Multiplex Probe Stain Procedure
88374	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-Assisted Technology, Per Specimen; Each Multiplex Probe Stain Procedure
88377	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per Specimen; Each Multiplex Probe Stain Procedure
90791	Psychological Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
90832	Individual Psychotherapy, 30 Minutes Individual Psychotherapy With Evaluation And Management Services, 30 Minutes
90833	Individual Psychotherapy, 45 Minutes
90834	Individual Psychotherapy With Evaluation And Management Services, 45 Minutes
90836	No Prior Authorization Required For Referral To Par Or In?Network Providers Individual Psychotherapy, 60 Minutes
90837	Individual Psychotherapy With Evaluation And Management Services, 60 Minutes
90838	No Prior Authorization Required For Referral To Par Or In?Network Providers Individual Crisis Psychotherapy Initial 60 Min
90839	Individual Crisis Psychotherapy Initial 60 Min, Each Additional 30 Min
90840	Family Psychotherapy Without Patient, 50 Minutes
90846	Family Psychotherapy With Patient, 50 Minutes
90847	
90867	Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment; Planning



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
90868	Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment; Delivery And Management, Per Session
90869	Therapeutic Repetitive Transcranial Magnetic Stim (Tms) Tx; Subsequent Motor Threshold Re-Determination W Deliv & Mgmt
90870	Electroconvulsive Therapy (W/Monitoring); Single Seizure
92066	Eye Training Exercise Under Supervision Of Health Care Professional
92507	Speech/Hearing/Voice/Communication Therapy; Individual
92508	Speech/Hearing/Voice/Communication Therapy; Group, 2+ Individuals
92521	Evaluation Of Speech Fluency (Eg, Stuttering, Cluttering)
92522	Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria);
92523	Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria); With Evaluation Of Language Comprehension And Expression (Eg, Receptive An
92524	Behavioral And Qualitative Analysis Of Voice And Resonance
92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpr
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93350	Echo Tthrc R-T 2D W/Wo M-Mode Complete Rest&St
93351	Echo Tthrc R-T 2D W/Wo M-Mode Rest&Strs Cont Ecg
93451	Right Heart Cath O2 Saturation & Cardiac Output
93452	L Hrt Cath W/Njx L Ventriculography Img S&I
93453	R & L Hrt Cath W/Njx L Ventriculog Img S&I
93454	Cath Placement & Njx Coronary Art Angio Img S&I
93455	Cath Plmt & Njx Coronary Art/Grft Angio Img S&I
93456	Cath Plmt R Hrt & Arts W/Njx & Angio Img S&I
93457	Cath Plmt R Hrt/Arts/Grfts W/Njx& Angio Img S&I
93458	Cath Plmt L Hrt & Arts W/Njx & Angio Img S&I
93459	Cath Plmt L Hrt/Arts/Grfts Wnjx & Angio Img S&I
93460	R & L Hrt Cath Winjx Hrt Art& L Ventr Img
93461	R& L Hrt Cath W/Injec Hrt Art/Grft& L Vent I



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
93569	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On One Side Of Body
93573	Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On Both Sides Of Body
93574	Injection For Selective Imaging Of Pulmonary Vein During Heart Catheterization
93575	Injection For Selective Imaging Of Major Aortopulmonary Collateral Arteries During Heart Catheterization
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, includin
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording, and catheter ablation of arrhythmogenic focus, includin
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac
93797	Physician services for outpatient cardiac rehabilitation; without continuous electrocardiographic (ECG) monitoring (per session)
93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session).
94625	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; Without Continuous Oximetry Monitoring (Per Session)
94626	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; With Continuous Oximetry Monitoring (Per Session)
95782	Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep
95783	Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep, W Cpap Or Bi-Level Ventilation
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS (EG, BY AIRFLOW OR PERIPHERAL ARTERIAL TONE), AND SLEEP TIME
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN SATURATION, AND RESPIRATORY ANALYSIS (EG, BY AIRFLOW OR PERIPHERAL ARTERIAL TONE)
95805	Multiple Sleep Latency Test, Multiple Trails
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)
95807	Sleep Study, Attended



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
95808	Polysomnography; Sleep Staging W/1-3 Add'L Parameters, Attended
95810	Polysomnography; Sleep Staging W/4+ Add'L Parameters, Attended
95811	Polysomnography; Sleep Staging W/4+ Add'L Parameters & Cpap, Attended
95919	Measurement Of Pupil With Healthcare Professional Interpretation And Report Aphasia Assessment
96105	Developmental Test Administration With Interpretation
96112	Each Additional 30 Minutes Of Developmental Test Administration With Interpretation
96113	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, [Eg, Acquired Knowledge, Attention, Language, Memory, Planning And Problem Solving, And V
96116	Each Additional Hour Of Neurobehavioral Status Examination
96121	Standardized Cognitive Performance Testing, 60 Minutes
96125	Brief Emotional Or Behavioral Assessment
96127	Psychological Testing Evaluation Services Provided By A Physician Or Qualified Health Professional, 60 Minutes
96130	Each Additional Hour Of Psychological Testing Evaluation Services Performed
96131	Neuropsychological Testing Services, 60 Minutes
96132	Each Additional Hour Of Neuropsychological Testing Services Performed
96133	Psychological Or Neuropsychological Test Administration And Scoring By A Physician Or Qualified Health Professional, 30 Minutes
96136	Each Additional 30 Minutes Of Neuropsychological Test Administration And Scoring By A Physician Or Qualified Health Professional
96137	Psychological Or Neuropsychological Test Administration And Scoring By A Technician, 30 Minutes
96138	



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
96139	Each Additional 30 Minutes Of Neuropsychological Test Administration And Scoring By A Technician
96146	Psychological Or Neuropsychological Test Administration, With Single Automated, Standardized Instrument Via Electronic Platform, With Automated Result Only
96156	Health Behavior Assessment Or Reassessment
96160	Patient?Focused Health Risk Assessment
96161	Caregiver?Focused Health Risk Assessment
96202	Multiple-Family Group Behavior Management/Modification Training, Face-To-Face, Initial 60 Minutes
96203	Multiple-Family Group Behavior Management/Modification Training, Face-To-Face, Each Additional 15 Minutes
96921	Laser Treatment For Inflammatory Skin Disease (Psoriasis); 250 Sq Cm To 500 Sq Cm
97010	Application, Modality To 1+ Areas; Hot/Cold Packs
97012	Application, Modality To 1+ Areas; Traction, Mechanical
97016	Application, Modality To 1+ Areas; Vasopneumatic Devices
97018	Application, Modality To 1+ Areas; Paraffin Bath
97022	Application, Modality To 1+ Areas; Whirlpool
97024	Application, Modality To 1+ Areas; Diathermy
97026	Application, Modality To 1+ Areas; Infrared
97028	Application, Modality To 1+ Areas; Ultraviolet
97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
97033	Application, Modality To 1+ Areas; Iontophoresis, Each 15 Min



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
97039	Unlisted Modality (Specify Type & Time If Constant Attendance)
97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
97129	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensato
97130	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensato
97139	Unlisted Therapeutic Procedure (Specify)
97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
97150	Therapeutic Proc(S), Group, (2+ Individuals)
97151	Behavior Identification Assessment (15Min)
97152	Behavior Identification- Supporting Assessment (15Min)
97153	Adaptive Behavior Treatment By Protocol (15Min)
97154	Group Adaptive Behavior Treatment By Protocol (15Min)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
97155	Adaptive Behavior Treatment With Protocol Modification (15Min)
97156	Family Adaptive Behavior Treatment Guidance (15 Min)
97157	Multitple-Family Group Adaptive Behavior Treatment Guidance (15 Min)
97158	Group Adaptive Behavior Treatment With Protocol Modification (15Min)
97161	Physical Therapy Evaluation: Low Complexity, Requiring These Components: A History With No Personal Factors And/Or Comorbidities That Impact The Plan Of Care; An Examination O
97162	Physical Therapy Evaluation: Moderate Complexity, Requiring These Components: A History Of Present Problem With 1-2 Personal Factors And/Or Comorbidities That Impact The Plan
97163	Physical Therapy Evaluation: High Complexity, Requiring These Components: A History Of Present Problem With 3 Or More Personal Factors And/Or Comorbidities That Impact The Pla
97164	Re-Evaluation Of Physical Therapy Established Plan Of Care, Requiring These Components: An Examination Including A Review Of History And Use Of Standardized Tests And Measures
97165	Occupational Therapy Evaluation, Low Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes A Brief History Including
97166	Occupational Therapy Evaluation, Moderate Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes An Expanded Review Of
97167	Occupational Therapy Evaluation, High Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes Review Of Medical And/Or
97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care, Requiring These Components: An Assessment Of Changes In Patient Functional Or Medical Status With Revised Plan
97530	Therapeutic Activities, Direct Patient Contact, Each 15 Min
97533	Sensry Integratv Technique, Enhance Sensry Proces & Adaptv Response, Direct Pt Contact, Each 15 Min
97535	Self Care/Home Management Training, Direct Contact, Each 15 Min
97537	Community/Work Reintegration Training, Direct Contact, Each 15 Min
97542	Wheelchair Management/Propulsion Train, Each 15 Min
97545	Work Hardening/Conditioning; Initial 2 Hours





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
97546	Work Hardening/Conditioning; Add'L Hr
97605	Negative Pressure Wound Therapy, Per Session; Total Area </= 50 Sq Cm
97606	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm
97750	Physical Performance Test, W/Written Report, Each 15 Min
97755	Assistive Technology Assessment, Direct One-On-One Contact By Provider, With Written Report, Each 15 Minutes
97760	Orthotic(S) Management And Training, Upper Extremity(S), Lower Extremity(S) And/Or Trunk, Each 15 Minutes
97761	Prosthetic Training, Upper And/Or Lower Extremity(S), Each 15 Minutes
97763	Orthc/Prostc Mgmt Sbsq Enc
97799	Unlisted Physical Medicine/Rehabilitation Service/Proc
97810	Initial Acupuncture
97811	Subsequent Unit of Acupuncture
97813	Initial Acupuncture with Electrical Simulation
97814	Subsequent Unit of Acupuncture with Electrical Stimulation
98940	Chiropractic Manipulative Treatment (Cmt); Spinal, 1?2 Regions
98941	Chiropractic Manipulative Treatment (Cmt); Spinal, 3?4 Regions
98942	Chiropractic Manipulative Treatment (Cmt); Spinal, 5 Regions
98978	Device Supply With Scheduled Recording And Transmission For Remote Monitoring Of Cognitive Behavioral Therapy, Per 30 Days
99183	Physician Attendance & Supervision, Hyperbaric Oxygen Therapy, Per Session



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
	Prolonged Services
99354	
	Prolong Services With E/M
99355	
A0426	Ambulance service, advanced life support, non-emergency transport, level 1
A0428	Ambulance Services, Basic Life Support, Non Emergency Transport (BlS)
A0434	Speciality Care Transport (Sct)
A2019	Kerecis omega3 marigen shield, per square centimeter
A2020	Ac5 advanced wound system (ac5)
A2021	Neomatrix, per square centimeter
A2022	Innovaburn or innovamatrix xl, per square centimeter
A2023	Innovamatrix pd, 1 mg
A2024	Resolve matrix, per square centimeter
A2025	Miro3d, per cubic centimeter
A4238	Supply allowance for adjunctive continuous glucose monitor, includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
A4468	Exsufflation belt, includes all supplies and accessories
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
A6550	Dressing Set For Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable, Each
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
A7026	High Frequency Chest Wall Oscillation System Hose, Replacement For Use
A7049	Expiratory positive airway pressure intranasal resistance valve
A9268	Programmer for transient, orally ingested capsule
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment
A9513	Lutetium Lu 177 Dotatate Therapeutic 1 Mci
A9543	Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose
A9590	Iodine I-131 Iobenguane 1 Mci
A9600	Strontium Sr-89 Chloride, Therapeutic
A9602	Fluorodopa f-18, diagnostic, per millicurie
A9604	Samarium Sm-153 Lexidronam, Therapeutic, Per Treatment Dose, Up To 150 Millicuries
A9606	Radium Ra-223 Dichloride Therapeutic Per Uci
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
A9699	Supply Of Radiopharmaceutical Therapeutic Imaging Agent, Not Otherwise



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
C1715	Brachytherapy Needle
C1716	Brachytherapy Seed, Gold 198
C1717	Brachytherapy Seed, High Dose Rate Iridium 192
C1719	Brachytherapy Seed, Non-High Dose Rate Iridium 192
C1767	Generator, Neurostimulator (Implantable)
C1772	Infusion Pump, Programmable ( Implantable)
C1787	Patient Programmer, Neurostimulator
C1891	Infusion Pump, Non-Programmable, Permanent (Implantable)
C2616	Brachytherapy Seed, Yttrium-90
C2626	Infusion Pump, Non-Programmable, Temporary (Implantable)
C2638	Brachytherapy Source, Stranded, Iodine-125, Per Source
C2644	Brachytherapy Source, Cesium-131 Chloride Solution, Per Mci
C2698	Brachytherapy Source, Stranded, Not Otherwise Specified, Per Source
C2699	Brachytherapy Source, Nonstranded, Not Otherwise Specified, Per Source
C9065	Romidepsin, Non-Lypophilized (E.G. Liquid)
C9093	Injection, Ranibizumab, Via Sustained Release Intravitreal Implant (Susvimo), 0.1 Mg
C9101	Injection, oliceridine, 0.1 mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
C9142	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
C9145	Injection, aprepitant, (aponvie), 1 mg
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg
C9147	Injection, tremelimumab-actl, 1 mg
C9148	Injection, teclistamab-cqyv, 0.5 mg
C9149	Injection, teplizumab-mzwv, 5 mcg
C9151	Injection, pegcetacoplan, 1 mg
C9152	Injection, aripiprazole, (abilify asimtufii), 1 mg
C9154	Injection, buprenorphine extended-release (brixadi), 1 mg
C9155	Injection, epcoritamab-bysp, 0.16 mg
C9157	Injection, tofersen, 1 mg
C9158	Injection, risperidone, (uzedy), 1 mg
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit
C9161	Injection, aflibercept hd, 1 mg
C9162	Injection, avacincaptad pegol, 0.1 mg
C9163	Injection, talquetamab-tgvs, 0.25 mg
C9165	Injection, elranatamab-bcmm, 1 mg
C9257	Injection Bevacizumab 0.25 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
C9293	Glucarpidase
C9399	Unclassified Drugs Or Biologicals
C9725	Place Endorectal App
C9727	Insertion Of Implants Into The Soft Palate; Minimum Of Three Implants
C9734	Focused Ultrasound Ablation/Therapeutic Intervention, Other Than Uterine Leiomyomata, With Or Without Magnetic Resonance (Mr) Guidance
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra proce
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
E0193	Powered Air Flotation Bed
E0194	Air Fluidized Bed
E0265	Hosp Bed Total Electr W/ Mat
E0266	Hosp Bed Total Elec W/O Matt



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
E0277	Powered Pres-Redu Air Mattrrs
E0296	Hosp Bed Total Elect W/ Matt
E0297	Hosp Bed Total Elect W/O Mat
E0300	Pediatric Crib, Hospital Grade, Fully Enclosed
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Lbs W/Rails W/O Mattress
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Lbs W/Rails W/Mattress
E0328	Ped Hospital Bed, Manual
E0329	Ped Hospital Bed Semi/Elect
E0371	Nonpower Mattress Overlay
E0372	Powered Air Mattress Overlay
E0373	Nonpowered Pressure Mattress
E0465	Home Ventilator, Any Type, Used With Noninvasive Interface, (E.G., Mask, Chest Shell)
E0466	Home Ventilator, Any Type, Used With Noninvasive Interface, (E.G., Mask, Chest Shell)
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate
E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate
E0483	High Frequency Chest Wall Oscillation System, Includes All Accessories And Supplies, Each
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
E0615	Pacemaker Monitor, Self-Contained, Checks Battery Depletion And Other Pacemaker Components, Includes Digital/Visible Check Systems
E0616	Implantable Cardiac Event Recorder With Memory, Activator, And Programmer
E0620	Skin Piercing Device For Collection Of Capillary Blood, Laser, Each
E0671	Pressure Pneum Appl Full Leg
E0672	Pressure Pneum Appl Full Arm
E0677	Non-pneumatic sequential compression garment, trunk
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion
E0745	Neuromuscular Stim For Shock
E0747	Elec Osteogen Stim Not Spine
E0748	Elec Osteogen Stim Spinal
E0749	Osteogenesis Stimulator, Electrical, Surgically Implanted
E0760	Osteogen Ultrasound Stimltor
E0762	Trans Elec Jt Stim Dev Sys
E0764	Functional Neuromuscularstim
E0766	Electrical Stimulation Device Used For Cancer Treatment,Includes All Accessories,Any Type
E0770	Functional Electric Stim Nos





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
E0782	Non-Programable Infusion Pump
E0783	Programmable Infusion Pump
E0784	Ext Amb Infusn Pump Insulin
E0785	Replacement Impl Pump Cathet
E0786	Implantable Pump Replacement
E0983	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized
E0984	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control
E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist, Each
E1002	Wheelchair Accessory, Power Seating System, Tilt Only
E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear
E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear
E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear
E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, W/O Shear Reduction
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Manual Shear Reduction
E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction
E1016	Shock Absorber For Power Wheelchair, Each
E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
E1239	Ped Power Wheelchair Nos
E1301	Whirlpool tub, walk-in, portable
E1310	Whirlpool Non-Portable
E1399	Durable Medical Equipment Mi
E1805	Adjust Wrist Ext/Flex Device
E1825	Adjust Finger Ext/Flex Devc
E1830	Adjust Toe Ext/Flex Device
E1840	Dynamic Adjustable Shoulder Flexion/Abduction/Rotation Device, Includes Soft Interface Material
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
E2102	Adjunctive continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable
E2500	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, 8 Min. Or Less



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
E2502	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, 8-20 Min.
E2504	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, 20-40 Min.
E2506	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Over 40 Min.
E2508	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling
E2510	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods
E2511	Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant
E2512	Accessory For Speech Generating Device, Mounting System
E2599	Accessory For Speech Generating Device, Not Otherwise Classified
G0069	Professional Services For The Administration Of Subcutaneous Immunotherapy For Each Infusion Drug Administration Or Other Subcutaneous Infusion Drug Or Biological Calendar Day In The Individual'S Home, Each 15 Minutes
G0151	Hhcp-Serv Of Pt,Ea 15 Min
G0152	Hhcp-Serv Of Ot,Ea 15 Min
G0156	Hhcp-Svs Of Aide,Ea 15 Min
G0159	Hhc Pt Maint Ea 15 Min
G0160	Hhc Occup Therapy Ea 15
G0161	Hhc Slp Ea 15 Min
G0162	Hhc Rn E&M Plan Svs, 15 Min
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval
G0299	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
G0300	Direct Skilled Nursing Services Of A License Practical Nurse (Lpn) In The Home Health Or Hospice Setting, Each 15 Minutes
G0396	Alcohol And/Or Substance Abuse Structured Screening And Brief Intervention Services; 15 To 30 Minutes
G0397	Alcohol And/Or Substance Abuse Structured Screening And Brief Intervention Services; Greater Than 30 Minutes
G0422	Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring, with exercise, per session
G0423	Intensive Cardiac Rehabilitation; with or without continuous ECG monitoring, without exercise, per session.
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), per hour, per session
G0493	Skilled Services Of A Registered Nurse (Rn) For The Observation And Assessment Of The Patient'S Condition, Each 15 Minutes (The Change In The Patient'S Condition Requires Skil
G0494	Skilled Services Of A Licensed Practical Nurse (Lpn) For The Observation And Assessment Of The Patient'S Condition, Each 15 Minutes (The Change In The Patient'S Condition Requ
G0495	Skilled Services Of A Registered Nurse (Rn), In The Training And/Or Education Of A Patient Or Family Member, In The Home Health Or Hospice Setting, Each 15 Minutes
G0496	Skilled Services Of A Licensed Practical Nurse (Lpn), In The Training And/Or Education Of A Patient Or Family Member, In The Home Health Or Hospice Setting, Each 15 Minutes
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Test
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxi
G2069	Medication Assisted Treatment, Buprenorphine (Injectable); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, An
G2070	Medication Assisted Treatment, Buprenorphine (Implant Insertion); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Ther
G2071	Medication Assisted Treatment, Buprenorphine (Implant Removal); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therap
G2072	Buprenorphine (Implant Insertion And Removal)
G2073	Medication Assisted Treatment, Naltrexone; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Tes
G2074	Medication Assisted Treatment, Weekly Bundle Not Including The Drug, Including Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Pro



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
G2075	Medication Assisted Treatment, Medication Not Otherwise Specified; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group The
G2076	Intake Activities, Including Initial Medical Examination That Is A Complete, Fully Documented Physical Evaluation And Initial Assessment By A Program Physician Or A Primary Ca
G2077	Periodic Assessment; Assessing Periodically By Qualified Personnel To Determine The Most Appropriate Combination Of Services And Treatment (Provision Of The Services By A Medi
G2078	Take Home Supply Of Methadone; Up To 7 Additional Day Supply (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code F
G2079	Take Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day Supply (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Additio
G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment, (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separate
G2168	Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes
G2169	Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes
J0121	Omadacycline
J0122	Eravacycline
J0129	Inj Abatacept 10 Mg Used Medicare Adm Supv Phys
J0172	Injection, Aducanumab-Avwa, 2 Mg
J0174	Injection, lecanemab-irmb, 1 mg
J0178	Injection Aflibercept 1 Mg
J0179	Brolucizumab-Dbll
J0180	Injection Agalsidase Beta 1 Mg
J0184	Injection, amisulpride, 1 mg
J0185	Injection Aprepitant 1 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J0202	Injection Alemtuzumab 1 Mg
J0205	Alglucerase
J0207	Amifostine
J0208	Injection, sodium thiosulfate, 100 mg
J0217	Injection, velmanase alfa-tycv, 1 mg
J0218	Injection, olipudase alfa-rpcp, 1 mg
J0219	Injection, Avalglucosidase Alfa-Ngpt, 4 Mg
J0220	Aglucosidase Alfa Injection
J0221	Injection Alglucosidase Alfa Lumizyme 10 Mg
J0222	Injection Patisiran 0.1 Mg
J0223	Injection Givosiran 0.5 Mg
J0224	Injection, Lumasiran, 0.5 Mg
J0256	Injection Alpha 1-Protase Inhibitor Nos 10 Mg
J0257	Injection Alpha 1 Proteinase Inhibitor 10 Mg
J0270	Alprostadil
J0275	Alprostadil Urethral Suppository
J0291	Plazomicin
J0349	Injection, rezafungin, 1 mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J0391	Injection, artesunate, 1 mg
J0480	Basiliximab
J0485	Injection Belatacept 1 Mg
J0491	Injection, Anifrolumab-Fnia, 1 Mg
J0517	Injection Benralizumab 1 Mg
J0565	Injection Bezlotoxumab 10 Mg
J0567	Injection Cerliponase Alfa 1 Mg
J0570	Buprenorphine Implant
J0576	Injection, buprenorphine extended-release (brixadi), 1 mg
J0584	Injection Burosumab-Twza 1 Mg
J0585	Botulinum Toxin Type A Per Unit
J0586	Injection Abobotulinumtoxina 5 Units
J0587	Injection Rimabotulinumtoxinb 100 Units
J0588	Injection Incobotulinumtoxin A 1 Unit
J0594	Busulfan
J0596	Injection C1 Esterase Inhibitor Ruconest 10 U
J0597	C-1 Esterase, Berinert
J0598	Injection C1 Esterase Inhibitor Cinryze 10 Units



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J0606	Injection Etelcalcetide 0.1 Mg
J0612	Injection, calcium gluconate (fresenius kabi), per 10 mg
J0613	Injection, calcium gluconate (wg critical care), per 10 mg
J0636	Calcitriol
J0638	Canakinumab
J0640	Injection Leucovorin Calcium Per 50 Mg
J0641	Injection Levoleucovorin Nos 0.5 Mg
J0642	Injection, Levoleucovorin (Khazory), 0.5 Mg
J0691	Lefamulin (Xenleta)
J0693	Cefiderocol
J0695	Ceftolozane 50 Mg And Tazobactam 25 Mg
J0701	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg
J0703	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg
J0712	Ceftaroline Fosamil
J0717	Injection Certolizumab Pegol 1 Mg
J0742	Imipenem/Cilastatin/Relebactam
J0775	Inj Collagenase Clostridium Histolyticum 0.01 Mg
J0791	Injection Crizanlizumab-Tmca 5 Mg





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J0801	Injection, corticotropin (acthar gel), up to 40 units
J0802	Injection, corticotropin (ani), up to 40 units
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg
J0877	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg
J0878	Injection Daptomycin 1 Mg
J0881	Injection Darbepoetin Alfa 1 Mcg Non-Esrd Use
J0885	Injection Epoetin Alfa For Non-Esrd 1000 Units
J0888	Injection, Epoetin Beta, 1 Microgram, (For Non-Esrd Use)
J0891	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)
J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg
J0894	Injection Decitabine 1 Mg
J0896	Injection Luspatercept-Aamt 0.25 Mg
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)
J1096	Dexamethasone, Lacrimal Ophthalmic Insert
J1097	Phenylephrine 10.16 Mg/MI And Ketorolac 2.88 Mg/MI Ophthalmic Irrigation Solution
J1105	Dexmedetomidine, oral, 1 mcg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J1201	Cetirizine Hcl 0.5 Mg
J1246	Injection, dinutuximab, 0.1 mg
J1290	Ecallantide Inj 1 Mg
J1300	Injection Eculizumab 10 Mg
J1301	Injection Edaravone 1 Mg
J1302	Injection, sutimlimab-jome, 10 mg
J1303	Injection Ravulizumab-Cwvz 10 Mg
J1304	Injection, tofersen, 1 mg
J1305	Injection, Evinacumab-Dgnb, 5 Mg
J1322	Injection Elosulfase Alfa 1 Mg
J1325	Injection Epoprostenol 0.5 Mg
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J1427	Viltolarsen
J1428	Injection Eteplirsen 10 Mg
J1429	Golodiresen
J1437	Ferric Derisomaltose



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J1439	Injection Ferric Carboxymaltose 1 Mg
J1440	Fecal microbiota, live - jslm, 1 ml
J1442	Injection Filgrastim Excludes Biosimilars 1 Mic
J1443	Ferric Pyrophosphate Citrate Solution
J1444	Ferric Pyrophosphate Citrate Powder
J1447	Injection Tbo-Filgrastim 1 Microgram
J1449	Injection, eflapegrastim-xnst, 0.1 mg
J1453	Injection Fosaprepitant 1 Mg
J1454	Inj Fosnetupitant 235 Mg & Palonosetron 0.25 Mg
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg
J1458	Injection Galsulfase 1 Mg
J1459	Inj Immune Globulin Iv Nonlyophilized 500 Mg
J1460	Gamma Globulin 1 Cc Inj
J1554	Immune Globulin (Asceniv)
J1555	Injection Immune Globulin 100 Mg
J1556	Injection Immune Globulin Bivigam 500 Mg
J1557	Inj Immune Globulin Iv Nonlyophilized 500 Mg
J1558	Immune Globulin Sc, Human, Klhw



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J1560	Gamma Globulin > 10 Cc Inj
J1561	Injection Immune Globulin Nonlyophilized 500 Mg
J1566	Inj Ig Iv Lyphilized Not Otherwise Spec 500 Mg
J1568	Inj Ig Octogam Iv Nonlyophilized 500 Mg
J1569	Inj Ig Gammagard Liq Iv Nonlyophilized 500 Mg
J1572	Inj Immune Globulin Iv Nonlyophilized 500 Mg
J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg
J1575	Inj Immune Globulin/Hyaluronidase 100 Mg Ig
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1599	Inj Ig Iv Nonlyophilized E.G. Liquid Nos 500 Mg
J1602	Injection Golimumab 1 Mg For Intravenous Use
J1627	Injection, Granisetron, Extended-Release, 0.1 Mg
J1640	Hemin 1 Mg
J1743	Injection Idursulfase 1 Mg
J1745	Injection Infliximab Excludes Biosimilar 10 Mg
J1746	Injection Ibalizumab-Uiyk 10 Mg
J1747	Injection, spesolimab-sbzo, 1 mg
J1750	Iron Dextran 50 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J1756	Iron Sucrose 1 Mg
J1786	Injection Imiglucerase 10 Units
J1823	Inebilizumab-Cdon
J1930	Injection Lanreotide 1 Mg
J1931	Injection Laronidase 0.1 Mg
J1932	Injection, lanreotide, (cipl), 1 mg
J1950	Leuprolide Acetate (For Depot Suspension) / 3.75 Mg
J2021	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg
J2182	Injection Mepolizumab 1 Mg
J2184	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg
J2247	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg
J2323	Injection Natalizumab 1 Mg
J2326	Injection Nusinersen 0.1 Mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
J2329	Injection, ublituximab-xiiy, 1mg
J2350	Injection Ocrelizumab 1 Mg
J2353	Inj Octreotide Depot Form Im Inj 1 Mg
J2354	Octreotide, Non-Depot Form For Subcutaneous Or Intravenous, 25 Mcg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J2357	Injection Omalizumab 5 Mg
J2360	Orphenadrine Citrate
J2407	Injection Oritavancin 10 Mg
J2425	Injection, Palifermin, 50 Mcg
J2469	Injection Palonosetron Hcl 25 Mcg
J2501	Paricalcitol
J2502	Pasireotide Long Acting
J2505	Injection Pegfilgrastim 6 Mg
J2507	Injection Pegloticase 1 Mg
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
J2547	Peramivir
J2562	Plerixafor
J2724	Protein C Concentrate, Intravenous, Human
J2777	Injection, faricimab-svoa, 0.1 mg
J2778	Injection Ranibizumab 0.1 Mg
J2781	Injection, pegcetacoplan, intravitreal, 1 mg
J2783	Injection, Rasburicase, 0.5 Mg
J2786	Injection Reslizumab 1 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J2793	Riloncept
J2796	Injection Romiplostim 10 Mcg
J2797	Rolapitant Hydrochloride
J2820	Injection Sargramostim 50 Mcg
J2840	Injection Sebelipase Alfa 1 Mg
J2860	Injection, Siltuximab, 10 Mg
J2916	Sodium Ferric Gluconate Complex In Sucrose
J2941	Somatropin
J3032	Eptinezumab-Jjmr
J3060	Injection, Taliglucerase Alfa, 10 Units
J3111	Injection Romosozumab-Aqqg 1 Mg
J3241	Teprotumumab-Trbw
J3245	Injection Tildrakizumab 1 Mg
J3262	Injection Tocilizumab 1 Mg
J3285	Injection Treprostinil 1 Mg
J3315	Injection Triptorelin Pamoate 3.75 Mg
J3316	Triptorelin, Extended-Release (6 Month)
J3358	Ustekinumab For Intravenous Injection 1 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J3380	Injection Vedolizumab 1 Mg
J3385	Injection Velaglucerase Alfa 100 Units
J3396	Injection Verteporfin 0.1 Mg
J3397	Injection, Vestronidase Alfa-Vjbc, 1 Mg
J3398	Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Genomes
J3399	Inj Avsx-101-Xioi P-Tx To 5X10 <sup>15</sup> Vctr Gnoms
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml
J3489	Injection Zoledronic Acid 1 Mg
J3490	Unclassified Drugs
J3590	Unclassified Biologics
J7169	Coagulation Factor Xa (Recombinant), Inactivated-Zhzo (Andexxa)
J7170	Injection Emicizumab-Kxwh 0.5 Mg
J7175	Factor X, (Human), 1 I.U.
J7177	Human Fibrinogen Concentrate (Fibryga), 1 Mg
J7178	Human Fibrinogen Concentrate, Not Otherwise Specified
J7179	Von Willebrand Factor (Recombinant), (Vonvendi)
J7180	Injection Factor Xiii 1 I.U.
J7181	Factor Xiii A-Subunit, (Recombinant)





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J7182	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Novoeight), Per Iu
J7183	Inj Von Willebrand Factr Complex Wilate 1 Iu:Rco
J7185	Injection Factor Viii Per Iu
J7186	Inj Ahf/ Vwf Cmplx Per Factor Viii Iu
J7187	Inj Vonwillebrnd Factor Cmplx Humn Ristocetin Iu
J7188	Factor Viii (Antihemophilic Factor, Recombinant), (Obizur)
J7189	Factor Viii Antihemophilic Fct Novoseven Rt1 Mcg
J7190	Factor Viii
J7191	Factor Viii (Antihemophilic Factor (Porcine)), Per I.U.
J7192	Factor Viii Per Iu Not Otherwise Specified
J7193	Factor Ix (Antihemophilic Factor, Purified, Non-Recombinant) Per Iu
J7194	Factor Ix Complex Per Iu
J7195	Inj Factor Ix Per Iu Not Otherwise Specified
J7196	Antithrombin Recombinant, 50 I.U.
J7197	Antithrombin Iii Per Iu
J7198	Anti-Inhibitor
J7199	Hemophilia Clotting Factor, Not Otherwise Classified
J7200	Injection Factor Ix Rixubis Per Iu



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J7201	Injection Fac Ix Fc Fus Protein Alprolix 1 I.U.
J7202	Injection Fac Ix Albumin Fus Prt Idelvion 1 I.U.
J7203	Injection Factor Ix, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu
J7204	Factor VIII, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei
J7205	Injection Factor VIII Fc Fusion Protein Per Iu
J7207	Injection Factor VIII Pegylated 1 I.U.
J7208	Factor VIII, (Antihemophilic Factor, Recombinant), Pegylated-Aucl, (Jivi), 1 I.U.
J7209	Injection Factor VIII 1 I.U.
J7210	Factor VIII, (Antihemophilic Factor, Recombinant), (Afstyla), 1 I.U.
J7211	Factor VIII, (Antihemophilic Factor, Recombinant), (Kovaltry)
J7212	Coagulation Facotr Viia (Recombinant) - Jncw
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
J7308	Aminolevulinic Acid Hcl For Topical Administration, 20%, Single Unit Dosage Form (354 Mg)
J7311	Fluocinolone Acetonide Implt
J7312	Injection Dexamethasone Intravitreal Impl 0.1 Mg
J7313	Injection Fa Intravitreal Impl Iluvien 0.01 Mg
J7314	Fluocinolone Acetonide, Intravitreal Implant (Yutiq)
J7316	Injection, Ocriplasmin, 0.125 Mg (For Billing Prior To 1/1/14 Use C9298 Or J3590) (Code Re-Used By Cms 1/1/14)



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J7320	Hyaluronan Or Derivative, Genvisc 850, For Intra-Articular Injection, 1 Mg
J7321	Hyalgan/Supartz Inj Per Dose
J7322	Hyaluronan Or Derivative, Hymovis, For Intra-Articular Injection, 1 Mg
J7323	Euflexxa Inj Per Dose
J7324	Orthovisc Inj Per Dose
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
J7326	Hyaluronan Or Derivative, Gel-One, For Intra-Articular Injection, Per Dose
J7327	Hyaluronan Or Derivative, Monovisc, For Intra-Articular Injection, Per Dose
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg or just "Gelsyn-3 injection 0.1 mg
J7329	Hyaluronan Or Derivative, Trivisc, For Intra-Articular Injection, 1 Mg
J7331	Hyaluronan Or Derivative, Synojynt, For Intra-Articular Injection, 1 Mg
J7332	Hyaluronan Or Derivative, Trilon, For Intra-Articular Injection, 1 Mg
J7336	Capsaicin 8% Patch
J7340	Carbidopa 5 Mg/Levodopa 20 Mg Enteral Suspension
J7345	Aminolevulinic Acid Hcl For Topical Administration, 10% Gel
J7351	Bimatoprost, Intracameral Implant
J7352	Afamelanotide Implant, 1 Mg
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J7402	Mometasone Furoate Sinus Implant
J7500	Azathioprine, Oral
J7504	Lymphcyt Immun Glob Equine Parenteral 250 Mg
J7505	Muromonab-Cd3, Parenteral
J7511	Lymphcyt Immun Glob Rabbit Parenteral 25 Mg
J7699	Noc Drugs, Inhalation Solution Administered Through Dme
J7799	Noc Rx Oth Than Inhalation Rx Admided Thru Dme
J7999	Compounded Drug Not Otherwise Classified
J8999	Azacididine
J9000	Injection Doxorubicin Hcl 10 Mg
J9015	Injection Aldesleukin Per Single Use Vial
J9017	Injection Arsenic Trioxide 1 Mg
J9019	Injection Asparaginase Erwinaze 1000 Iu
J9020	Asparaginase Injection
J9022	Injection Atezolizumab 10 Mg
J9023	Injection Avelumab 10 Mg
J9025	Injection Azacididine 1 Mg
J9027	Injection Clofarabine 1 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
J9030	Bcg Live Intravesical Instillation 1 Mg
J9032	Injection Belinostat 10 Mg
J9033	Injection Bendamustine Hcl Treanda 1 Mg
J9034	Injection Bendamustine Hcl Bendeka 1 Mg
J9035	Injection Bevacizumab 10 Mg
J9036	Injection Bendamustine Hydrochloride 1 Mg
J9037	Injection, Belantamab Mafodontin-Blmf, 0.5 Mg
J9039	Injection Blinatumomab 1 Microgram
J9040	Injection Bleomycin Sulfate 15 Units
J9041	Injection Bortezomib 0.1 Mg
J9042	Injection Brentuximab Vedotin 1 Mg
J9043	Injection Cabazitaxel 1 Mg
J9044	Injection Bortezomib Nos 0.1 Mg
J9045	Injection Carboplatin 50 Mg
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg
J9047	Injection Carfilzomib 1 Mg
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
J9050	Injection Carmustine 100 Mg
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
J9055	Injection Cetuximab 10 Mg
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
J9057	Injection Copanlisib 1 Mg
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg
J9060	Injection Cisplatin Powder Or Solution 10 Mg
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg
J9065	Injection Cladribine Per 1 Mg
J9070	Cyclophosphamide 100 Mg
J9098	Injection Cytarabine Liposome 10 Mg
J9100	Injection Cytarabine 100 Mg
J9118	Injection, Calaspargase Pegol-Mknl, 10 Units
J9119	Injection Cemiplimab-Rwlc 1 Mg
J9120	Injection Dactinomycin 0.5 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9130	Dacarbazine 100 Mg
J9144	Injection Daratumumab 10 Mg & Hyaluronidase-Fihj
J9145	Injection Daratumumab 10 Mg
J9150	Injection Daunorubicin 10 Mg
J9151	Daunorubicin Citrate Liposom
J9153	Injection Liposomal 1 Mg Dnr & 2.27 Mg Ca
J9155	Injection Degarelix 1 Mg
J9160	Denileukin Diftitox, 300 Mcg
J9165	Diethylstilbestrol Injection 250 Mg
J9171	Injection Docetaxel 1 Mg
J9173	Injection Durvalumab 10 Mg
J9175	Injection, Belantamab Mafodontin-Blmf, 0.5 Mg
J9176	Injection Elotuzumab 1 Mg
J9177	Injection Enfortumab Vedotin-Ejfv 0.25 Mg
J9178	Injection Epirubicin Hcl 2 Mg
J9179	Injection Eribulin Mesylate 0.1 Mg
J9181	Injection Etoposide 10 Mg
J9185	Injection Fludarabine Phosphate 50 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9190	Injection Fluorouracil 500 Mg
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg
J9198	Injection, Gemcitabine Hydrochloride, (Infugem), 100 Mg
J9200	Injection Floxuridine 500 Mg
J9201	Injection Gemcitabine Hcl Nos 200 Mg
J9202	Goserelin Acetate Implant Per 3.6 Mg
J9203	Injection Gemtuzumab Ozogamicin 0.1 Mg
J9204	Injection Mogamulizumab-Kpkc 1 Mg
J9205	Injection Irinotecan Liposome 1 Mg
J9206	Injection Irinotecan 20 Mg
J9207	Injection Ixabepilone 1 Mg
J9208	Injection Ifosfamide 1 G
J9209	Injection Mesna 200 Mg
J9210	Injection Emapalumab-Lzsg 1 Mg
J9211	Idarubicin Hcl Injeciton
J9212	Interferon Alfacon-1
J9213	Injection Interferon Alfa-2A Recombinant 3 M U
J9214	Injection Interferon Alfa-2B Recombinant 1 M U





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9215	Interferon Alfa-N3 Inj
J9216	Interferon Gamma 1-B Inj
J9217	Leuprolide Acetate 7.5 Mg
J9218	Leuprolide Acetate Per 1 Mg
J9219	Leuprolide Acetate Implant 65 Mg
J9223	Injection Lurbinectedin 0.1 Mg
J9225	Histrelin Implant Vantas 50 Mg
J9226	Histrelin Implant Supprelin La 50 Mg
J9227	Injection Isatuximab-Irfc 10 Mg
J9228	Injection Ipilimumab 1 Mg
J9229	Injection Inotuzumab Ozogamicin 0.1 Mg
J9230	Mechlorethamine Hcl Inj
J9245	Injection Melphalan Hci Nos 50 Mg
J9246	Injection, Melphalan (Evomela), 1 Mg
J9250	Methotrexate Sodium 5 Mg
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg
J9260	Methotrexate Sodium 50 Mg
J9261	Injection Nelarabine 50 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9262	Injection Omacetaxine Mepesuccinate 0.01 Mg
J9263	Injection Oxaliplatin 0.5 Mg
J9264	Injection Paclitaxel Proteinbound Particles 1 Mg
J9266	Injection Pegaspargase Per Single Dose Vial
J9267	Injection Paclitaxel 1 Mg
J9268	Injection Pentostatin 10 Mg
J9269	Injection, Tagraxofusp-Erzs, 10 Mcg
J9270	Plicamycin (Mithramycin) Inj
J9271	Injection Pembrolizumab 1 Mg
J9274	Injection, tebentafusp-tebn, 1 microgram
J9280	Injection Mitomycin 5 Mg
J9281	Mitomycin Pyelocalyceal Instillation, 1 Mg
J9285	Injection Olaratumab 10 Mg
J9286	Injection, glofitamab-gxbm, 2.5 mg
J9293	Injection Mitoxantrone Hcl Per 5 Mg
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
J9295	Injection, Necitumumab, 1 Mg
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
J9299	Injection Nivolumab 1 Mg
J9301	Injection Obinutuzumab 10 Mg
J9302	Injection Ofatumumab 10 Mg
J9303	Injection Panitumumab 10 Mg
J9304	Injection Pemetrexed Pempfexy 10 Mg
J9305	Injection Pemetrexed Nos10 Mg
J9306	Injection Pertuzumab 1 Mg
J9307	Injection Pralatrexate 1 Mg
J9308	Injection Ramucirumab 5 Mg
J9309	Injection Polatuzumab Vedotin-Piiq 1 Mg
J9311	Injection Rituximab 10 Mg And Hyaluronidase
J9312	Injection Rituximab 10 Mg
J9313	Injection, Moxetumomab Pasudotox-Tdfk, 0.01 Mg
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg
J9315	Injection Romidepsin 1 Mg
J9316	Inj Pertuzumab Trastuzumab & Hyal-Zzxf Per 10 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9317	Injection Sacituzumab Govitecan-Hziy 2.5 Mg
J9320	Streptozocin Injection
J9321	Injection, epcoritamab-bysp, 0.16 mg
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
J9323	Injection, pemetrexed ditromethamine, 10 mg
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
J9325	Inj Talimogene Laherparepvec Per 1 M Plaque F U
J9328	Injection Temozolomide 1 Mg
J9330	Injection Temsirolimus 1 Mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9340	Thiotepa Injection 15 Mg
J9345	Injection, retifanlimab-dlwr, 1 mg
J9347	Injection, tremelimumab-actl, 1 mg
J9349	Injection, Tafasitamab-Cxix, 2 Mg
J9350	Injection, mosunetuzumab-axgb, 1 mg
J9351	Injection Topotecan 0.1 Mg
J9352	Injection Trabectedin 0.1 Mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
J9354	Inj Ado-Trastuzumab Emtansine 1 Mg
J9355	Injection Trastuzumab Excludes Biosimilar 10 Mg
J9356	Injection Trastuzumab 10 Mg & Hyaluronidase-Oysk
J9357	Injection Valrubicin Intravesical 200 Mg
J9358	Injection Fam-Trastuzumab Deruxtecan-Nxki 1 Mg
J9360	Injection Vinblastine Sulfate 1 Mg
J9370	Vincristine Sulfate 1 Mg
J9371	Injection Vincristine Sulfate Liposome 1 Mg
J9380	Injection, teclistamab-cqyv, 0.5 mg
J9381	Injection, teplizumab-mzwv, 5 mcg
J9390	Injection Vinorelbine Tartrate 10 Mg
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
J9395	Injection Fulvestrant 25 Mg
J9400	Injection Ziv-Aflibercept 1 Mg
J9600	Porfimer Sodium
J9999	Not Otherwise Classified Antineoplastic Drug
K0005	Ultralightweight Wheelchair



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
K0012	Ltwt Portbl Power Whlchr
K0013	Custom Motorized/Power Wheelchair Base
K0014	Other Power Whlchr Base
K0553	Supply allowance for therapeutic continuous glucose monitor, includes all supplies and accessories, 1 month supply = 1 month of service
K0554	Receiver, Monitor, dedicated, for use with therapeutic glucose continuous monitor system
K0743	Portable Home Suction Pump
K0800	Pov Group 1 Std Up To 300 Lbs
K0801	Pov Group 1 Hd 301-450 Lbs
K0802	Pov Group 1 Vhd 451-600 Lbs
K0806	Pov Group 2 Std Up To 300Lbs
K0807	Pov Group 2 Hd 301-450 Lbs
K0808	Pov Group 2 Vhd 451-600 Lbs
K0812	Power Operated Vehicle Noc
K0813	Pwc Gp 1 Std Port Seat/Back
K0814	Pwc Gp 1 Std Port Cap Chair
K0815	Pwc Gp 1 Std Seat/Back
K0816	Pwc Gp 1 Std Cap Chair
K0820	Pwc Gp 2 Std Port Seat/Back



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
K0821	Pwc Gp 2 Std Port Cap Chair
K0822	Pwc Gp 2 Std Seat/Back
K0823	Pwc Gp 2 Std Cap Chair
K0824	Pwc Gp 2 Hd Seat/Back
K0825	Pwc Gp 2 Hd Cap Chair
K0826	Pwc Gp2 Vhd Seat/Back
K0827	Pwc Gp 2 Vhd Cap Chair
K0828	Pwc Gp 2 Xtra Hd Seat/Back
K0829	Pwc Gp 2 Xtra Hd Cap Chair
K0830	Pwc Gp2 Std Seat Elevate S/B
K0831	Pwc Gp2 Std Seat Elevate Cap
K0835	Pwc Gp2 Std Sing Pow Opt S/B
K0836	Pwc Gp2 Std Sing Pow Opt Cap
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B
K0841	Pwc Gp2 Std Mult Pow Opt S/B



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
K0842	Pwc Gp2 Std Mult Pow Opt Cap
K0843	Pwc Gp2 Hd Mult Pow Opt S/B
K0848	Pwc Gp 3 Std Seat/Back
K0849	Pwc Gp 3 Std Cap Chair
K0850	Pwc Gp 3 Hd Seat/Back
K0851	Pwc Gp 3 Hd Cap Chair
K0852	Pwc Gp 3 Vhd Seat/Back
K0853	Pwc Gp 3 Vhd Cap Chair
K0854	Pwc Gp 3 Xhd Seat/Back
K0855	Pwc Gp 3 Xhd Cap Chair
K0856	Pwc Gp3 Std Sing Pow Opt S/B
K0857	Pwc Gp3 Std Sing Pow Opt Cap
K0858	Pwc Gp3 Hd Sing Pow Opt S/B
K0859	Pwc Gp3 Hd Sing Pow Opt Cap
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B
K0861	Pwc Gp3 Std Mult Pow Opt S/B
K0862	Pwc Gp3 Hd Mult Pow Opt S/B
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B
K0868	Pwc Gp 4 Std Seat/Back
K0869	Pwc Gp 4 Std Cap Chair
K0870	Pwc Gp 4 Hd Seat/Back
K0871	Pwc Gp 4 Vhd Seat/Back
K0877	Pwc Gp4 Std Sing Pow Opt S/B
K0878	Pwc Gp4 Std Sing Pow Opt Cap
K0879	Pwc Gp4 Hd Sing Pow Opt S/B
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B
K0884	Pwc Gp4 Std Mult Pow Opt S/B
K0885	Pwc Gp4 Std Mult Pow Opt Cap
K0886	Pwc Gp4 Hd Mult Pow S/B
K0890	Pwc Gp5 Ped Sing Pow Opt S/B
K0891	Pwc Gp5 Ped Mult Pow Opt S/B
K0898	Power Wheelchair Noc
K1014	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swing And Stance Phase Control
K1016	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve
K1018	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
K1020	Noninvasive Vagus Nerve Stimulator
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specif
L1833	Knee Brace
L3250	Custom Mold Shoe Remov Prost
L5000	Sho Insert W Arch Toe Filler
L5010	Mold Socket Ank Hgt W/ Toe F
L5020	Tibial Tubercle Hgt W/ Toe F
L5050	Ank Symes Mold Sckt Sach Ft
L5060	Symes Met Fr Leath Socket Ar
L5100	Molded Socket Shin Sach Foot
L5105	Plast Socket Jts/Thgh Lacer
L5150	Mold Sckt Ext Knee Shin Sach
L5160	Mold Socket Bent Knee Shin S
L5200	Kne Sing Axis Fric Shin Sach
L5210	No Knee/Ankle Joints W/ Ft B
L5220	No Knee Joint With Artic Ali



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5230	Fem Focal Defic Constant Fri
L5250	Hip Canad Sing Axi Cons Fric
L5270	Tilt Table Locking Hip Sing
L5280	Hemipelvect Canad Sing Axis
L5301	Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System
L5312	Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach Foot, Endoskeletal System
L5321	Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis Knee
L5331	Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot
L5341	Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot
L5420	Postop Dsg & 1 Cast Chg Ak/D
L5500	Init Bk Pt b Plaster Direct
L5505	Init Ak Ischal Plstr Direct
L5510	Prep Bk Pt b Plaster Molded
L5520	Perp Bk Pt b Thermopls Direct
L5530	Prep Bk Pt b Thermopls Molded
L5535	Prep Bk Pt b Open End Socket
L5560	Prep Ak Ischial Plast Molded
L5570	Prep Ak Ischial Direct Form



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5580	Prep Ak Ischial Thermo Mold
L5585	Prep Ak Ischial Open End
L5590	Prep Ak Ischial Laminated
L5595	Hip Disartic Sach Thermopls
L5600	Hip Disart Sach Laminat Mold
L5610	Above Knee Hydracadence
L5611	Ak 4 Bar Link W/Fric Swing
L5613	Ak 4 Bar Ling W/Hydraul Swig
L5614	4-Bar Link Above Knee W/Swng
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5616	Ak Univ Multiplex Sys Frict
L5617	Ak/Bk Self-Aligning Unit Ea
L5618	Test Socket Symes
L5620	Test Socket Below Knee
L5622	Test Socket Knee Disarticula
L5624	Test Socket Above Knee
L5626	Test Socket Hip Disarticulat
L5628	Test Socket Hemipelvectomy



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5629	Below Knee Acrylic Socket
L5630	Syme Typ Expandabl Wall Sckt
L5631	Ak/Knee Disartic Acrylic Soc
L5632	Symes Type Ptb Brim Design S
L5634	Symes Type Poster Opening So
L5636	Symes Type Medial Opening So
L5637	Below Knee Total Contact
L5638	Below Knee Leather Socket
L5639	Below Knee Wood Socket
L5640	Knee Disarticulat Leather So
L5642	Above Knee Leather Socket
L5643	Hip Flex Inner Socket Ext Fr
L5644	Above Knee Wood Socket
L5645	Ak Flexibl Inner Socket Ext
L5646	Below Knee Air Cushion Socke
L5648	Above Knee Air Cushion Socke
L5649	Isch Containmt/Narrow M-L So
L5650	Tot Contact Ak/Knee Disart S



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5651	Ak Flex Inner Socket Ext Fra
L5652	Suction Susp Ak/Knee Disart
L5653	Knee Disart Expand Wall Sock
L5654	Socket Insert Symes
L5655	Socket Insert Below Knee
L5656	Socket Insert Knee Articulat
L5658	Socket Insert Above Knee
L5661	Multi-Durometer Symes
L5665	Multi-Durometer Below Knee
L5666	Below Knee Cuff Suspension
L5668	Socket Insert W/O Lock Lower
L5670	Bk Molded Supracondylar Susp
L5671	Addition Lower Extremity, Below Knee/Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Includes Socke
L5672	Bk Removable Medial Brim Sus
L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated
L5676	Bk Knee Joints Single Axis P
L5677	Bk Knee Joints Polycentric P
L5678	Bk Joint Covers Pair



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5679	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated
L5681	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert
L5682	Bk Thigh Lacer Glut/Ischia M
L5683	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert
L5684	Bk Fork Strap
L5685	Below Knee Sus/Seal Sleeve
L5686	Bk Back Check
L5688	Bk Waist Belt Webbing
L5690	Bk Waist Belt Padded And Lin
L5692	Ak Pelvic Control Belt Light
L5694	Ak Pelvic Control Belt Pad/L
L5695	Ak Sleeve Susp Neoprene/Equa
L5696	Ak/Knee Disartic Pelvic Join
L5697	Ak/Knee Disartic Pelvic Band
L5698	Ak/Knee Disartic Silesian Ba
L5699	Shoulder Harness
L5700	Replace Socket Below Knee
L5701	Replace Socket Above Knee



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5702	Replace Socket Hip
L5703	Symes Ankle W/O (Sach) Foot
L5704	Custom Shape Cvr Below Knee
L5705	Custm Shape Cover Above Knee
L5706	Custm Shape Cvr Knee Disart
L5707	Custm Shape Cover Hip Disart
L5710	Knee-Shin Exo Sng Axi Mnl Loc
L5711	Knee-Shin Exo Mnl Lock Ultra
L5712	Knee-Shin Exo Frict Swg & St
L5714	Knee-Shin Exo Variable Frict
L5716	Knee-Shin Exo Mech Stance Ph
L5718	Knee-Shin Exo Frct Swg & Sta
L5722	Knee-Shin Pneum Swg Frct Exo
L5724	Knee-Shin Exo Fluid Swing Ph
L5726	Knee-Shin Ext Jnts Fld Swg E
L5728	Knee-Shin Fluid Swg & Stance
L5780	Knee-Shin Pneum/Hydra Pneum
L5781	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume M





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5782	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume M
L5785	Exoskeletal Bk Ultralt Mater
L5790	Exoskeletal Ak Ultra-Light M
L5795	Exoskel Hip Ultra-Light Mate
L5810	Endoskel Knee-Shin Mnl Lock
L5811	Endo Knee-Shin Mnl Lck Ultra
L5812	Endo Knee-Shin Frct Swg & St
L5814	Endo Knee-Shin Hydral Swg Ph
L5816	Endo Knee-Shin Polyc Mch Sta
L5818	Endo Knee-Shin Frct Swg & St
L5822	Endo Knee-Shin Pneum Swg Frc
L5824	Endo Knee-Shin Fluid Swing P
L5826	Miniature Knee Joint
L5828	Endo Knee-Shin Fluid Swg/Sta
L5830	Endo Knee-Shin Pneum/Swg Pha
L5840	Multi-Axial Knee/Shin System
L5845	Knee-Shin Sys Stance Flexion
L5848	Addition To Endoskeletal, Knee-Shin System, Hydraulic Stance Extension



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5850	Endo Ak/Hip Knee Extens Assi
L5855	Mech Hip Extension Assist
L5856	Elec Knee-Shin Swing/Stance
L5857	Elec Knee-Shin Swing Only
L5858	Stance Phase Only
L5859	Knee-Shin Pro Flex/Ext Cont
L5910	Endo Below Knee Alignable Sy
L5920	Endo Ak/Hip Alignable System
L5925	Above Knee Manual Lock
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5930	High Activity Knee Frame
L5940	Endo Bk Ultra-Light Material
L5950	Endo Ak Ultra-Light Material
L5960	Endo Hip Ultra-Light Materia
L5961	Endo Poly Hip, Pneu/Hyd/Rot
L5962	Below Knee Flex Cover System
L5964	Above Knee Flex Cover System
L5966	Hip Flexible Cover System



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5968	Multiaxial Ankle W Dorsiflex
L5969	Ak/Ft Power Asst Incl Motors
L5970	Foot External Keel Sach Foot
L5971	Sach Foot, Replacement
L5972	Flexible Keel Foot
L5973	Ank-Foot Sys Dors-Plant Flex
L5974	Foot Single Axis Ankle/Foot
L5975	Combo Ankle/Foot Prosthesis
L5976	Energy Storing Foot
L5978	Ft Prosth Multiaxial Ankl/Ft
L5979	Multi-Axial Ankle/Ft Prosth
L5980	Flex Foot System
L5981	Flex-Walk Sys Low Ext Prosth
L5982	Exoskeletal Axial Rotation U
L5984	Endoskeletal Axial Rotation
L5985	Lwr Ext Dynamic Prosth Pylon
L5986	Multi-Axial Rotation Unit
L5987	Shank Ft W Vert Load Pylon



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L5988	Vertical Shock Reducing Pylo
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
L5999	Lowr Extremity Prosthes Nos
L6000	Par Hand Robin-Aids Thum Rem
L6010	Hand Robin-Aids Little/Ring
L6020	Part Hand Robin-Aids No Fing
L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batt
L6050	Wrst Mld Sck Flx Hng Tri Pad
L6055	Wrst Mold Sock W/Exp Interfa
L6100	Elb Mold Sock Flex Hinge Pad
L6110	Elbow Mold Sock Suspension T
L6620	Flexion-Friction Wrist Unit
L6621	Flex/Ext Wrist W/Wo Friction
L6623	Spring-Ass Rot Wrst W/ Latch
L6624	Flex/Ext/Rotation Wrist Unit
L6625	Rotation Wrst W/ Cable Lock
L6628	Quick Disconn Hook Adapter O
L6629	Lamination Collar W/ Couplin



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L6630	Stainless Steel Any Wrist
L6632	Latex Suspension Sleeve Each
L6635	Lift Assist For Elbow
L6637	Nudge Control Elbow Lock
L6638	Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only
L6640	Shoulder Abduction Joint Pai
L6641	Excursion Amplifier Pulley T
L6642	Excursion Amplifier Lever Ty
L6645	Shoulder Flexion-Abduction J
L6646	Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Fle
L6647	Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuat
L6648	Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Ac
L6650	Shoulder Universal Joint
L6655	Standard Control Cable Extra
L6660	Heavy Duty Control Cable
L6665	Teflon Or Equal Cable Lining
L6670	Hook To Hand Cable Adapter
L6672	Harness Chest/Shlder Saddle



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L6675	Harness Figure Of 8 Sing Con
L6676	Harness Figure Of 8 Dual Con
L6677	Ue Triple Control Harness
L6680	Test Sock Wrist Disart/Bel E
L6682	Test Sock Elbw Disart/Above
L6684	Test Socket Shldr Disart/Tho
L6686	Suction Socket
L6687	Frame Typ Socket Bel Elbow/W
L6688	Frame Typ Sock Above Elb/Dis
L6689	Frame Typ Socket Shoulder Di
L6690	Frame Typ Sock Interscap-Tho
L6691	Removable Insert Each
L6692	Silicone Gel Insert Or Equal
L6693	Lockingelbow Forearm Cntrbal
L6694	Elbow Socket Ins Use W/Lock
L6695	Elbow Socket Ins Use W/O Lck
L6696	Cus Elbo Skt In For Con/Atyp
L6697	Cus Elbo Skt In Not Con/Atyp



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L6698	Below/Above Elbow Lock Mech
L6703	Term Dev, Passive Hand Mitt
L6704	Term Dev, Sport/Rec/Work Att
L6706	Term Dev Mech Hook Vol Open
L6707	Term Dev Mech Hook Vol Close
L6708	Term Dev Mech Hand Vol Open
L6709	Term Dev Mech Hand Vol Close
L6711	Ped Term Dev, Hook, Vol Open
L6712	Ped Term Dev, Hook, Vol Clos
L6713	Ped Term Dev, Hand, Vol Open
L6714	Ped Term Dev, Hand, Vol Clos
L6715	Terminal Device, Multiple Articulating Digit, Includes Motor(S), Initial Issue Or Replacement
L6721	Hook/Hand, Hvy Dty, Vol Open
L6722	Hook/Hand, Hvy Dty, Vol Clos
L6805	Modifier Wrist Flexion Unit
L6810	Pincher Tool Otto Bock Or Eq
L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern Or Combination Of Grasp Patterns, Includes Motor(S)
L6881	Automatic Grasp Feature, Additional To Upper Limb Prosthetic Terminal Device.



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L6882	Microprocessor Control Feature, Addition To Upper Limb Prosthesis Terminal Device
L6883	Replc Sockt Below E/W Disa
L6884	Replc Sockt Above Elbow Disa
L6885	Replc Sockt Shldr Dis/Interc
L6895	Custom Glove
L6900	Hand Restorat Thumb/1 Finger
L6905	Hand Restoration Multiple Fi
L6910	Hand Restoration No Fingers
L6915	Hand Restoration Replacmnt G
L6920	Wrist Disarticul Switch Ctrl
L6925	Wrist Disart Myoelectronic C
L6930	Below Elbow Switch Control
L6935	Below Elbow Myoelectronic Ct
L6940	Elbow Disarticulation Switch
L6945	Elbow Disart Myoelectronic C
L6950	Above Elbow Switch Control
L6955	Above Elbow Myoelectronic Ct
L6960	Shldr Disartic Switch Contro





## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L6965	Shldr Disartic Myoelectronic
L6970	Interscapular-Thor Switch Ct
L6975	Interscap-Thor Myoelectronic
L7007	Adult Electric Hand
L7008	Pediatric Electric Hand
L7009	Adult Electric Hook
L7040	Prehensile Actuator Hosmer S
L7045	Electron Hook Child Michigan
L7170	Electronic Elbow Hosmer Swit
L7180	Electronic Elbow Utah Myoele
L7181	Electronic Elbo Simultaneous
L7185	Electron Elbow Adolescent Sw
L7186	Electron Elbow Child Switch
L7190	Elbow Adolescent Myoelectron
L7191	Elbow Child Myoelectronic Ct
L7259	Electronic Wrist Rotator, Any Type
L7400	Add Ue Prost Be/Wd, Ultlite
L7401	Add Ue Prost A/E Ultlite Mat



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
L7402	Add Ue Prost S/D Ultlite Mat
L7403	Add Ue Prost B/E Acrylic
L7404	Add Ue Prost A/E Acrylic
L7405	Add Ue Prost S/D Acrylic
L7499	Upper Extremity Prosthesis Nos
L7510	Prosthetic Device Repair Rep
L7520	Repair Prosthesis Per 15 Min
L8035	Custom Breast Prosthesis
L8499	Unlisted Misc Prosthetic Ser
L8600	Implant Breast Silicone/Eq
L8605	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Anal Canal, Includes Shipping And Necessary Supplies
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month
L8683	Radiofreq Trsmtr For Implt Neu
Q0138	Inj Ferumoxitol Tx Iron Def Anemia 1 Mg Non-Esrd
Q0477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only
Q0480	Driver Pneumatic Vad, Rep
Q0481	Microprcsr Cu Elec Vad, Rep
Q0482	Microprcsr Cu Combo Vad, Rep



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
Q0483	Monitor Elec Vad, Rep
Q0484	Monitor Elec Or Comb Vad Rep
Q0485	Monitor Cable Elec Vad, Rep
Q0486	Mon Cable Elec/Pneum Vad Rep
Q0487	Leads Any Type Vad, Rep Only
Q0488	Pwr Pack Base Elec Vad, Rep
Q0489	Pwr Pck Base Combo Vad, Rep
Q0490	Emr Pwr Source Elec Vad, Rep
Q0491	Emr Pwr Source Combo Vad Rep
Q0492	Emr Pwr Cbl Elec Vad, Rep
Q0493	Emr Pwr Cbl Combo Vad, Rep
Q0494	Emr Hd Pmp Elec/Combo, Rep
Q0495	Charger Elec/Combo Vad, Rep
Q0496	Battery Elec/Combo Vad, Rep
Q0497	Bat Clips Elec/Comb Vad, Rep
Q0498	Holster Elec/Combo Vad, Rep
Q0499	Belt/Vest Elec/Combo Vad Rep
Q0500	Filters Elec/Combo Vad, Rep



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
Q0501	Shwr Cov Elec/Combo Vad, Rep
Q0502	Mobility Cart Pneum Vad, Rep
Q0503	Battery Pneum Vad Replacemnt
Q0504	Pwr Adpt Pneum Vad, Rep Veh
Q0506	Lith-Ion Batt Elec/Pneum Vad
Q0507	Misc Sup/Acc Ext Vad
Q0508	Misc Sup/Acc Imp Vad
Q0509	Mis Sup/Ac Imp Vad Nopay Med
Q2017	Teniposide, 50 Mg
Q2026	Injection, Radiesse, 0.1 MI
Q2043	Sipuleucel-T Auto Cd54+
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 Mg
Q2050	Injection Doxorubicin Hcl Liposomal Nos 10 Mg
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4074	Iloprost Non-Comp Unit Dose
Q4265	Neostim tl, per square centimeter
Q4266	Neostim membrane, per square centimeter
Q4267	Neostim dl, per square centimeter



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
Q4268	Surgraft ft, per square centimeter
Q4269	Surgraft xt, per square centimeter
Q4270	Complete sl, per square centimeter
Q4271	Complete ft, per square centimeter
Q4279	Vendaje ac, per square centimeter
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter
Q4286	Nudyn sl or nudyn slw, per square centimeter
Q4287	Dermabind dl, per square centimeter
Q4288	Dermabind ch, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter
Q4291	Lamellas xt, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso dl, per square centimeter
Q4294	Amnio quad-core, per square centimeter
Q4295	Amnio tri-core amniotic, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
Q4298	Amnicore pro, per square centimeter
Q4299	Amnicore pro+, per square centimeter
Q4300	Acesso tl, per square centimeter
Q4301	Activate matrix, per square centimeter
Q4302	Complete aca, per square centimeter
Q4303	Complete aa, per square centimeter
Q4304	Grafix plus, per square centimeter
Q5001	Hospice In Patient Home
Q5002	Hospice In Assist Living
Q5005	Hospice, Inpatient Hospital
Q5006	Hospice In Hospice Facility
Q5008	Hospice Care Provided In Inpatient Psychiatric Facility
Q5010	Hospice Home Care Provided In A Hospice Facility
Q5103	Injection Infliximab-Dyyb, Biosimilar, (Inflectra), 10 mg
Q5104	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg
Q5107	Injection Bevacizumab-Awwb Biosimilar 10 Mg
Q5108	Injection, Fulphila, 0.5 Mg
Q5109	Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 mg



## PRIOR AUTHORIZATION PROCEDURE CODES

Procedure Code	Procedure Description
Q5110	Injection, Nivestym, 1 Mcg
Q5111	Injection, Pegfilgrastim-Cbqv, Biosimilar, (Udenyca), 0.5 Mg
Q5112	Injection, Trastuzumab-Dttb, Biosimilar, (Ontruzant), 10 Mg
Q5113	Injection, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 Mg
Q5114	Injection Trastuzumab-Dkst Biosimilar 10 Mg
Q5115	Injection Rituximab-Abbs Biosimilar 10 Mg
Q5116	Injection Trastuzumab-Qyyp Biosimilar 10 Mg
Q5117	Injection Trastuzumab-Anns Biosimilar 10 Mg
Q5118	Injection Bevacizumab-Bvcr Biosimilar 10 Mg
Q5119	Inj Rituximab-Pvvr Biosimilar Ruxience 10 Mg
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 mg
Q5122	Injection, Pegfilgrastim-Apgf, Biosimilar, (Nyvepria), 0.5 Mg
Q5123	Injection, Rituximab-Arrx, Biosimilar, (Riabni), 10 Mg
Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (Byooviz), 0.1 Mg
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg



**PRIOR AUTHORIZATION PROCEDURE CODES**

<b>Procedure Code</b>	<b>Procedure Description</b>
-----------------------	------------------------------

Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
-------	---

Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg
-------	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--