

Marketplace Prior Auth (PA) Code Matrix

Effective Q4, 2023

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

This Matrix is for Outpatient services.

All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.

No PA is required for office visits at Participating (PAR) Network Providers.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services, as delineated in the Prior Authorization guides, or as required by law. Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

Code	Description	Service Category	MHI PA Required?	NCH PA Required?	MHI Code Notes
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA after 24 units used (any combination of 80305, 80306, 80307)
80306	DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA after 24 units used (any combination of 80305, 80306, 80307)
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA after 24 units used (any combination of 80305, 80306, 80307)
80320	DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

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80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	·	Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
00020	Bride Schieff Gorint / Hit Belie Stelle B & Stringer	Dependency	·	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		Dependency		80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80346	DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical	γ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
80340	DROG SCREENING BENZODIAZEFINES 1-12	Dependency	T .	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		ререпиенсу		
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
00047	DDLIC CODEFNING DENIZODIAZEDINES 42 OD MODE	Daha isaal/Maastaliisaliib Alaahal Chaariad		80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80348	DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80353	DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80354	DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80356	DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80358	DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES (MDA, MDEA,	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	MDMA)	Dependency	'	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
	IVIDIVIA)	Dependency		
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
90264	DRUC CORENING ORIATES 1 OR MORE	Dobovioral/Montal Hoolth Machal Charrian	V	80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80361	DRUG SCREENING OPIATES 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

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80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
00000		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		Beperidency		80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
00304	DIGG SCREENING OF TOTAL & OF THE PRIVATE OGS 5 ON WORLE	Dependency	'	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		Dependency		80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80365	DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
80303	DROG TEST DEL DROG TESTING PROCEDORES - OXTCODONE	Dependency	'	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		Dependency		80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
90267	DRUG SCREENING PROPOXYPHENE	Behavioral/Mental Health, Alcohol-Chemical	V	80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659 DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
80367	DRUG SCREENING PROPORTPHENE		T	
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
00260	DDITC CODELNING CEDATIVE LIVENIOTICS	Debasiasal/Mastal Haalth Alaahal Chassical	V	80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80368	DRUG SCREENING SEDATIVE HYPNOTICS	Behavioral/Mental Health, Alcohol-Chemical	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
00000	DRUG TEST DEF DRUG TESTING DROSERUDES SVELETAL ANUSCIE	D 1/04 1/14		80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80369		Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	RELAXANTS, 1 OR 2	Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
			.,	80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80372	DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80373	DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

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80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
83992	ASSAY OF PHENCYCLIDINE	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
03332	ASSAT OF THENCICLIBINE	Dependency	'	80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
		Dependency		
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
00067	TURBER BRITIS TAKE TV INITI AN AAR AACTR TURESUUR BUVRY AAR		.,,	80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
90867	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	MNGMNT	Dependency		
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90901	BIOFEEDBACK TRAINING ANY MODALITY	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
90912	BFB TRAING W/EMG AND /MANOMETRY 1ST 15 MIN CNTCT	Behavioral/Mental Health, Alcohol-Chemical	γ	
30312	DID THAING WYEING AND / MANOWETH 131 13 MIN CHTC	Dependency	'	
90913	BFB TRAING W/EMG AND /MANOMETRY EA ADDL 15 MIN CNTCT	Behavioral/Mental Health, Alcohol-Chemical	Υ	
90913	BFB TRAING W/EIVIG AND /IVIANOWIETRY EA ADDL 13 WIIN CNTCT		T	
00000	TECT CELECT AND ADMAN FUNCTI DRAIN MAD DUVC/OUD	Dependency		
96020	TEST SELECT AND ADMN FUNCTL BRAIN MAP PHYS/QHP	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency	.,	
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical	Υ	
		Dependency		
0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical	NC	
33731	A STATE OF THE STA	Dependency		
CUVSU	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
UU40U	DNOG 1131 DEL 1-7 DNOG CLASSES		i i	
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
		Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
				80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
				80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

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G0482 DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
			80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
			80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0483 DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
			80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
			80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0659 DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical	Υ	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324,
	Dependency		80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358,
			80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373,
			80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
H0008 ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical	Υ	00374, 00373, 00370, 00377, 0333201
THE STORY OF SHOULD SHOULD SHOULD SHOW THE STORY HE STORY	Dependency		
H0009 ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical	γ	
TIOUS TECOTIOE TITLE ON BITCH SERVICES, TECOTE BYOK TIOSI II	Dependency	'	
H0010 ALCOHOL AND / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical	Υ	
ALCOHOL AND / DROG SRVC, SOB-ACOTE DTOX RESTROG IF	Dependency	'	
H0011 ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical	Υ	
ALCOHOL AND / DRUG SERVICES, ACOTE DIOX RES PROGIP		T	
LIGO12 ALCOHOL AND DRUG CRVG CUD ACUTE DTOV DEC DROC OR	Dependency Rehavioral/Montal Health Alashal Chamical	V	
H0012 ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical	Υ	
HOOA2 ALCOHOL AND DRUG CERVICES, ACUTE DECVIDES DROC OR	Dependency	V	
H0013 ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical	Y	
	Dependency	.,	
H0014 ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0015 ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical	Υ	No PA required for first 16 units.
	Dependency		
H0016 ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0017 BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0018 BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0019 BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0035 MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0040 ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H0046 MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H2012 BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H2013 PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
The state of the s	Dependency		
H2015 COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical	Υ	
1.2023 COMMISSION TOWN SERVICES FER 13 WINVOTES	Dependency	'	
H2016 COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
112010 COIVII COIVIIVIOINI I SOFFOILI SERVICES FER DIEIVI		'	
	Dependency		

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LICOMO DOVOLIGO CIAL DELLA DILITATIONI CED VICES DED DIENA			
H2018 PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H2020 THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
H2036 ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
S0201 PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
S9480 INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	No PA required for first 16 units.
	Dependency		
T2048 BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical	Υ	
	Dependency		
15775 PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15776 PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15780 DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15781 DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15782 DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15783 DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15788 CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15789 CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15792 CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15793 CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15820 BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15821 BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15822 BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15823 BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15824 RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15825 RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15826 RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15828 RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15829 RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15832 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15833 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15834 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15835 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15836 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15837 EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15838 EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Υ	
15839 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y	
15847 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y	
15876 SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y	
15877 SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y	
15878 SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y	
15879 SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y	
17380 ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y	
19300 MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19316 MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
19318 REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
19325 MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19328 REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	V	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
15526 INENIOVAL INTACT MAMINIANT INTERNAL	cosmetic, mastic & Neconstructive Frocedures	ı	INO I A required when associated with preast cancer DX 5.

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19330 REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	V	No PA required when associated with breast cancer Dx's.
19340 IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	V	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
19342 DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	V	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
19350 NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
19355 CORRECTION INVERTED NIPPLES 19396 PREPARATION MOULAGE CUSTOM BREAST IMPLANT	· · · · · · · · · · · · · · · · · · ·	Y	No PA required when associated with breast cancer Dx's. No PA required when associated with breast cancer Dx's.
	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer bx s.
30400 RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI 30410 RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures Cosmetic, Plastic & Reconstructive Procedures	Y	
30420 RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures Cosmetic, Plastic & Reconstructive Procedures	Y	
		Y	
30430 RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	
30435 RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	'	
30450 RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	
30460 RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y	
30462 RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y	
30468 RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y	
67904 RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y	
67906 RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Υ	
67908 RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y	
69300 OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	Υ	
98975 REMOTE THERAPEUTIC MNTR 1ST SETUP AND PT EDUCAJ EQP	Durable Medical Equipment (DME)	Υ	
98976 REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	Durable Medical Equipment (DME)	Υ	
98977 REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	Durable Medical Equipment (DME)	Y	
0704T REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP AND PT EDUCAJ	Durable Medical Equipment (DME)	Υ	
0705T REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Durable Medical Equipment (DME)	Y	
0706T REM TX AMBLYOPIA I AND R PHYS/QHP PER CALENDAR MONTH	Durable Medical Equipment (DME)	Υ	
A4238 SPL ALW ADJ CGM SPL AND ACCESS 1 MO SPL EQUAL TO 1 U SRV	Durable Medical Equipment (DME)	NC	
A4239 SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	Υ	
A4341 INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Durable Medical Equipment (DME)	Υ	
A4342 ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Durable Medical Equipment (DME)	Υ	
A4560 NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	Durable Medical Equipment (DME)	Y	
A9274 EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y	
A9276 SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Y	
A9277 TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Υ	
A9278 RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Υ	
A9574 AIR POLYMER-TYPE A INTRAUTERINE FOAM 0.1 ML	Durable Medical Equipment (DME)	NC	
B4105 IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	Y	
C1839 IRIS PROSTHESIS	Durable Medical Equipment (DME)	Y	
C2624 IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y	
E0194 AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y	
E0255 HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Υ	
E0256 HOSP BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS	Durable Medical Equipment (DME)	Υ	
E0260 HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Υ	
E0261 HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Υ	
E0265 HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	Υ	
E0266 HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	Υ	
E0277 POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Υ	
E0292 HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Υ	
E0293 HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Υ	
E0294 HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Υ	
E0295 HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Υ	

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E0296 HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME) Y
E0297 HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME) Y
E0300 PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME) Y
E0301 HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME) Y
E0302 HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTTRSS	Durable Medical Equipment (DME) Y
E0303 HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME) Y
E0304 HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME) Y
E0328 HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME) Y
E0329 HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME) Y
E0371 NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME) Y
E0372 PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME) Y
E0373 NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME) Y
E0462 ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME) Y
E0465 HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME) Y
E0466 HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME) Y
E0467 HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME) Y
E0470 RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME) Y
E0471 RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME) Y
E0472 RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME) Y
E0481 INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME) Y
E0483 HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME) Y
E0486 ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME) Y
E0637 COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME) Y
E0638 STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Durable Medical Equipment (DME) Y
E0641 FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME) Y
E0642 STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME) Y
E0650 PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Durable Medical Equipment (DME) Y
E0651 PNEUMATC COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Durable Medical Equipment (DME) Y
E0652 PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME) Y
E0656 SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME) Y
E0667 SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME) Y
E0668 SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME) Y
E0670 SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Durable Medical Equipment (DME) Y
E0671 SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME) Y
E0673 SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Durable Medical Equipment (DME) Y
E0675 PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME) Y
E0676 INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME) Y
E0677 NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME) Y
E0691 UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME) Y
E0692 UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME) Y
E0693 UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME) Y
E0694 UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME) Y
E0747 OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME) Y
E0748 OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME) Y
E0749 OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME) Y
E0760 OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME) Y
E0762 TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME) Y
E0764 FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME) Y
E0766 ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME) Y
E0782 INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME) Y
	1

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E0783 INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y	
E0784 EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y	
E0785 IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y	
E0786 IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y	
E0787 EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Υ	
E0983 MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST	Durable Medical Equipment (DME)	Υ	
CNTRL			
E0984 MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER	Durable Medical Equipment (DME)	Υ	
CNTRL			
E0986 MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Υ	
E0988 MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Υ	
E1002 WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Υ	
E1003 WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Υ	
E1004 WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Υ	
E1005 WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1006 WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1007 WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1008 WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Υ	
E1010 WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Υ	
E1012 WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y	
E1014 RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	Y	
E1020 RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	Y	
E1028 WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN	Durable Medical Equipment (DME)	Y	
E1029 WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	Y	
E1030 WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y	
E1035 MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	· V	
E1036 MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	· V	
E1161 MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	· V	
E1225 WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	· V	
E1226 WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	V	
E1227 SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	V	
E1230 PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	V	
E1232 WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	V	
E1232 WC PED 32 TILT-IN-SPACE FOLD ADJUSTBL W SEAT STS	Durable Medical Equipment (DME)	V	
	<u> </u>	T V	
	Durable Medical Equipment (DME)	T V	
E1235 WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	T V	
E1236 WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1237 WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1238 WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1296 SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	Y	
E1298 SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	Y	
E1390 O2 CONC 1 DEL PORT 85 PCT OR GT 02 CONC AT PRSC FLW RATE	Durable Medical Equipment (DME)	Y	
E1391 O2 CONC 2 DEL PORT 85 PCT OR GT O2 CONC PRSC FLW RATE EA	Durable Medical Equipment (DME)	Y	
E1700 JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	Y	
E1905 VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	Y	
E2102 ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	NC	
E2103 NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	Y	
E2201 MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	Y	
E2202 MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y	
E2203 MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	Υ	

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E2204 MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME) Y
E2227 MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME) Y
E2291 BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME) Y
E2292 SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME) Y
E2293 BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME) Y
E2294 SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME) Y
E2295 MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME) Y
E2300 WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME) Y
E2301 WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME) Y
E2310 PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME) Y
E2311 PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME) Y
E2312 POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME) Y
E2313 POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME) Y
E2321 PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME) Y
E2322 PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME) Y
E2325 PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME) Y
E2326 PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Durable Medical Equipment (DME) Y
E2327 PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME) Y
E2328 PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME) Y
E2329 PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME) Y
E2330 PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME) Y
E2340 POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME) Y
E2341 PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME) Y
E2342 PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME) Y
E2343 PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME) Y
E2351 PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME) Y
E2361 PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME) Y
E2366 PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Durable Medical Equipment (DME) Y
E2367 PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME) Y
E2368 POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME) Y
E2369 POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME) Y
E2370 PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME) Y
E2373 PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME) Y
E2374 PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME) Y
E2375 PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME) Y
E2376 PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME) Y
E2377 PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME) Y
E2378 POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME) Y
E2397 POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Durable Medical Equipment (DME) Y
E2398 WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME) Y
E2402 NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME) Y
E2500 SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME) Y
E2502 SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME) Y
E2504 SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME) Y
E2506 SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME) Y
E2508 SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME) Y
E2510 SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME) Y
E2510 SPECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME) Y
E2605 PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME) Y
E2606 PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Durable Medical Equipment (DME) Y
LZOOO FORM WHILLICHAIN SLAT COSHIN WIDTH ZZ IN GI DEFIN	Parable Medical Equipment (Divie)

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E2607 SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME) Y	
E2608 SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Durable Medical Equipment (DME) Y	
E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME) Y	
E2611 GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME) Y	
E2612 GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME) Y	
E2613 PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Durable Medical Equipment (DME) Y	
E2614 PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Durable Medical Equipment (DME) Y	
E2615 PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Durable Medical Equipment (DME) Y	
E2616 PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Durable Medical Equipment (DME) Y	
E2617 CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME) Y	
E2620 PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 IN	Durable Medical Equipment (DME) Y	
E2621 PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN OR GRT	Durable Medical Equipment (DME) Y	
E2622 SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Durable Medical Equipment (DME) Y	
E2623 SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Durable Medical Equipment (DME) Y	
E2624 SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Durable Medical Equipment (DME) Y	
E2625 SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Durable Medical Equipment (DME) Y	
E2626 WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME) Y	
E2628 WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	
E2629 WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	
K0005 ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME) Y	
K0008 CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME) Y	
K0009 OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME) Y	
K0010 STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME) Y	
K0010 STANDARD-WEIGHT FRAME MOTORIZED FOWER WHEELCHAIR K0011 STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME) Y	
K0012 LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME) Y V V	
K0012 LIGHT WEIGHT FORTABLE MOTORIZED FOWER WHEELCHAIR K0013 CUSTOM MOTORIZED POWER WHEELCHAIR BASE		
	Durable Medical Equipment (DME)	
K0014 OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME) Y	
K0108 OTHER ACCESSORIES	Durable Medical Equipment (Divie)	
K0606 AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME) Y	
K0800 PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME) Y	
K0801 PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME) Y	
K0802 PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME) Y	
K0806 PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME) Y	
K0807 PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME) Y	
K0808 PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME) Y	
K0813 PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME) Y	
K0814 PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME) Y	
K0815 PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME) Y	
K0816 PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME) Y	
K0820 PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME) Y	
K0821 PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME) Y	
K0822 PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME) Y	
K0823 PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME) Y	
K0824 PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME) Y	
K0825 PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME) Y	
K0826 PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME) Y	
K0827 PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME) Y	
K0828 PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME) Y	
K0829 PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME) Y	
K0830 PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
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K0831		Durable Medical Equipment (DME)	Υ	
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Υ	
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Υ	
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Υ	
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	Υ	
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300	Durable Medical Equipment (DME)	Υ	
	LBS			
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Υ	
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Υ	
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Υ	
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Υ	
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Υ	
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Υ	
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Υ	
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Υ	
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
К0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Υ	
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Υ	
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Υ	
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Υ	
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Υ	
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Υ	
к0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Υ	
-	ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS	Durable Medical Equipment (DME)	Υ	
	CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE	Durable Medical Equipment (DME)	Υ	
K1004	LW FRQ U S DIA TX DVC HM USE INCL CMPNT ANDACCESS	Durable Medical Equipment (DME)	Υ	
	AK 4 BAR LINK HYDL SWG/STANC	Durable Medical Equipment (DME)	Υ	
-	TRANS ELEC NERV FOR TRIGEMIN	Durable Medical Equipment (DME)	Υ	
-	MONTHLY SUPP USE WITH K1016	Durable Medical Equipment (DME)	Υ	
	EXT UP LIMB TREMOR STIM WRIS	Durable Medical Equipment (DME)	Υ	
	MONTHLY SUPP USE OF DEVICE CODED AT K1018	Durable Medical Equipment (DME)	Υ	
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1/4020	NON INVACINE VACUE NEDVICTINA	Durable Medical Fautions at /DMC	V		
K1020	NON-INVASIVE VAGUS NERV STIM	Durable Medical Equipment (DME)	Y		
K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Durable Medical Equipment (DME)	Y		
K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Durable Medical Equipment (DME)	Υ		
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y		
K1028	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y		
K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y		
K1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Durable Medical Equipment (DME)	Y		
K1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Durable Medical Equipment (DME)	Y		
K1033	NONPNEU SEQUENTIAL COMPRESSION GARMENT HALF LEG	Durable Medical Equipment (DME)	Y		
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Durable Medical Equipment (DME)	Y		
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Durable Medical Equipment (DME)	Y		
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Durable Medical Equipment (DME)	Y		
Q0480	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	Υ		
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	Y		
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y		
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	Y		
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	Y		
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y		
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	Υ		
V5181		Durable Medical Equipment (DME)	Y		
V5211	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	Y		
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y		
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	Y		
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	· Y		
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	· v		
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	· V		
-	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	· V		
		Experimental/Investigational	V		
	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN MOSAICPLASTY	Experimental/Investigational	V		
43290		Experimental/Investigational	V		
43290		Experimental/investigational	l '		
46049	INTRGASTRIC BARIATRIC BALLON LIGATION HEMORRHOID BUNDLE W US	Even arism antal / Invastigational	V		
46948		Experimental/Investigational	Y		
-	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y	\/a-	DARRUES TO MICOLI WA. Soudia NCH Saura de cardo de la Hadib Dia Sau
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Experimental/Investigational	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
98978	RMTE THRPTC MNTRNG (EG, THRPY ADHRNCE, THRPY RSPNSE); DVCE(S)	Experimental/Investigational	Υ		
	SPPLY WTH SCHDLD (EG, DAILY) RCRDNG(S) AND/OR PRGRMMD ALRT(S)				
	TRNSMSSN TO MNTR CGNTV BHVRL THRPY, EACH 30 DAYS				
0071T	US ABLATN UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	Y		
0072T	US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS	Experimental/Investigational	Y		
0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	Y		
0100T	PLCMNT SBCJNCTVL RTNL PROSTHS RCVR & PLSE, IMPLTN INTRA-OC RTA	Experimental/Investigational	Y		
	W VTRCTMY				
0101T	EXTRCORPL SHOCK WAVE MUSCSKLTL NOS HIGH ENERGY	Experimental/Investigational	Υ		
0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	Y		
0106T	QUANT SENSORY TEST AND INTERPN XTR W TOUCH STIMULI	Experimental/Investigational	Y		
0107T	QUANT SENSORY TEST AND INTERPN XTR W VIBRJ STIMULI	Experimental/Investigational	Y		
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0108T QUANT SENSORY TEST AND INTERPN XTR W COOL STIMULI	Experimental/Investigational Y
0109T QUANT SENSORY TEST AND INTERPN XTR W HT-PN STIMULI	Experimental/Investigational Y
0110T QUANT SENSORY TEST AND INTERPN XTR OTHER STIMULI	Experimental/Investigational Y
0184T RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational Y
0198T MEAS OCULAR BLOOD FLOW REPTTVE IO PRES SAMPLNG W I&R	Experimental/Investigational Y
0200T PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational Y
0201T PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Experimental/Investigational Y
0202T POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational Y
0206U NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational Y
0207T EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational Y
0207U NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational Y
0208T PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational Y
0209T PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational Y
0210T SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational Y
0210U SYPHILIS TST ANTB IA QUAN	Experimental/Investigational Y
0211T SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational Y
0212T COMPRE AUDIOMTRY THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational Y
0214T NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational Y
0215T NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational Y
0216T NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational Y
0217T NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational Y
0218T NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational Y
0219T PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational Y
0219U NFCT AGT HIV GNRJ SEQ ALYS	Experimental/Investigational Y
0220T PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational Y
0221T PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational Y
0221U ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational Y
0222U RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational Y
0227U RX ASSAY PRSMV 30 PLUS RX/METABLT UR LC-MS/MS MRM	Experimental/Investigational Y
0234T TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational Y
0235T TRLMNL PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational Y
0236T TRLMNL PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational Y
0237T TRLMNL PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational Y
0238T TRLMNL PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational Y
0253T INSERT ANTR SGMNT AQS DRAINAGE DVCE W O RESERVR INT APPR	Experimental/Investigational Y
0263T AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational Y
0264T AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational Y
0265T BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational Y
0266T IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational Y
0267T IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Experimental/Investigational Y
0268T IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY 0269T REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Experimental/Investigational Y Experimental/Investigational V
	Experimental/Investigational Y Experimental/Investigational Y
0270T REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Experimental/Investigational Y Experimental/Investigational Y
0271T REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational Y Experimental/Investigational Y
0272T INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational Y Experimental/Investigational Y
0273T INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational Y
0274T PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational Y
0275T PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational Y
0278T TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational Y
0329T MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Experimental/Investigational Y

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0330T TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Experimental/Investigational Y
0333T VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Experimental/Investigational Y
0335T INSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational Y
0338T TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational Y
0339T TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational Y
0342T THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational Y
0347T PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational Y
0348T RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational Y
0349T RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational Y
0350T RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational Y
0351T INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational Y
0352T OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational Y
0353T OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational Y
0354T OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational Y
0358T BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational Y
0394T HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational Y
0395T HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational Y
0397T ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational Y
0398T MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational Y
0404T TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Experimental/Investigational Y
0408T INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational Y
0409T INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational Y
0410T INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational Y
0411T INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational Y
0412T REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational Y
0413T REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational Y
0414T RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational Y
0415T REPOS CARDIAC MODULI SYS TRANSVENOUS ELECTRODE	Experimental/Investigational Y
0416T RELOC SKIN POCKET CARDIAC MODULI PULSE GENERATOR	Experimental/Investigational Y
0417T PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational Y
0418T INTERRO DEVICE EVALUATION CARDIAC MODULI SYSTEM	Experimental/Investigational Y
0419T DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational Y
0420T DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational Y
0422T TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational Y
0424T INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational Y
0425T INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational Y
0426T INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational Y
0427T INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational Y
0428T REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational Y
0429T REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational Y
0430T REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational Y
0431T RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational Y
04311 REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational Y
0432T REPOS NSTIM SYSTEM SLEEP APNEA STIMI LEAD 0433T REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational Y
0434T INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational Y
04341 INTERRO DEV EVAL INSTINI PLS GEN SYS SLEEP APNEA 0435T PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational Y
0436T PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY 0437T IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Experimental/Investigational Y Experimental/Investigational V
	Experimental/Investigational Y Experimental/Investigational Y
0440T ABLTJ PERC CRYOABLTJ IMG GDN LYTR PERPH NERVE	Experimental/Investigational Y Experimental/Investigational Y
0441T ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational Y

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0442T ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational Y
0443T R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCPY	Experimental/Investigational Y
0444T INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational Y
0445T SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational Y
0446T CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational Y
0447T RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational Y
0469T RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Experimental/Investigational Y
0472T DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Experimental/Investigational Y
0473T DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Experimental/Investigational Y
0474T INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational Y
0479T FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational Y
0481T NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Experimental/Investigational Y
0483T TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational Y
0484T TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational Y
0485T OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational Y
0486T OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational Y
0488T DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational Y
0489T AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational Y
0490T AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Experimental/Investigational Y
0494T PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational Y
0495T INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational Y
0499T CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational Y
0500T IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Experimental/Investigational Y
0505T EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational Y
0506T MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational Y
0507T NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational Y
0508T PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational Y
0510T REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational Y
0511T REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational Y
0512T ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational Y
0515T INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational Y
0516T INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational Y
0517T INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational Y
0518T REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational Y
0519T REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational Y
0520T REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational Y
0521T INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational Y
0522T PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational Y
0523T INTRAPROCEDURAL CORONARY FFP W 3D FUNCIL MAPPING	Experimental/Investigational Y
0524T EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Experimental/Investigational Y
0525T INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational Y
05251 INSERTION REPLACEMENT LIMS ELECTRODE ONLY	Experimental/Investigational Y Y
05201 INSERTION REPLACEMENT HWS ELECTRODE ONLY	Experimental/Investigational Y
05271 INSERTION REPLACEMENT HWS IMPLANTABLE WINTR ONLY 0528T PRGRMG DEVICE EVAL HMS IN PERSON	Experimental/Investigational Y Y
05281 PRGRING DEVICE EVAL IIIVIS IN PERSON 0529T INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational Y Y
0530T REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational Y Y
	Experimental/Investigational Y Experimental/Investigational V
	Experimental/Investigational Y Experimental/Investigational Y
0533T CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational Y Experimental/Investigational Y
0534T CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational Y

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0535T CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational Y
0536T CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational Y
0541T MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Experimental/Investigational Y
0542T MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Experimental/Investigational Y
0563T EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Experimental/Investigational Y
0564T ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational Y
0565T AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational Y
0566T AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational Y
0567T PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH	Experimental/Investigational Y
0568T INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE	Experimental/Investigational Y
0569T TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational Y
0570T TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational Y
0571T INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE	Experimental/Investigational Y
0572T INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational Y
0573T RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational Y
0574T REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Experimental/Investigational Y
0575T PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational Y
0576T INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational Y
0577T ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE	Experimental/Investigational Y
0578T REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP	Experimental/Investigational Y
0579T REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH	Experimental/Investigational Y
0580T RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Experimental/Investigational Y
0581T ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	Experimental/Investigational Y
0582T TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR	Experimental/Investigational Y
0583T TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	Experimental/Investigational Y
0587T PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN	Experimental/Investigational Y
0588T REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV	Experimental/Investigational Y
0589T ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS	Experimental/Investigational Y
0590T ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS	Experimental/Investigational Y
0594T OSTEOT HUM XTRNL LNGTH DEV	Experimental/Investigational Y
0596T TEMP FML IU VLV-PMP 1ST INSJ	Experimental/Investigational Y
0597T TEMP FML IU VALVE-PMP RPLCMT	Experimental/Investigational Y
0598T NCNTC R-T FLUOR WND IMG 1ST	Experimental/Investigational Y
0599T NCNTC R-T FLUOR WND IMG EA	Experimental/Investigational Y
0600T IRE ABLTJ 1+TUM ORGAN PERQ	Experimental/Investigational Y
0601T IRE ABLTJ 1+TUMORS OPEN	Experimental/Investigational Y
0602T TRANSDERMAL GFR MEASUREMENTS	Experimental/Investigational Y
0603T TRANSDERMAL GFR MONITORING	
	Experimental/investigational
	Experimental/Investigational Y Experimental/Investigational Y
	Experimental/Investigational Y Experimental/Investigational Y
0606T REM OCT RTA PHYS/QHP EA 30D	Experimental/Investigational Y Experimental/Investigational Y
0607T REM MNTR PULM FLU MNTR SETUP	Experimental/investigational
0608T REM MNTR PULM FLU MNTR ALYS	Experimental/Investigational Y
0613T PERQ TCAT INTRATRL SEPTL SHT	Experimental/Investigational Y
0614T RMVL & RPLCMT SS IMP DFB PG	Experimental/Investigational Y
0615T EYE MVMT ALYS W/O CALBRJ I&R	Experimental/Investigational Y
0616T INSERTION OF IRIS PROSTHESIS	Experimental/Investigational Y
0617T NSJ IRIS PROSTH W/RMVL&INSJ	Experimental/Investigational Y
0618T INSJ IRIS PROSTH SEC IO LENS	Experimental/Investigational Y
0619T CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY AND RX DLVR	Experimental/Investigational Y

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0620T ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	Experimental/Investigational Y
0621T TRABECULOSTOMY AB INTERNO BY LASER	Experimental/Investigational Y
0622T TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	Experimental/Investigational Y
0627T PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR 1ST	Experimental/Investigational Y
0628T PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR EA	Experimental/Investigational Y
0629T PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR 1ST	Experimental/Investigational Y
0630T PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR EA	Experimental/Investigational Y
0631T TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Experimental/Investigational Y
0632T PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Experimental/Investigational Y
0639T WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS AND ASSMT	Experimental/Investigational Y
0640T NON-CNTCT NR IFR SPECTRSC FLAP/WND IMG ACQUISN I&R	Experimental/Investigational Y
0641T NON CNTCT NR IFR SPECTRSC FLAP/WND IMG ACQUISTN ONLY	Experimental/Investigational Y
0642T NONCNTCT NR IFR SPECTRSC FLAP/WND I&R ONLY	Experimental/Investigational Y
0643T TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTN	Experimental/Investigational Y
0644T TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	Experimental/Investigational Y
0645T TCAT IMPLTN CRNRY SINUS RDCTN DEVCE	Experimental/Investigational Y
0646T TTVI/RPLCMT PROSTC VLV PERQ W/R HRT CATH & ANGRPH	Experimental/Investigational Y
0647T INSRTN GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY	Experimental/Investigational Y
0648T QUAN MR ALYS TISS COMPOSITION W/O MRI SAME SESSION	Experimental/Investigational Y
0649T QUAN MR ALYS TISS COMPOSITION W/MRI	Experimental/Investigational Y
0650T PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE	Experimental/Investigational Y
0651T MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/I AND R	Experimental/Investigational Y
0652T EGD FLEXIBLE TRANSNASAL DX W/COLLCTN SPEC BR/WA	Experimental/Investigational Y
	Experimental/investigational
0654T EGD FLEXIBLE TRNSNASAL W/INSRTN INTRLMNL TUBE/CATH	Experimental/Investigational Y Experimental/Investigational Y
0655T TRNSPRNL FOCAL ABLTN MALGNT PRSTRTE	Experimental/investigational
0656T VRT BDY ANTRR TETHERING ANT <7 SEG	Experimental/Investigational Y Experimental/Investigational Y
0657T VRT BDY TETHERING ANT 8+ SEG	Experimental/investigational
0658T ELEC IMPD SPECTRSC 1+SKN LES	Experimental/Investigational Y
0660T IMPLTN ANTR SGMNT IO NBIO RX SYS	Experimental/Investigational Y
0661T RMVL & RIMPLTN ANTR SGM IO NBIODGRD RX ELUT IMPLT	Experimental/Investigational Y
0662T SCALP COOL 1ST MEAS&CALBRTN	Experimental/Investigational Y
0663T SCALP COOL PLMT MNTR RMVL	Experimental/Investigational Y
0664T DNR HYSTERECTOMY OPEN CDVR	Experimental/Investigational Y
0665T DNR HYSTERECTOMY OPEN LIVNG DNR	Experimental/Investigational Y
0666T DNR HYSTERECTOMY LAPS/ROBOTIC FROM LVNG DNR	Experimental/Investigational Y
0667T DNR HYST RCPNT UTER ALGRFT TRNSPLTN CDVR/LIV	Experimental/Investigational Y
0668T BACKBENCH PREP CDVR/LIV DONOR UTERINE ALLOGRAFT	Experimental/Investigational Y
0669T BCKBNCH RCNSTN CDVR/LIV DON UTER ALGRFT VEN ANST	Experimental/Investigational Y
0670T BCKBNCH RCNSTN CDVR/LIV DON UTER ALGRFT ART ANST	Experimental/Investigational Y
0690T QUANTITATIVE US TISS CHARAC I AND R W/DX US SM ANAT	Experimental/Investigational Y
0691T AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I AND R	Experimental/Investigational Y
0693T COMPRE FUL BDY CPTR MRKRLS 3D KNMTC AND KIN MTN ALYS	Experimental/Investigational Y
0694T 3D VOLUMETRIC IMG AND RCNSTJ BRST/AX LYMPH NODE TISS	Experimental/Investigational Y
0695T BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	Experimental/Investigational Y
0696T BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	Experimental/Investigational Y
0697T QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN	Experimental/Investigational Y
0698T QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	Experimental/Investigational Y
0700T MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	Experimental/Investigational Y
0701T MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	Experimental/Investigational Y
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United 1996				
DOTS CONTROL SWAPFINE REC CAD DES Descrimental/investigational NC				
APACES ADDR. THISP PERT, THE CARSES TO TEAM THE PRET, THE ADDR. THE ADDR				
1973 70 1974 19	0716T CAR ACOUS WAVFRM REC CAD RSK	Experimental/Investigational	NC	
Port	0717T ATLGS ADRC THRPY PRTL THCKNSS RC TEAR	Experimental/Investigational	NC	
PROFIT P	0718T ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI	Experimental/Investigational	Υ	
	0719T PST VERTEBRAL JOINT RPLCMT LUMBAR SPI SINGLE SGM	Experimental/Investigational	Υ	
197271 GUANCT TTS CHARACE W/CT Caperimental/invest/gational NC	0720T PRQ ELC NRV STIM CN WO IMPLT	Experimental/Investigational	NC	
D07251 D086PC W/O DX MRS SMA PANT SE	0721T QUAN CT TISS CHARAC W/O CT	Experimental/Investigational	NC	
	0722T QUAN CT TISS CHARAC W/CT	Experimental/Investigational	NC	
	0723T QMRCP W/O DX MRI SM ANAT SE	Experimental/Investigational	NC	
1975 1975	0724T QMRCP W/DX MRI SAME ANATOM		NC	
Inches I	0725T VESTIBULAR DEV IMPLTJ UNI		NC	
	0726T RMVL IMPLT VSTIBULAR DEV UNI			
10.7281 XX AVS VSTBLE MERT LOW IS SEQ Experimental/investigational NC	0727T RMVL&RPLCMT IMPLT VSTBLR DEV			
DOZ371 DAXANY STBIR MPLT UNI SIG. Experimental/Investigational N.C.				
10.7317 TABERCULOTONY ISR WYOCT GON Experimental/Investigational NC				
1.07337 IMMINTX ADMIN ELCTROPORATI IM				
D7231 REM DDV8_MB KNMTC THER.SPLY	·			
107347 REM BDY&LIM & KNMTC TX MGMT				
07357 PREP TUM CAV IORT PRIND CRNOT				
O7371 COLONIC LAVAGE 35-L WATER				
D273FT XENDGRAFT IMPLIT ARTCLE SURF Experimental/Investigational Y				
O739T ABLATION MAL PRST8 TISS Experimental/Investigational Y				
D7391 ABLATION MAL PRIST ITSS MAGNETIC FIELD INDUCTION Experimental/Investigational Y				
REM AUTON ALG INSULIN DOSE 1ST SETURE PT EDUCAL Experimental/Investigational Y			V	
O741T REM AUTON ALG NSIN DOS CAL SW DATA COLL TRANSMIS Experimental/Investigational Y			Y V	
D744T INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN Experimental/Investigational Y O745T CAR FCL ABLTI RADJ ARRHYT O-INVAS LOCIZJ & MAPG Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVAS LOCIZJ & MAPG Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ ARRHYT D-INVR RADJ THER Experimental/Investigational Y O746T CAR FCL ABLTI RADJ RADJ RADJ RADJ RADJ RADJ RADJ RADJ			· · · · · · · · · · · · · · · · · · ·	
O745T CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG Experimental/Investigational Y			· · · · · · · · · · · · · · · · · · ·	
O746T CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG Experimental/Investigational Y			Y	
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0773T VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/> Experimental/Investigational Y 0774T VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN Experimental/Investigational Y 0775T ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT Experimental/Investigational Y 0776T THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA Experimental/Investigational Y 0777T R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM Experimental/Investigational Y 0778T SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC Experimental/Investigational Y 0779T GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R Experimental/Investigational Y 0781T BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI Experimental/Investigational Y 0782T BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS Experimental/Investigational Y	·		Υ	
0774TVR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MINExperimental/InvestigationalY0775TARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLTExperimental/InvestigationalY0776TTHERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIAExperimental/InvestigationalY0777TR-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEMExperimental/InvestigationalY0778TSMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSCExperimental/InvestigationalY0779TGI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&RExperimental/InvestigationalY0781TBRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHIExperimental/InvestigationalY0782TBRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUSExperimental/InvestigationalY		Experimental/Investigational	Υ	
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0776TTHERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIAExperimental/InvestigationalY0777TR-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEMExperimental/InvestigationalY0778TSMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSCExperimental/InvestigationalY0779TGI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&RExperimental/InvestigationalY0781TBRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHIExperimental/InvestigationalY0782TBRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUSExperimental/InvestigationalY	0774T VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	Υ	
0777TR-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEMExperimental/InvestigationalY0778TSMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSCExperimental/InvestigationalY0779TGI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&RExperimental/InvestigationalY0781TBRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHIExperimental/InvestigationalY0782TBRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUSExperimental/InvestigationalY	0775T ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT	Experimental/Investigational	Υ	
0778TSMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSCExperimental/InvestigationalY0779TGI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&RExperimental/InvestigationalY0781TBRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHIExperimental/InvestigationalY0782TBRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUSExperimental/InvestigationalY	0776T THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Experimental/Investigational	Υ	
0779T GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R Experimental/Investigational Y 0781T BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI Experimental/Investigational Y 0782T BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS Experimental/Investigational Y	0777T R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Experimental/Investigational	Υ	
0781T BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI Experimental/Investigational Y 0782T BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS Experimental/Investigational Y	0778T SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Experimental/Investigational	Υ	
0782T BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS Experimental/Investigational Y	0779T GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Experimental/Investigational	Υ	
	0781T BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Experimental/Investigational	Υ	
0783T TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ Experimental/Investigational Y	0782T BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Experimental/Investigational	Υ	
	0783T TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	Experimental/Investigational	Υ	

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0793T		Experimental/Investigational	Υ	
0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Experimental/Investigational	Υ	
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Υ	
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	Υ	
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Υ	
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Υ	
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Experimental/Investigational	Υ	
0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Υ	
0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Experimental/Investigational	Υ	
0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Experimental/Investigational	Υ	
0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Experimental/Investigational	Υ	
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	Υ	
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	Υ	
A4563		Experimental/Investigational	Υ	
C1823		Experimental/Investigational	Υ	
C1824		Experimental/Investigational	Υ	
C2596		Experimental/Investigational	Υ	
C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	Υ	
C9758		Experimental/Investigational	Y	
C9782		Experimental/Investigational	· Y	This code would only be covered when part of an experimental study and may not
C3702	DED TROCKTHA CLS H/H TH/CCS CLS HI/TV CRA	Experimental/investigational	'	be covered in many instances.
C9783	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Experimental/Investigational	γ	This code would only be covered when part of an experimental study and may not
C3763	BLINDED FROC TC IIVIF C3 RD DVCL/FLACLBO CONTROL	Experimental/investigational	T .	
C0794	ENDO SLEEVE CASTRO W/TURE	Evenorim ental/Investigational	Y	be covered in many instances.
C9784		Experimental/Investigational	Y	
C9785		Experimental/Investigational	'	
C9787		Experimental/Investigational	Y	
K1006	SUCTION PUMP HOME MODEL ELEC USE EXTRNL URNE MNGMNT SYSTM	Experimental/investigational	Υ	
1/4 0 0 7	DITTOLUMATE DELVE DIAM INCL. DELVE CONADNITE LID MALET IOINITE			
K1007		Experimental/Investigational	Υ	
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP AND ACCSRS	Experimental/Investigational	Y	
L8608		Experimental/Investigational	Υ	
		Genetic Counseling & Testing	Y	
81121		Genetic Counseling & Testing	Υ	
81161		Genetic Counseling & Testing	Υ	
81162		Genetic Counseling & Testing	Υ	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81164		Genetic Counseling & Testing	Υ	
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Υ	
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Υ	
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Genetic Counseling & Testing	Υ	
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Υ	
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Υ	
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Υ	
81174		Genetic Counseling & Testing	Υ	
81175		Genetic Counseling & Testing	Υ	
		Genetic Counseling & Testing	Υ	
81177		Genetic Counseling & Testing	Υ	
		Genetic Counseling & Testing	Υ	
		Genetic Counseling & Testing	Υ	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

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81188 CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing Y	
81189 CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81190 CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing Y	
81191 NTRK1 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing Y	
81193 NTRK3 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing Y	
81194 NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing Y	
81201 APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81203 APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing Y	
81205 BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81210 BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing Y	
81212 BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing Y	
81216 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing Y	
81217 BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing Y	
81218 CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81219 CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing Y	
81222 CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing Y	
81223 CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81225 CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81226 CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81227 CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y Y	
81228 CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS		
81229 CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Schelle Countries & Testing	
81230 CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81231 CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81232 DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81233 BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81234 DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing Y	
81235 EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81236 EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81237 EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81238 F9 FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81239 DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing Y	
81243 FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing Y	
81244 FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing Y	
81246 FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing Y	
81247 G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Y	
81248 G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing Y	
81249 G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81258 HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing Y	
81259 HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
81265 COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing Y	
81266 COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing Y	
81269 HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing Y	
81272 KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing Y	
81273 KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing Y	
81274 HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing Y	
81277 CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing Y	
81278 IGH@/BCL2 TLCJ ALYS MBR AND MCR BP QUAL/QUAN	Genetic Counseling & Testing Y	
81285 FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing Y	
81286 FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing Y	
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81289 FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Υ	
81291 MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81292 MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81294 MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Υ	
81295 MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81297 MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Υ	
81298 MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81300 MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Υ	
81306 NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81307 PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Υ	
81308 PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	Υ	
81309 PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81311 NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	Υ	
81312 PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Υ	
81313 PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	Υ	
81314 PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y	
81317 PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	· Y	
81319 PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	· v	
81320 PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing Genetic Counseling & Testing	· v	
81321 PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing Genetic Counseling & Testing	Y	
81323 PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing Genetic Counseling & Testing	Υ	
81324 PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS		Υ	
	Genetic Counseling & Testing	Y	
81325 PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81328 SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81329 SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Testing	Y	
81333 TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81334 RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81335 TPMT GENE ANALAYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81336 SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81337 SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Υ	
81345 TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81346 TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81348 SRSF2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81349 CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	Genetic Counseling & Testing	Υ	
81351 TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Υ	
81352 TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Υ	
81353 TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Υ	
81355 VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Υ	
81357 U2AF1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81360 ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Υ	
81361 HBB COMMON VARIANTS	Genetic Counseling & Testing	Υ	
81362 HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Υ	
81364 HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Υ	
81401 MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Υ	
81402 MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Υ	
81403 MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Υ	
81404 MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Υ	
81405 MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Υ	
81406 MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y	
81407 MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y	
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0046U FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE Genetic Counseling & Testing Y
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0175U PSYC GEN ALYS PANEL 15 GENES Genetic Counseling & Testing Y			
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D177U ONC RRST CA DNA PIKSCA 11 Genetic Counseling & Testing Y			
D178U PEANUT ALLG ASMT EPI CLIN RX Genetic Counseling & Testing Y			
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0192UJK GNOTYP SLC14A1 EXON 9Genetic Counseling & TestingY0193UJR GNOTYP ABCG2 EXONS 2-26Genetic Counseling & TestingY0194UKEL GNOTYP KEL EXON 8Genetic Counseling & TestingY0195UKLF1 TARGETED SEQUENCINGGenetic Counseling & TestingY0196ULU GNOTYP BCAM EXON 3Genetic Counseling & TestingY			
0193UJR GNOTYP ABCG2 EXONS 2-26Genetic Counseling & TestingY0194UKEL GNOTYP KEL EXON 8Genetic Counseling & TestingY0195UKLF1 TARGETED SEQUENCINGGenetic Counseling & TestingY0196ULU GNOTYP BCAM EXON 3Genetic Counseling & TestingY	0191U IN GNOTYP CD44 EXONS 2 3 6		
0194UKEL GNOTYP KEL EXON 8Genetic Counseling & TestingY0195UKLF1 TARGETED SEQUENCINGGenetic Counseling & TestingY0196ULU GNOTYP BCAM EXON 3Genetic Counseling & TestingY	0192U JK GNOTYP SLC14A1 EXON 9	Genetic Counseling & Testing Y	
0195U KLF1 TARGETED SEQUENCING Genetic Counseling & Testing Y 0196U LU GNOTYP BCAM EXON 3 Genetic Counseling & Testing Y	0193U JR GNOTYP ABCG2 EXONS 2-26	Genetic Counseling & Testing Y	
0196U LU GNOTYP BCAM EXON 3 Genetic Counseling & Testing Y	0194U KEL GNOTYP KEL EXON 8	Genetic Counseling & Testing Y	
0196U LU GNOTYP BCAM EXON 3 Genetic Counseling & Testing Y	0195U KLF1 TARGETED SEQUENCING	Genetic Counseling & Testing Y	
	0196U LU GNOTYP BCAM EXON 3		
	0197U LW GNOTYP ICAM4 EXON 1		

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0198U RHD & RHCE GNTYP RHD1-10 & RHCE5	Genetic Counseling & Testing Y
0199U SC GNOTYP ERMAP EXONS 4 12	Genetic Counseling & Testing Y
0200U XK GNOTYP XK EXONS 1-3	Genetic Counseling & Testing Y
0201U YT GNOTYP ACHE EXON 2	Genetic Counseling & Testing Y
0203U AI IBD MRNA XPRSN PRFL 17	Genetic Counseling & Testing Y
0204U ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing Y
0205U OPH AMD ALYS 3 GENE VARIANTS	Genetic Counseling & Testing Y
0209U CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing Y
0211U ONC PAN-TUM DNA&RNA GNRJ SEQ	Genetic Counseling & Testing Y
0212U RARE DS GEN DNA ALYS PROBAND	Genetic Counseling & Testing Y
0213U RARE DS GEN DNA ALYS EA COMP	Genetic Counseling & Testing Y
0215U RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing Y
0216U NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing Y
0217U NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing Y
0218U NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing Y
0220U ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing Y
0228U ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Genetic Counseling & Testing Y
0229U BCAT1 PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing Y
0230U AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing Y
0231U CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Genetic Counseling & Testing Y
0232U CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Genetic Counseling & Testing Y
0233U FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing Y
0234U MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing Y
0235U PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing Y
0236U SMN1 AND SMN2 FUL GEN ALYS CHNG DUPL AND DELET AND INSJ	Genetic Counseling & Testing Y
0237U CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Genetic Counseling & Testing Y
0238U ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing Y
0239U TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing Y
0306U ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing Y
0307U ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing Y
0308U CRD CAD ALYS 3 PRTN PLSM ALG	Genetic Counseling & Testing Y
0309U CRD CV DS ALY 4 PRTN PLM ALG	Genetic Counseling & Testing Y
0310U PED VSCLTS KD ALYS3 BMRKS	Genetic Counseling & Testing Y Genetic Counseling & Testing Y
0311U NFCT DS BCT QUAN ANTMCRB SC	Genetic Counseling & Testing Y Y
0312U AI DS SLE ALYS 8 IGG AUTOANT	
0313U ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing Y Constitution Counseling & Testing
0314U ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing Y Constitution Counseling & Testing
	Genetic Counseling & Testing Y Constitution of the Counseling & Testing Y
0315U ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing
0316U B BRGDRFERI LYME DS OSPA EVL	Genetic Counseling & Testing Y Constitution Counseling & Testing
0317U ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing Y
0318U PED WHL GEN MTHYLTN ALYS 50+	Genetic Counseling & Testing Y Constitution Counseling & Testing
0319U NEPH RNA PRETRNSPL PERPH BLD	Genetic Counseling & Testing
0320U NEPH RNA PSTTRNSPL PERPH BLD	Genetic Counseling & Testing Y
0321U IADNA GU PTHGN 20BCT&FNG ORG	Genetic Counseling & Testing Y
0322U NEURO ASD MEAS 14 ACYL CARN	Genetic Counseling & Testing Y
0326U TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 PLUS	Genetic Counseling & Testing Y
0327U FTL ANEUPLOIDY TRSMY DNA SEQ ALYS MAT PLSM RSK	Genetic Counseling & Testing Y
0355U APOL1 RISK VARIANTS	Genetic Counseling & Testing Y
0356U ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	Genetic Counseling & Testing Y
0358U NEURO MLD COG IMPAIRMNT ALYS BAMYLOID 1-42&1-40	Genetic Counseling & Testing Y

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0359U ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	Genetic Counseling & Testing Y
0360U ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	Genetic Counseling & Testing Y
0361U NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	Genetic Counseling & Testing Y
0362U ONC PAP THYR CA RNA SEQ 82CNT&10HSKP GEN FNA ALG	Genetic Counseling & Testing Y
0363U ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	Genetic Counseling & Testing Y
0387U ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Genetic Counseling & Testing Y
0388U ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Genetic Counseling & Testing Y
0389U PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Genetic Counseling & Testing Y
0390U OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Genetic Counseling & Testing Y
0391U ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	Genetic Counseling & Testing Y
0392U RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Genetic Counseling & Testing Y
0393U NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Genetic Counseling & Testing Y
0394U PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Genetic Counseling & Testing Y
0395U ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Genetic Counseling & Testing Y
0396U OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	Genetic Counseling & Testing Y
0398U GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Genetic Counseling & Testing Y
0399U U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Genetic Counseling & Testing Y
0400U OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Genetic Counseling & Testing Y
0401U CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Genetic Counseling & Testing Y
0402U NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Genetic Counseling & Testing Y
0403U ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Genetic Counseling & Testing Y
0404U ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Genetic Counseling & Testing Y
0405U ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Genetic Counseling & Testing Y
0406U ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Genetic Counseling & Testing Y
0407U NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Genetic Counseling & Testing Y
0409U ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Genetic Counseling & Testing Y
0410U ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Genetic Counseling & Testing Y
0411U PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing Y
0412U BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Genetic Counseling & Testing Y
0413U ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Genetic Counseling & Testing Y
0414U ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Genetic Counseling & Testing Y
0415U CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Genetic Counseling & Testing Y
0416U IADNA GU PTHGN 20BCT&FNGL ORG ID 20 ARG URINE	Genetic Counseling & Testing Y
0417U RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Genetic Counseling & Testing Y
0418U ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Genetic Counseling & Testing Y
0419U NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing Y
G9143 WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing Y
S3852 DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing Y
S3854 GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing Y
S3861 GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Genetic Counseling & Testing Y
S3865 COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing Y
S3866 GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing Y Y
S3870 CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing Y
90281 IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs Y
90281 IMMUNE GLOBULIN IG HOIVIAN IVI USE	Healthcare Administered Drugs Y Y
90284 IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs Y
	Healthcare Administered Drugs Y Healthcare Administered Drugs Y
90371 HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	
90378 RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs Y Healthcare Administered Drugs NC
90584 DENGUE VACC QUAD 2 DOSE SUBQ	Healthcare Administered Drugs NC

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A9542 INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Healthcare Administered Drugs	γ		
A9596 GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	V		
A9601 FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, (IEEGCGIX), I WILLICURIE	Healthcare Administered Drugs	V		
A9607 LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Healthcare Administered Drugs	V	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
A3007 EOTETION EO 177 VIFIVOTIDE TETRAXETAN THEN I MICI	Healthcare Administered Drugs	1	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
B4187 OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatrics send request to riealth Fiant.
C9047 INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
CSO47 INSECTION CALLACIZONIAD TITOL TIVIO	Treatment Administered Drugs	1	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
C9145 INJ, APONVIE, 1 MG	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatrics send request to riealth rian.
C9150 XENON XE-129 HYPERPOLARIZED GAS, DIAGNOSTIC, PER STUDY DOSE	Healthcare Administered Drugs	V		
C9151 INJECTION, PEGCETACOPLAN, 1 MG	Healthcare Administered Drugs	V		
C9257 INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA
C9293 INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
C5255 INSECTION GEOCANTIDASE 10 ONTIS	Treatment Administered Brugs	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
C9399 UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Υ		inputient, non-curred diagnosis, and pediatries send request to ricultivitari.
C9488 INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y		
J0121 INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y		
J0122 INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	V		
J0129 INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y		
J0135 INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	V		
J0153 INJECTION ADENOSINE 1 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
JOIDS INSECTION ADENOSINE I MIG	Treatment Administered Drugs	IV.		code delegated to NCH for OH, WA
J0172 INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Υ		code delegated to NCITIOI OII, WA
J0174 INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	V		
J0178 INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	V		
J0179 INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	V		
J0180 INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	V		
JO185 INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
30103 INS.), 74 N.E.I 1174111, 11110	Treatment rammistered Brags	•		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0202 INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
30202 INSCOTION ALLINI OZONIAO I MO	Treatment rammistered Brags	•		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0205 INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	Υ		inputient, non curred diagnosis, and pediatries send request to ricultivitari.
J0207 INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10207 INSECTION AND CONTROL SOCIATION	Treatment rammistered Brags			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0208 INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Υ		inputient, non curreer diagnosis, and pediatries send request to reditir rian.
J0218 INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y		
J0219 INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y		
J0220 INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	Y		
J0221 INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y		
J0222 INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y		
J0223 INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Υ		
J0224 INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y		
J0225 INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Υ Υ		
J0248 INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y		
J0256 INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Υ		
J0257 INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Υ Υ		
J0280 INJECTION AMINOPHYLLIN UP TO 250 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
		.,		code delegated to NCH for OH, WA
J0291 INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Υ		Source designation to the training of the trai
J0349 INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	V		
אוטווא, גאכער ווען דארטוא אווא אווען דאר אין אווען דאר אין אווען דאר אין	nealthcare Auministered Drugs	Y		

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10364 INJECTION ABOMORPHINE LIVEROCKH ORIDE 4 MG				
J0364 INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Υ		
J0457 INJECTION, AZTREONAM, 100 MG	Healthcare Administered Drugs	Y		
J0480 INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y		
J0485 INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y		
J0490 INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y		
J0491 INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y		
J0517 INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Υ		
J0565 INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Υ		
J0567 INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Υ		
J0570 BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	Υ		
J0584 INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Υ		
J0585 BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Υ		
J0586 INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Υ		
J0587 INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Υ		
J0588 INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Υ		
J0593 INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Υ		
J0596 INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Υ		
J0597 INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Υ		
J0598 INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Υ		
J0599 INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Υ		
J0604 CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Υ		
J0606 INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Υ		
J0630 CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0637 INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	Υ		
J0638 INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Υ		
J0641 INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0642 INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0691 INJECTION, LEFAMULIN, 1 MG	Healthcare Administered Drugs	Υ		, , , , , , , , , , , , , , , , , , , ,
J0695 INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Υ		
J0699 INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Υ		Bevacizumab when billed for intraocular injection does not require a PA
J0712 INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y		
J0714 INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y		
J0717 INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y		
J0725 INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y		
J0739 INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y		
J0741 INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA
J0775 INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	, , , , , , , , , , , , , , , , , , ,		Bevasizarias when sinea for incrassalar injection ases her require a 174
J0791 INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	V		
J0801 INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y		
J0802 INJECTION, CORTICOTROPIN (ACTIVAR GEE), OF 10 40 ONTS	Healthcare Administered Drugs	V		
J0850 INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y		
J0874 INJECTION CYTOMEGALOVIKOS IMMONE GLOB IV-VIAL	Healthcare Administered Drugs	V		
	Treattricare Autilinistered Di ugs	ľ		
J0875 INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	V		
	Healthcare Administered Drugs	Y V		
J0877 INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y		
J0878 INJECTION DIFFLIREFALING 1 MICROCRAM	Healthcare Administered Drugs	Y		
J0879 INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y		

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J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Υ		
J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Υ		
J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			·	Ť	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y		
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Υ		
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
					code delegated to NCH for OH, WA
J1250	INJECTION DOBUTAMINE HCI PER 250 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
					code delegated to NCH for OH, WA
J1260	INJECTION DOLASETRON MESYLATE 10 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Υ		<u> </u>
J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	Υ		
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Υ		
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Υ		
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Υ		
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Υ		
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Υ		
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Υ		
J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	Y		
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y		
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y		
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y		
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y		
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y		
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to freatti riali.
J1438	INJECTION ETANERCE T 25 ING INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	V	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
31733	THE CONTRACTOR INTO	Treatment e Administered Drugs		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to freatti Fiall.
J1440 J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		Ū	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1445	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON	Healthcare Administered Drugs	Y		
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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J1448 INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
14.442 NUESTION ET ADEODASTINA VAIST O 4.440		.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1449 INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1454 INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1456 INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY	Healthcare Administered Drugs	Υ		
EQUIVALENT TO J1453, 1 MG				
J1458 INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Υ		
J1459 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	-			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1460 INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1551 INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
instantion, invitate debbatin (corragila), 100 Ma	Treatment Administered Drugs	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1554 INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Υ	γ~	
11334 INJECTION, IMMONE GLOBOLIN (ASCENIV), 300 MG	Healthcare Authinistered Drugs	ı	T T	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
MARKE INVESTIGATION IN ANALYSIS CLOREN IN (CUIVITRUI) 400 NAC	Health and Administrated During		Vor	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1555 INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1556 INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1557 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1558 INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Υ	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1559 INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	-			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1560 INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1561 INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
March March Control Control March Control Ma	Treatment of tall minister ear 27 age	·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1562 INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	Υ		inputient, non cancer diagnosis, and pediatries send request to ricultin fam.
J1566 INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
11300 INSTATE OF THE INSTANTANTANTANTANTANTANTANTANTANTANTANTANT	Healthcare Administered Drugs	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
14ECO INUIC OCTOCANA IV NONI VODIJILIZED EGO NAC	Hoolth save Advainintaved Duves	Υ	Vo	
J1568 INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
MATCO INVINCIONA A CARRILLO IVANONI VORUNIZER FORMAC)/a.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1569 INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1571 INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	Y		
J1572 INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Υ	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
(FLEBOGAMMA/FLEBOGAMMA DIF)				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1573 INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Υ		
J1575 INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Υ		
J1576 INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOP	Healthcare Administered Drugs	Υ		
J1595 INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Υ		
J1599 INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1602 INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Υ		, , , , , , , , , , , , , , , , , , , ,
J1627 INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
I .				impatient, non cancer diagnosis, and pediatries send request to fleatiff ridif.

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14.C20 INJECTION CLICELY IMAD 1 MC	Lippith care Advisinistored Davis	V		
J1628 INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y		
J1632 INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y		
J1640 INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y		
J1645 INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y		
J1729 INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
J1740 INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
14742 INJECTION IDURCH FACE 4 AAC				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1743 INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y		
J1744 INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y		
J1745 INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y		
J1746 INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y		
J1747 INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y		
J1786 INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y		
J1823 INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y		
J1826 INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Υ		
J1830 INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Υ		
J1833 INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Υ		
J1930 INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1931 INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Υ		
J1932 INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1941 INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Υ		
J1950 INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1951 INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Υ		<u> </u>
J1952 LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1954 INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J1961 INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Υ		<u> </u>
J2062 LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	Υ		
J2170 INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Υ		
J2182 INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2186 INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Υ		
J2247 INJ, MICAFUNGIN (PAR PHARM)	Healthcare Administered Drugs	Υ		
J2248 INJECTION MICAFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	Υ		
J2323 INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Υ		
J2326 INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Y		
J2327 INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y		
J2329 INJECTION, UBLITUXIMAB-XIIY, 1MG	Healthcare Administered Drugs	Y		
J2350 INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y		
J2353 INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	2			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2354 INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
1221 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 2 1				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2356 INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Υ		p.s.t.c.t.ty from outlook diagnosis, and pediatrios seria request to frediti i fulfi
J2357 INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	V		
J2406 INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	V		
J2407 INJECTION, ORITAVANCIN (NIVINSA), 10 MG	Healthcare Administered Drugs	V		
12-10 INSECTION, ONLIAVANCIN (ONDACTIV), 10 MIG	incarincare Auministered Drugs	ı		

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J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Υ		inputient, from earliest and great and pediatries serial request to freditiff fam.
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	Y		
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	Y		
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	V		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2562	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	V	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			'	ı	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Υ		
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Healthcare Administered Drugs	Υ		
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Υ		
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Υ		
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y		
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Υ		
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		_			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2785	INJECTION REGADENOSON 0.1 MG	Healthcare Administered Drugs	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
					code delegated to NCH for OH, WA
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Υ		,
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Υ		
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Υ		
J2796	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
0_/00			·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2797	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	γ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
0			·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
7-5-5			·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Υ		inputions, their carries and great and pediatries serial request to treatmin and
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
32000	THE PROPERTY OF THE PROPERTY O	Treatment / tallimistered 51 ags	·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Υ		inputions, non-cancer diagnosis, and pediatries send request to ricultivi lan.
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y		
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y		
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y		
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y		
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	V		
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	V		
J3110	INJECTION TECHNARATIDE 10 MCG	Healthcare Administered Drugs	V		
J3110 J3111	INJECTION TERIFARATIDE 10 MCG	Healthcare Administered Drugs	V	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10111	MAZETION, NOMIOSOZOMAD AQQO, I MIO	Treatment Authinistered Drugs	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Υ		inputient, non cancer diagnosis, and pediatrics send request to freatti ridii.
	INJECTION TESTOSTERONE UNDECANOATE 1 MIG	Healthcare Administered Drugs	Y		
	INJECTION, TEPROTOMONIAB-TRBW, 10MG	Healthcare Administered Drugs	Y		
		Healthcare Administered Drugs	Y		
J3245		THE AUTHOR AND THE BUILDING THE PROPERTY OF TH	1 T	1	
J3262	INJECTION TOCILIZUMAB 1 MG	+	·		
	INJECTION TOCILIZUMAB 1 MG INJECTION TREPROSTINIL 1 MG INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs Healthcare Administered Drugs	Y		

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J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Υ		
J3355	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	Υ		
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Υ		
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Υ		
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Υ		
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Υ		
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y		
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Υ		
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	Υ		
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Healthcare Administered Drugs	Υ		
J3489	INJECTION ZOLEDRONIC ACID 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Inpatient, Pediatrics, or drug not listed in NCH Scope direct
J3490	UNCLASSIFIED DRUGS	neatticare Autilitistered Drugs		T	request to the healthplan. For Adults \geq 18 with cancer diagnosis for drugs listed in NCH scope, direct request to NCH.
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Inpatient, Pediatrics, or drug not listed in NCH Scope direct request to the healthplan. For Adults > 18 with cancer diagnosis for drugs listed in NCH scope, direct request to NCH.
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Υ		
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Υ		
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Υ		
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Υ		
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Υ		
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Υ		
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Υ		
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Υ		
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Υ		
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Y		
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Υ		
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y		
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Υ		
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Υ		
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Υ		
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y		
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Υ		
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Υ		
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Υ		
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y		
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Υ		
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Υ		
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Υ		
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Υ		
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Υ		
	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y		

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	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs		Bevacizumab when billed for intraocular injection does not require a PA
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Υ	
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Υ	
J7677	+	Healthcare Administered Drugs	Υ	
J7639		Healthcare Administered Drugs	Υ	
J7511		Healthcare Administered Drugs	Y	
J7504		Healthcare Administered Drugs	Y	
J7402		Healthcare Administered Drugs	Y	
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Y	
J7352	·	Healthcare Administered Drugs	Υ	
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Υ	
J7336	· · · · · · · · · · · · · · · · · · ·	Healthcare Administered Drugs	Υ	
J7332	·	Healthcare Administered Drugs	Υ	
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Υ	
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Υ	
J7328		Healthcare Administered Drugs	Υ	
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Υ	
J7326		Healthcare Administered Drugs	Υ	
J7325		Healthcare Administered Drugs	Υ	
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Υ	
J7323		Healthcare Administered Drugs	Υ	
J7322		Healthcare Administered Drugs	Y	
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Υ	
J7320		Healthcare Administered Drugs	Υ	
J7318		Healthcare Administered Drugs	Υ	
J7316		Healthcare Administered Drugs	Υ	
J7314	1 77	Healthcare Administered Drugs	Υ	
J7313		Healthcare Administered Drugs	Y	
J7312		Healthcare Administered Drugs	Y	
J7311		Healthcare Administered Drugs	Y	
J7310		Healthcare Administered Drugs	Υ	
J7309		Healthcare Administered Drugs	Υ	
J7308		Healthcare Administered Drugs	Υ	
	RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U."			
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX,	Healthcare Administered Drugs	Υ	
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Healthcare Administered Drugs	Υ	
	(SEVENFACT), 1 MCG			
J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW	Healthcare Administered Drugs	Y	
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Υ	
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Υ	
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Υ	
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Υ	
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Υ	
J7205		Healthcare Administered Drugs	Υ	
J7204		Healthcare Administered Drugs	Υ	
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y	
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y	
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y	
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Υ	

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J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Inpatient, Pediatrics, or drug not listed in NCH Scope direct request to the healthplan. For Adults > 18 with cancer diagnosis for drugs listed in NCH scope, direct request to NCH.
J8560	ETOPOSIDE ORAL 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10200	ETOPOSIDE ORAL SO IVIG	Healthcare Authinistered Drugs		Ť	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Υ	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan. ~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10023	NETOPITANT 300 IVIG AND PALONOSETRON 0.3 IVIG ORAL	Healthcare Administered Drugs	ı	Ť	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
30070	NOLAI ITANI ONAL I MO	Theattheare Authinistered Drugs	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	γ	γ~	~APPLIES TO WA: For Inpatient, Pediatrics, or drug not listed in NCH Scope direct
30333	TRESCRIPTION BROWNING CITEMON ESTIC NOS	Treatment Administered Drugs	'		request to the healthplan. For Adults \geq 18 with cancer diagnosis for drugs listed in
					NCH scope, direct request to NCH.
J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Υ	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DO	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10001					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10005	INVESTIGAL REVACITURAD 40 MG)/a:	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Υ	γ~	Bevacizumab when billed for intraocular injection does not require a PA. ~APPLIES
					TO WA: For Inpatients, Pediatrics, and Non Cancer Diagnosis direct request to the healthplan. For Adults > 18 with cancer diagnosis, direct request to NCH.
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		_			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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10020 INJECTION DUNATUMONAND A NAICHOCHANA	Health care Administered Dures	V	V~	CARRIES TO MA. For Adults >10 with someon diagnosis, direct request to NCH. For
J9039 INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10040 INJECTION DIFONAVCINICIJI FATE 4E LINUTC	Health care Adversationed During	~	Vor	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9040 INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs		γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
INDIAL INVESTIGAL PORTEZONAIR OLA MAG		.,,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9041 INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
100.40		.,	14-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9042 INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	<u> </u>			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9043 INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	+			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9045 INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9046 INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9047 INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9048 INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9049 INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9050 INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9051 INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT	Healthcare Administered Drugs	Υ		
TO J9041, 0.1 MG				
J9055 INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9056 INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9057 INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9058 INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
, , , , , , , , , , , , , , , , , , , ,				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9059 INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9060 INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	Treatment of terminates ear Brago			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9061 INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
133001 11002011010,740110740740740740740740740740740740740740740	Treatment / terminatered brugs			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9063 INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
13003 INSECTION, MINVETOXIMAD SONAVIANSINE CITYX, I MC	Treatment Administered Drugs	'	•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9064 INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to riculti i ian.
EQUIVALENT TO J9043, 1 MG	Treatment Administered Drugs	'		
J9065 INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
33003 HADECHON CENDINETER TIME	Treatment Autilinistered Diags		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9070 CYCLOPHOSPHAMIDE 100 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
13070 CICLOFHOSFHAMIDE 100 MG	Healthcare Auministered Drugs		ī	
J9071 INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Hoaltheare Administered Daves	Y	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9071 INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	Y	Υ	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000 INTECTION CYTADADINE LIDOCOME 40 MC	Hoolthoore Administered Davis	V/	Vor	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9098 INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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J9100 INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9118 INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·	•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9119 INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·	-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9120 INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9130 DACARBAZINE 100 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9144 INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
, ==		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9145 INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9150 INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9153 INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9155 INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·	-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9160 INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	Υ		impatient, non earlier diagnosis, and pediatries send request to rieditivi idii.
J9171 INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9173 INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9176 INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·	-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9177 INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·	-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9178 INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9179 INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9181 INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9185 INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9190 INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9196 INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9198 INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	. 0-			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9200 INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	2			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9201 INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
				patient, non earlier and president reduced to reduce the reduced to reduced the reduc
J9202 GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For

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J9203 INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9204 INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9205 INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9206 INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9207 INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9208 INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9209 INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9210 INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Υ		
J9211 INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9214 INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	ŭ			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9215 INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9216 INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9217 LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
33217 EEGINGEISE MEEINIE 7.3 ING	Treatment / turninstered 51 dgs			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9218 LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Υ	γ~	One J code unit allowed per calendar year. All units in excess of one unit/year
33216 EEGINGEISE MEEIMELEN EN EINE	Treatment / turninstered 51 dgs			requires PA.
				~APPLIES TO WA 11/1/22: For Inpatients, Pediatrics, and Non Cancer Diagnosis
				direct request to the healthplan. For Adults > 18 with cancer diagnosis, direct
				request to NCH.
J9219 LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	Υ		request to NCH.
J9223 INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
13223 INSECTION, EURONALETEDIN, O.1 MG	Treatmente Auministered Drugs	'		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9225 HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
19223 MISTRELIN IIVIFLANT VANTAS SO IVIG	Healthcare Authinistered Drugs	ı	ľ	
J9226 HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Υ		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
		Y Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
J9227 INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	T T	Ť	•
10220 INJECTION IDII INALIMAD 1 MC	Lloolth care Administered Drugs	Y	V~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9228 INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10220 INJECTION INOTITION AND OZOCANAJCINI O 4 NAC	Usellher of Aderical Decre	V)/a:	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9229 INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000 1011507101111075711111111111111111				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9230 INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9245 INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9246 INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9247 INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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J9250	METHOTREXATE SODIUM 5 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9260	METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		_			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
33200	INSECTION FEGURA (NO. 102 FER SINGLE BOSE VIVLE	Treatment / tarrimistered Drugs		•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
19207	INJECTION FACILIANCE I MIG			ı	
10268	INTECTION DENTOCTATING A DAC	Healthcare Administered Drugs	~	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs		Y	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10260	INJECTION TA CRAVOFIJER FRZC 40 NACC	U. althoraca Administrational Decree		\/a:	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
3323 1	EQUIVALENT TO J9305, 10 MG	Treatment e Administered Drugs		•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
33233	INSECTION NECTONIONAL INC	Treatment Administered Drugs	·	•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
J3230		Treatmeare Administered Drugs	T I	ī	
10207	TO J9305, 10 MG	Hooltheare Administered Daves	Υ	\/~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10202	EQUIVALENT TO J9305, 10 MG	Hoolkhoone Admitistry and D		Var	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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	T	I		T	
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10004					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
1000=					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10011					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10010					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10010					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10011	NA DEL AETDE (CENTA) 10110				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9314	INJ PEMETREXED (TEVA) 10MG	Healthcare Administered Drugs	Y		
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF,	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10047	PER 10 MG				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10040	INJECTION DOMINERSIN MONIVORUMIZED O 4 MG				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10040	INVESTIGNA DOMANDEDGINA AVODANIA IZED. O 4 MAG				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALE	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			.,		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000	INVESTIGAL TELESCOCIONALIS A SAS				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
1000.	INVESTIGATION CIRCUINATIC PROTEIN POLICIES AND				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000	INVESTIGNATION FEGARATION AND ALSO SOLD				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y		
J9340	INJECTION THIOTEPA 15 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Υ		
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Υ	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	,				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9370	VINCRISTINE SULFATE 1 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
			-	-	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Treatment e / tarrimister eu 51 ugs	·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to median main
	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
3330	INSECTION VINOREEDINE PARTITIONE TO MIG	Treatment e Naministered Brugs			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	γ		impatient, non earlier diagnosis, and pediatries send request to riculti i fan.
	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	V		
	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	MAZETION I OLVESTIANT 25 IVIO	Treatment Autilinatered Diago		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
32400	HASECHON SIV ALLIDENCEL LINIO	Treatment Auministered Diugs	ī	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
IDEUU	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Υ	γ~	
J9600	HINTELION FOULINIER SODIOINI \2 DING	Healthcare Administered Drugs	Y	Y -	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
10000	NOT OTHERWISE OF ACCIDED ANTINEODI ACTIC DRIVE	Hoolthoore Advairiateved Divise	v	\/o.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
19999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Inpatient, Pediatrics, or drug not listed in NCH Scope direct
					request to the healthplan. For Adults \geq 18 with cancer diagnosis for drugs listed in
		I .		1	NCH scope, direct request to NCH.

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Q0138 INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q0139 INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	V		impatient, non cancer diagnosis, and pediatrics send request to health Plan.
Q0177 HYDROXYZINE PAMOATE 25 MG ORAL NOT GT 48 HR DOSE		~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
QUITT HTDROXTZINE PAINOATE 25 ING ORAL NOT GT 48 HR DOSE	Healthcare Administered Drugs		Ť	
O2017 INJECTION TENIDOCIDE EQ MAC	Hoolth care Administered Days	~	V~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q2017 INJECTION TENIPOSIDE 50 MG	Healthcare Administered Drugs		γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
O2040 INLI DOVODI IDICINI LICI LID IMPORTED LIDODOV 40 MC	Hardida a Adada da Labardo Da a a	~	No.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q2049 INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Healthcare Administered Drugs		γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q2050 INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q3027 INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Υ		
Q3028 INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Υ		
Q4074 ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Υ		
Q5101 INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5103 INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ		
Q5104 INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ		
Q5105 INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U	Healthcare Administered Drugs	Υ		
Q5106 INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5107 INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5108 INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5109 INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ		inputions) from carried anagerosis, and positiones serial request to meaning harm
Q5110 INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3110 INSECTION FIEGRA OF INVESTIGATION	Treatment e Marininister ea Brago	•		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5111 INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3111 INSECTION FED TECHNASTINI CDQV BIOSINILAN 0.5 INC	riculticare Administered Drugs	•	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5112 INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3112 INJECTION TRASTOZOWAB-DTTB BIOSHVILAR 10 WG	Treattricare Administered Drugs	ı	'	
Q5113 INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan. ~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3113 INJECTION TRASTOZOWAB-PARB BIOSIWILAR 10 WG	Healthcare Administered Drugs	T	Ť	
OF 11.1 INJECTION TRACTUTIONAR DIVET DIOCINAL AD 10 NAC	Hoolth cours Advairistanced Days	Y	\/~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5114 INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
OF445 INJECTION DITUMAAD ADDC DIOCINAL AD 40 NAC	Hardida a Adad Salarad Barra		Vai	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5115 INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5116 INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5117 INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5118 INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5119 INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5120 INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	_			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5121 IJNECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	V		·

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Q5122 INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5123 INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5124 INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Υ		The state of the s
Q5125 INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5126 BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·		Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5127 INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
asizi inszerien, i zerizen sinin i i ek (sininer zinz), biosinia in, els ine	Treateried e Administer ed Brags		·	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5128 INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to ricultivi lan.
Q5129 INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3123 INVECTION, BEVIOLEGIVING TIBES (VEGZELIVING, BIOSINILLING, 10 MIC	Treatment Administered Brags	'	· ·	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5130 INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Q3130 INSECTION, FEGITEGRASTINI FBBR (FFERETRA), BIOSINILLAR, 0.3 MIG	Treatmente Administered Brags	'	'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
Q5131 ADALIMUMAB-AACF INJECTION, FOR SUBCUTANEOUS USE, BIOSIMILAR,	(Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to ricultivi ian.
Q9991 INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	Y		
Q9992 INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	Y		
S0013 ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y		
S0122 INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y		
S0126 INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y		
S0128 INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y		
S0132 INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y		
S0145 INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	V		
S0148 INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	V		
S0156 EXEMESTANE 25 MG	Healthcare Administered Drugs	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
SOLDO EXEMESTANCE 25 MIG	Treattricare Administered Drugs		1	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
S0157 BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Υ		impatient, non cancer diagnosis, and pediatries send request to ricular ran.
S0189 TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	Y		
S1091 STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	V		
G0151 SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		
G0152 SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	V		
G0153 SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		
G0155 SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	V		
G0156 SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	V		
G0157 SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0158 SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		
G0159 SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y		
G0160 SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	V		
G0161 SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	V		
G0162 SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	V		
G0299 DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	V		
G0300 DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	V		
G0490 FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y		
G0493 SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	V		
G0494 SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	V		
G0494 SKILLED SKVC LPN OBS AND ASMIT PT COND EA 15 MIN	Home Health Care Services	V		
G0496 SKD SRVC KN TRAIN AND EDU PT FAM HH HOSPC EA 13 MIN	Home Health Care Services	V		
H2038 SKILLS TRAINING AND DEVELOPMENT PER DIEM		NC		
112030 JULIES INAMINING AND DEVELOPINIENT PER DIEM	Home Health Care Services	INC		

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	I		
S5111 HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Y	
S5116 HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	Υ	
S5150 UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Υ	PA required after 7 days per calendar year
S5151 UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Υ	PA required after 7 days per calendar year
S9122 HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	Υ	
S9123 NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Υ	
S9124 NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Υ	
S9128 SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Υ	
S9129 OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Υ	
S9131 PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Υ	
S9470 NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Υ	
S9977 MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Υ	
T1002 RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	
T1003 LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	
T1005 RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Υ	PA required after 7 days per calendar year
T1022 CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Υ	
T1030 NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	Υ	
T1031 NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Υ	
99183 PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y	
A2001 INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2002 MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2004 XCELLISTEM, PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2005 MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	V	
A2006 NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y Y	
A2007 RESTRATA PER SQ CM	Hyperbaric/Wound Therapy	V	
A2007 RESTRATA FER SQ CIVI A2008 THERAGENESIS PER SQ CM	Hyperbaric/Wound Therapy	V	
-		T V	
A2009 SYMPHONY PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2010 APIS PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2011 SUPRA SDRM PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2012 SUPRATHEL PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2013 INNOVAMATRIX FS PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2019 KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2020 AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	Y	
A2021 NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
A4100 SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Hyperbaric/Wound Therapy	Y	
G0277 HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y	
G0460 AUTOLOGOUS PLATELET-RICH PLASMA	Hyperbaric/Wound Therapy	NC	
G0465 AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Hyperbaric/Wound Therapy	NC	
Q4101 APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4102 OASIS WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4103 OASIS BURN MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4104 INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4105 INTEGRA DRT INTEGRA OMNIGR DRML RGN MTX P SQ CM	Hyperbaric/Wound Therapy	Y	
Q4106 DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4107 GRAFTJACKET PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4108 INTEGRA MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4110 PRIMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4111 GAMMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4112 CYMETRA INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4113 GRAFTJACKET XPRESS INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	

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Q4114 INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Υ	
Q4115 ALLOSKIN PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4116 ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4117 HYALOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4118 MATRISTEM MICROMATRIX 1 MG	Hyperbaric/Wound Therapy	Υ	
Q4121 THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4122 DERMACELL PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4123 ALLOSKIN RT PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4124 OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4125 ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4126 MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4127 TALYMED PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4128 FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4130 STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4132 GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	Υ	
Q4133 GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Υ	
Q4134 HMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4135 MEDISKIN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4136 E-Z DERM PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4137 AMNIOEXCEL OR BIODEXCEL PER SQ CM	Hyperbaric/Wound Therapy	· Y	
Q4138 BIODFENCE DRYFLEX PER SQ CM	Hyperbaric/Wound Therapy	·	
Q4139 AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4140 BIODFENCE PER SQ CM	Hyperbaric/Wound Therapy	V	
Q4141 ALLOSKIN AC PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4141 ALLOSKIN AC FER SQ CIVI Q4142 XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	V	
Q4142 ACM BIOLOGIC 11330E MATRIX PER 3Q CM	Hyperbaric/Wound Therapy	V	
		T V	
Q4145 EPIFIX INJECTABLE 1 MG	Hyperbaric/Wound Therapy	Y	
Q4146 TENSIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4147 ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4148 NEOX CORD 1K NEOX CORD RT CLARIX CORD 1K-SQ CM	Hyperbaric/Wound Therapy	Y	
Q4149 EXCELLAGEN 0.1 CC	Hyperbaric/Wound Therapy	Y	
Q4150 ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4151 AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4152 DERMAPURE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4153 DERMAVEST AND PLURIVEST PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4154 BIOVANCE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4155 NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric/Wound Therapy	Υ	
Q4156 NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4157 REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4158 KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Υ	
Q4159 AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4160 NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4161 BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4162 WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4163 WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4164 HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4165 KERAMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4166 CYTAL PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4167 TRUSKIN PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4168 AMNIOBAND 1 MG	Hyperbaric/Wound Therapy	Υ	
	1 11	<u> </u>	

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Q4169 ARTACENT WOUND PER SQ CM	Hyperbaric/Wound Therapy Y
Q4170 CYGNUS PER SQ CM	Hyperbaric/Wound Therapy Y
Q4171 INTERFYL 1 MG	Hyperbaric/Wound Therapy Y
Q4173 PALINGEN OR PALINGEN XPLUS PER SQ CM	Hyperbaric/Wound Therapy Y
Q4174 PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	Hyperbaric/Wound Therapy Y
Q4175 MIRODERM PER SQ CM	Hyperbaric/Wound Therapy Y
Q4176 NEOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4177 FLOWERAMNIOFLO 0.1 CC	Hyperbaric/Wound Therapy Y
Q4178 FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4179 FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4180 REVITA PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4181 AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4182 TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy Y
Q4183 SURGIGRAFT PER SQ CM	Hyperbaric/Wound Therapy Y
Q4184 CELLESTA PER SQ CM	Hyperbaric/Wound Therapy Y
Q4185 CELLESTA FLOWABLE AMNION; PER 0.5 CC	Hyperbaric/Wound Therapy Y
Q4186 EPIFIX PER SQ CM	Hyperbaric/Wound Therapy Y
Q4187 EPICORD PER SQ CM	Hyperbaric/Wound Therapy Y
Q4188 AMNIOARMOR PER SQ CM	Hyperbaric/Wound Therapy Y
Q4189 ARTACENT AC 1 MG	Hyperbaric/Wound Therapy Y
Q4199 ARTACENT AC 1 MG Q4190 ARTACENT AC PER SQ CM	
	Type: same metapy
Q4191 RESTORIGIN PER SQ CM	Type I sainey We dan'te The Lapy
Q4192 RESTORIGIN 1 CC	Hyperbaric/Wound Therapy Y
Q4193 COLL-E-DERM PER SQ CM	Hyperbaric/Wound Therapy Y
Q4194 NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy Y
Q4195 PURAPLY PER SQ CM	Hyperbaric/Wound Therapy Y
Q4196 PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy Y
Q4197 PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy Y
Q4198 GENESIS AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy Y
Q4199 CYGNUS MATRIX PER SQ CM	Hyperbaric/Wound Therapy Y
Q4200 SKINTE PER SQ CM	Hyperbaric/Wound Therapy Y
Q4201 MATRION PER SQ CM	Hyperbaric/Wound Therapy Y
Q4202 KEROXX (2.5G CC) 1CC	Hyperbaric/Wound Therapy Y
Q4203 DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy Y
Q4204 XWRAP PER SQ CM	Hyperbaric/Wound Therapy Y
Q4205 MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy Y
Q4206 FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy Y
Q4208 NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy Y
Q4209 SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy Y
Q4210 AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	Hyperbaric/Wound Therapy Y
Q4211 AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Hyperbaric/Wound Therapy Y
Q4212 ALLOGEN PER CC	Hyperbaric/Wound Therapy Y
Q4213 ASCENT 0.5 MG	Hyperbaric/Wound Therapy Y
Q4214 CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy Y
Q4215 AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy Y
Q4216 ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy Y
Q4217 WNDFIX BIOWND WNDFIX PLUS BIOWND PLUS WNDFIX X PLU	Hyperbaric/Wound Therapy Y
Q4217 WNDI IX BIOWND WNDI IX FEOS BIOWND FEOS WNDI IX X FEO	Hyperbaric/Wound Therapy Y
Q4219 SURGIGRAFT-DUAL PER SQ CM	
	Hyperbaric/Wound Therapy Y
Q4220 BELLACELL HD OR SUREDERM PER SQ CM	Hyperbaric/Wound Therapy Y

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		T	
Q4221 AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4222 PROGENAMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4224 HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4225 AMNIOBIND PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4226 NEW SKIN HOMOLOGOUS AUTOGRAFT	Hyperbaric/Wound Therapy	Υ	
Q4227 AMNIOCORETM PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4229 COGENEX AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4230 COGENEX FLOWABLE AMNION PER 0.5 CC	Hyperbaric/Wound Therapy	Υ	
Q4231 CORPLEX P PER CC	Hyperbaric/Wound Therapy	Υ	
Q4232 CORPLEX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4233 SURFACTOR OR NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	Υ	
Q4234 XCELLERATE PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4235 AMNIOREPAIR OR ALTIPLY PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4237 CRYO-CORD PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4238 DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4239 AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4240 CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Υ	
Q4241 POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4242 AMNIOCYTE PLUS PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4244 PROCENTA PER 200 MG	Hyperbaric/Wound Therapy	· v	
Q4245 AMNIOTEXT PER CC	Hyperbaric/Wound Therapy	V	
Q4246 CORETEXT OR PROTEXT PER CC	Hyperbaric/Wound Therapy	Y	
Q4247 AMNIOTEXT PATCH PER SQ CM	Hyperbaric/Wound Therapy	T V	
Q4247 AMMOTEXT PATCH PER SQ CM Q4248 DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM		Y	
	Hyperbaric/Wound Therapy	Y	
Q4249 AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y V	
Q4250 AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4251 VIM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4252 VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4253 ZENITH AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4254 NOVAFIX DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4255 REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4256 MLG-COMPLETE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4257 RELESE PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4258 ENVERSE PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4265 NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4266 NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4267 NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4268 SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4269 SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4270 COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4271 COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Υ	
Q4272 ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4273 ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4274 ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4275 ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4276 ORION, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4277 WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4278 EPIEFFECT, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4280 XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
Q4281 BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	Υ	
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Q4282 CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4283 BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	T	
Q4284 DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	Y	
70336 MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	Υ	
70450 CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	
70460 CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70470 CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70480 CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	Υ	
70481 CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	Υ	
70482 CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	Υ	
70486 CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70487 CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	Y	
70488 CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	
70490 CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	Y	
70491 CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	
70492 CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70496 CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	
70498 CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	· v	
70540 MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	v	
70542 MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	
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70544 MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	•	
70545 MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y	
70546 MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70547 MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y	
70548 MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70549 MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70551 MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70552 MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y	
70553 MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
70554 MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Υ	
70555 MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Υ	
71250 CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	Υ	
71260 CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
71270 CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
71275 CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	
71550 MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y	
71551 MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y	
71552 MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
71555 MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Υ	
72125 CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	
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72132 CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	
72133 CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	
72141 MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Υ	

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74185 MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Υ		
74261 CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		
74262 CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Υ		
74263 CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		
74712 FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	Υ		
75557 CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75559 CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75561 CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
75563 CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75565 CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75571 CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Υ		
75572 CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75573 CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75574 CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
75625 AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
75630 AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
75635 CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Υ		
75710 ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75716 ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75726 ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75736 ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75820 VENOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75822 VENOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75825 VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75827 VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
75860 VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
75898 ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Imaging & Special Tests	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
76376 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		If requesting identified code as a standalone code, please fax request to the healthplan. If requesting code with another imaging code, please fax request to (877) 731-7218.

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76377 3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76380 CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	Υ		of in the portar
76390 MRI SPECTROSCOPY	Imaging & Special Tests	Y		
76391 MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		
76497 UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		
76498 UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		
76937 US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
76999 UNLISTED US PROCEDURE	Imaging & Special Tests	Y		
77046 MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		
77047 MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		
77048 MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		
77049 MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		
77089 TBS DXA/OTHER IMG CALCULATION W/I & R FX RISK	Imaging & Special Tests	Y		
77090 TBS TECHL PREP AND TRANSMIS DATA ALYS PFRMD ELSEWHR	Imaging & Special Tests	Y		
77091 TBS TECHNICAL CALCULATION ONLY	Imaging & Special Tests	Y		
77092 TBS INTERPRETATION AND REPORT FX RISK BY OTHER QHP	Imaging & Special Tests	Y		
78414 CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
78428 CARDIAC SHUNT DETECTION	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
78429 MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78430 MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78431 MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78432 MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78433 MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78451 MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78452 MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78453 MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78454 MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78459 MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78466 MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
78468 MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
78469 MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.

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78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
70.400					members under 18.
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
70404	ANOCED IN A CERT DEDELIC CINICLE CTUDY DECT/CTDECC	Landing O. Constal Tools		. Va.	members under 18.
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
70402	NAVOCED INAACE DET DEDELIC NAULTDI CTUDV DECT/CTDECC	Lucacina Q Canniel Tests	V	\/o ₁	members under 18.
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
70404	CARD DI DOOL CATED SDECT DEST WAL MOTH FICT FROT	Imaging 9 Chasial Tasts	Υ	V~	members under 18.
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
79400	LINUISTED CARDIOVASCULI AD DV DV NUICLEAR MEDICINE	Imaging 9 Chasial Tasts	Υ		members under 18.
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		
78608	BRAIN IMAGING PET METABOLIC EVALUATION BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y		
78609 78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests Imaging & Special Tests	Y		
	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		
78812 78813	PET IMAGING SKOLL BASE TO MID-THIGH PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		
78814	PET IMAGING WHOLE BODY PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		
78815	PET IMAGING CT FOR ATTENDATION LIMITED AREA PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		
78816	PET IMAGING CT ATTENUATION SKOLL BASE MID-THIGH PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		
91113	GI TRACT IMAGING INTRALUMINAL COLON I AND R	Imaging & Special Tests	Y		
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33241	EXTERIVAL LEGITLE GT 4811K LT 7D SCAN ALTS REPORT RANDT	Imaging & Special Tests	r	'	members under 18.
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	γ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33242	EXTERIVAL LEGITLE GT 4811K LT 7D KLEOKDING	Imaging & Special Tests	r	'	members under 18.
032/13	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33243	EXTERIVAL LEGITLE OF 48FIRE 17D SCANNING ALTS W/REPORT	imaging & Special Tests	'	'	members under 18.
932//	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33244	EXTERNAL LEGITLE OF 48 FIRE 17 / DIRECTE WAND INTERFRETATION	imaging & Special Tests	'	'	members under 18.
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	γ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33243	EXTERIOR LEGITLE GITTE LIST SCAN ALIS KEI OKT K AND I	imaging & Special Tests	'		members under 18.
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	γ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33240	EXTERINAL LEGITLE GITTE LI ISB RECORDING	imaging & Special Tests	'	'	members under 18.
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
JJ247	EXTERNAL LEGITLE GITTE LI 130 SCANNING ALIS WINLI ONI	imaging & Special Tests	'		members under 18.
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33240	EXTERIOR LEG REC GT 7 D ET 13 D REVIEW AND INTERIOR	maging & Special Tests			members under 18.
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33303	CONTRETE THING EGITO CONGENTIAL CANONICANTONIAL	maging & special rests			members under 18.
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
JJJ04	TOTAL CAN ANOMALI	inaging & Special rests		'	members under 18.
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33300	Total Transfer Louis Mode Comme of Education				members under 18.
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
23307					members under 18.
	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
93308					

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93312 ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISTN I&R	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93313 ECHO R-T 2D W/PROBE PLACEMENT ONLY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93314 ECHO TRANSESOPHAG R-T 2D IMG ACQUISTN I&R ONLY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93315 ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93316 ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93317 ECHO TRANSESOPHAG IMAGE ACQUISN INTERP&REPORT	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93318 ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93320 DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
·				members under 18.
93325 DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
			-	members under 18.
93350 ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
55550 Edito TTIME K 1 25 W W WOODE COWN LETE KEST / NO 51	initiaging & Special rests			members under 18.
93351 ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG	Imaging & Special Tests	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
55551 Leno Time K 1 2D W W WODE RESTASTRS CONT LCC	imaging & Special rests		•	members under 18.
93355 ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
93333 Letto tee dolb teat learly vessee structural intriv	imaging & Special Tests		I	members under 18.
93451 RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	Imaging & Special Tosts	~	γ~	
93451 RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	Imaging & Special Tests		Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
02452 LUDT CATILIAN/ALIVI VENTRICIH OCRARIIVIAAC COL	Lucasian Q Canadal Tasks	~	Vo	members under 18.
93452 L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	Imaging & Special Tests		γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93453 R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93454 CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93455 CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93456 CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93457 CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	Imaging & Special Tests	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93458 CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93459 CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
93460 R & L HRT CATH WINJX HRT ART& L VENTR IMG	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93461 R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
, ,	0 0 1,111			members under 18.
93880 DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
			_	members under 18.
93882 DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
				INCHINCIS UTINET TO.

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93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	Imaging & Special Tests	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				•	members under 18.
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
] 33371	DOT SCAN ATA VEINS ONIEATERAL/ENVITED STODT	imaging & Special rests		•	members under 18.
03075	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
93973	DOF-SCAN ARTE I EO ADDLYFLLYSCHOT WITH ORGIN CONT	imaging & Special Tests		ı	members under 18.
02079	DUD SCAN AODTA IVC IIIAC VASCI /DDCS COMDIETE	Imaging & Special Tosts	~	γ~	
93976	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	Imaging & Special Tests		r	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
02070	DUD CCAN AODTA IVC III ACVACCI /DDCC LINI /I NATD	Lucanian Q Curatial Tarta	~	Vo	members under 18.
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	Imaging & Special Tests		γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
02000	DUDI EV COAN LIEA AO DIALVOIS A COESS				members under 18.
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	Imaging & Special Tests	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
0042	CEREBRAL REBELICION ANALYS STAM REGOR FLOW AND VOLUME	Landing O. Consideration			members under 18.
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y		
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		
0332T		Imaging & Special Tests	Y		
0609T		Imaging & Special Tests	Y		
0610T		Imaging & Special Tests	Y		
0611T		Imaging & Special Tests	Y		
0612T		Imaging & Special Tests	Y		
0623T	AUTO QUAN AND CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	Υ		For advanced imaging authorization requests - you may submit a request by fax at
					877-731-7218 or in the portal
0624T	AUTO QUAN AND CHARAC CORONARY PLAQ DATA PREP AND TRNSMIS	Imaging & Special Tests	Υ		For advanced imaging authorization requests - you may submit a request by fax at
					877-731-7218 or in the portal
0625T	AUTO QUAN AND CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	Υ		For advanced imaging authorization requests - you may submit a request by fax at
					877-731-7218 or in the portal
0626T	AUTO QUAN AND CHARAC CORONARY PLAQ REV CPTR ALYS I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at
					877-731-7218 or in the portal
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		'
0634T	· · · · · · · · · · · · · · · · · · ·	Imaging & Special Tests	Y		
0635T	· · · · · · · · · · · · · · · · · · ·	Imaging & Special Tests	Υ		
0636T	<u> </u>	Imaging & Special Tests	Y		
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	·		
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		
0689T	QUAN US TISS CHARAC I AND R W/O DX US SAME ANAT	Imaging & Special Tests	Y		
00891 0710T	·	Imaging & Special Tests	v v		
	N-INVAS ARTE PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	V		
0/111	IN-INVAS ANTE FLAC ALTS DATA FREE AND TRANSMISSION	limaging & special rests	Ĭ		

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0712T N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	Υ		For advanced imaging authorization requests - you may submit a request by fax at
				877-731-7218 or in the portal
0713T N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	Υ		For advanced imaging authorization requests - you may submit a request by fax at
				877-731-7218 or in the portal
A9500 TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9502 TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9505 THALLIUM TL-201 THALLOUS CHLORID DX PER MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9512 TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9538 TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9540 TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9552 FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9555 RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9560 TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
A9700 SUP OF INJ CONTRST MAT-ECHO P/STUDY	Imaging & Special Tests	N	*	NO PA Required. Claims via NCH when submitted with an additional cardiology
				code delegated to NCH for OH, WA
C8900 MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	Y		
C8901 MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	Y		
C8902 MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	Y		
C8903 MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	Υ		
C8905 MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	Y		
C8906 MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	Y		
C8908 MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	Y		
C8909 MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		
C8910 MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		
C8911 MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	Y		
C8912 MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y		
C8913 MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y		
C8914 MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	Y		
C8918 MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	Y		
C8919 MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	· v		
C8920 MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	· V		
C8931 MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y		
C8932 MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	V		
C8933 MR ANGIO NO CONTRST FLW W CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	V		
C8934 MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	V		
C8935 MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests Imaging & Special Tests	Y		
C8936 MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT		T V		
	Imaging & Special Tests	T V		
C9762 CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC; STRAIN IMAG	Imaging & Special Tests	Y		
C9763 CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC;STRESS IMAG	Imaging & Special Tests	Υ		
G0235 PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	Y		

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CO270 HIACO /FEM ART ANCIO NONCEL AT TIME CARD CATH	Imaging 9 Chasial Tasts	~	γ~	CARRIES TO MI OIL WAs Sand to NOIL for mambars > 10 Sand to Licalth Plan for
G0278 ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	Imaging & Special Tests		Ť	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
COOCC INTO DVC EVAL DATE TO SO DEDOTE TRANS AND TECH D	DVAV Impaire 9 Chariel Toots	~	γ~	
G2066 INTG DVC EVAL RMT TO 30 D;RCPT TRANS AND TECH R	RVW Imaging & Special Tests		Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
COO27 MACNETIC DECONANCE CHOLANCIODANCE ATOCDAD	NIIV Imaging 9 Chasial Tasts	Υ		members under 18.
S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAP		Y V		
S8042 MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	Y		
S8092 ELECTRON BEAM COMPUTED TOMOGRAPHY	Imaging & Special Tests	Y		
95700 EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y		
95708 EEG W O VID BY TECH EA INCR 12-26HR UNMONITORE	1 7 0 7	Y		
95709 EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	1, 0, 1	T T		
95710 EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	1,7 6 , 6	Y		
95711 VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y		
95712 VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y		
95713 VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING		Υ		
95714 VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Υ		
95715 VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	1 7 0 7 0	Υ		
95716 VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Υ		
95718 EEG PHYS QHP 2-12 HR WITH VEEG	Neuropsychological and Psychological Tests	Υ		
95719 EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTE	R 24HR WO VI Neuropsychological and Psychological Tests	Υ		
95720 EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTE	R 24HR W VEE Neuropsychological and Psychological Tests	Υ		
95721 EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60	HR W O VIDEO Neuropsychological and Psychological Tests	Υ		
95722 EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60	HR W VEEG Neuropsychological and Psychological Tests	Υ		
95723 EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84	HR W O VIDEO Neuropsychological and Psychological Tests	Υ		
95724 EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84	HR W VEEG Neuropsychological and Psychological Tests	Υ		
95725 EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Υ		
95726 EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Υ		
95957 DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Υ		
96112 DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y		No prior auth required for the initial 4 units of 96112 and 96113 combined per
96113 DEVELOPMENTAL STTE ADMIN PHYS/QHP EA ADDL 30	MIN Neuropsychological and Psychological Tests	Y		calendar year. No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.
96116 NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96121 NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL H		Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96125 STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Υ		· · · · · · · · · · · · · · · · · · ·
96130 PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	1, 3	Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96131 PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HO		Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96132 NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUI		Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96133 NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL		Υ		Prior Auth required after initial 4 hours of testing per calendar year.
96136 PSYL/NRPSYCL TST PHYS/QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y		Prior Auth required after initial 4 hours of testing per calendar year.
96137 PSYCL/NRPSYCL TST PHYS/QHP 2 PLUS TST EA ADDL 30		Y		Prior Auth required after initial 4 hours of testing per calendar year.
96138 PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y		Prior Auth required after initial 4 hours of testing per calendar year.
96139 PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN		Y		Prior Auth required after initial 4 hours of testing per calendar year.
96146 PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	У		Prior Auth required after initial 4 hours of testing per calendar year.
15769 GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC		Y		Programme and and and and and an account per continuor years
15771 GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LES	, , , , , , , , , , , , , , , , , , ,	Y		
15773 GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LES		Y		
15775 GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LES 15786 ABRASION 1 LESION	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y		
		Y		
	OP Hosp/Amb Surgery Center (ASC) procedures	, t		
15830 EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTON	17 0 7	Y		
17004 DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		

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17360 CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
19303 MASTECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		No prior auth required for service when associated with a cancer diagnosis.
20560 NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
20561 NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
21073 MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21120 GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21121 GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21122 GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21123 GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21125 AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21127 AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21137 REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21138 RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21139 RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21141 RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21142 RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21143 RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21145 RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21146 RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21147 RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21150 RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21151 RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21154 RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21155 RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21159 RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21160 RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21172 RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21175 RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21240 ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21242 ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21243 ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21270 MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21280 MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21282 LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21295 REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21296 REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
21601 EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
21602 EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
21603 EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
Excision on war fow wymb wymebstne enwithable	or riospy and surgery center (Ase) riocedures	•		members under 18.
21620 OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
21627 STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
21630 RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
21632 RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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21750 CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for members under 18.
22100 PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22101 PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22102 PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22110 PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22112 PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22114 PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22206 OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22207 OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22210 OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22212 OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22214 OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22220 OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22222 OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22224 OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22526 PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) procedures	У		
22527 PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22532 ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22533 ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22534 ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures			
22548 ARTHRODESIS LAT EXTRACAVITANT LA ADDE TINC/LIVIDIN 22548 ARTHRO ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22551 ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures			
22552 ARTHRO ANT INTERBOOT DECOMPRESS CERVICAL BLEW C2 22552 ARTHRO ANT INTERBOY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures			
22554 ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) procedures	v ·		
22556 ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW CZ	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	V		
		<u>т</u> У		
22558 ARTHRODESIS ANTERIOR INTERBODY LUMBAR 22585 ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y V		
	OP Hosp/Amb Surgery Center (ASC) Procedures	Y V		
22586 ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22590 ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
22595 ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22600 ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22610 ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22612 ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22614 ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
22630 ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22632 ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
22633 ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22634 ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
22800 ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22802 ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22804 ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22808 ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22810 ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22812 ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22818 KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22819 KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22849 REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22850 REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
22852 REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		

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22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) procedures	γ	
	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	V	
	TOT DISC ARTHRE ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	V	
22858	TOT DISC ARTHRE ART DISC ANT APPRO I NTRSFC LIMBR TOT DISC ARTHRE ART DISC ANT APPRO I NTRSFC LIMBR	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22800	· · · · · · · · · · · · · · · · · · ·	OP Hosp/Ainb Surgery Center (ASC) Procedures	Ť	
	DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND			
22061	INTRSPCE, LMBR	OD Haar Arch Courses Conton (ACC) musedouses	V	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) procedures	· ·	
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
23120	CLAVICULECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23125	CLAVICULECTOMY TOTAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23405	TENOTOMY SHOULDER AREA 1 TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23430	TENODESIS LONG TENDON BICEPS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
26499	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
-	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
-	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRET	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL AND LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
-	RPR PRIMARY TORN LIGM AND /CAPSULE KNEE COLLATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27407	REPAIR PRIMARY TORN LIGM AND /CAPSULE KNEE CRUCIAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
-	RPR 1 TORN LIGM AND /CAPSL KNE COLTRL AND CRUCIATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
2,403	P. A. Z. TOMA ELGIN / M.D. JONE SERVE COLLINE / M.D. CROCIATE	John Mary Control (190) 1 Toccuures	'	

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27410 ANTERIOR TIRIAL TURERCUERU ACTV	OR Hoom / Arab Course on Courter / ACC) Dreed downer	Υ		
27418 ANTERIOR TIBIAL TUBERCLEPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27420 RCNSTN DISLOCATING PATELLA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27422 RCNSTN DISLC PATELLA W/XTNSR RELIGNMT AND /MUSC RL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
27424 RCNSTJ DISLC PATELLA W/PATELLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	· '		
27425 LATERAL RETINACULAR RELEASE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
27427 LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
27428 LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
27429 LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
27438 ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27440 ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27441 ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27442 ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27443 ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27445 ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27446 ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27447 ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27486 REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27487 REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
27600 DCMPRSN FSCTMY LEG ANT AND /LAT COMPARTMENTS ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
27601 DCMPRSN FSCTMY LEG POST COMPARTMENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
27602 DCMPRSN FSCTMY LEG ANT AND /LAT AND PST CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
27603 INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
28005 INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
28008 FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
28010 TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
28011 TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
28035 RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28060 FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28062 FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28080 EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28090 EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28092 EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28100 EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	OP Hosp/Amb Surgery Center (ASC) procedures	· Y		
28102 EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28103 EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRET	OP Hosp/Amb Surgery Center (ASC) procedures	V		
28104 EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28104 EXC/CORTG BONE CT3T/B9 TOMORTARSAL/METATARSAL 28106 EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) procedures	V		
28107 EXC CURTG CST B9 TUM TARSAL METAR W ALGRET	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28107 EXC CORTG CST B9 TOM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) procedures	V		
28100 OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
I ZOTTO JOSTECTOMILENTESTITIMETAN HEAD SEV	or mospiraling surgery center (ASC) procedules	V		
	OP Hosp/Amh Surgary Contar (ASC) procedures	i I		
28111 OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) procedures	v		
28111 OSTECTOMY COMPLETE 1ST METATARSAL HEAD 28112 OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28111 OSTECTOMY COMPLETE 1ST METATARSAL HEAD 28112 OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 28113 OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y		
28111 OSTECTOMY COMPLETE 1ST METATARSAL HEAD 28112 OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 28113 OSTECTOMY COMPLETE 5TH METATARSAL HEAD 28114 OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y Y Y		
28111 OSTECTOMY COMPLETE 1ST METATARSAL HEAD 28112 OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 28113 OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y		

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20440 OCTECTOMAY CALCAMIEUC CRUID WAVAO RUNTAR FACCIAL RIC	OP Hosp/Amb Surgery Center (ASC) procedures V
28119 OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	or mospiral surgery center (Ase) procedures
28120 PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) procedures Y
28122 PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OF Hosp/Amb surgery Center (ASC) procedures
28124 PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28126 RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) procedures Y
28130 TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures Y
28140 METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures Y
28160 HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28171 RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) procedures Y
28173 RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) procedures Y
28175 RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28200 RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28202 RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28208 REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28210 RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28220 TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28222 TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) procedures Y
28225 TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28226 TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28230 TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28232 TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28234 TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) procedures Y
28238 RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) procedures Y
28240 TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) procedures Y
28250 DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28260 CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28261 CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) procedures Y
28262 CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	OP Hosp/Amb Surgery Center (ASC) procedures Y
28264 CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) procedures Y
28270 CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28272 CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) procedures Y
28280 SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) procedures Y
28285 CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28286 CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28288 OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) procedures Y
28289 HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28291 HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28292 CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) procedures Y
28295 CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28296 CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28297 CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) procedures Y
28298 CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28299 CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28300 OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) procedures Y
28302 OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) procedures Y
28304 OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) procedures Y
28305 OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) procedures Y
28306 OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) procedures Y
28307 OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) procedures Y
28308 OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) procedures Y
2000 OSTEOT W/WO LINGTH SHIRT/CORNS WILTAK ACF 151 LA	or mospiral surgery center (Ase) procedures

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28309 OSTEOT W WO INGTH SHRT ANGULAR CORRI METAR MILT 28310 OSTEOT SHRT CORRI PROX PHALANX IST TOE 28312 OSTEOT SHRT CORRI OTH PHALANGES ANY TOE 28313 RCNSTI ANGULAR DFRM TOE SOFT TISS PX ONLY 28313 RCNSTI ANGULAR DFRM TOE SOFT TISS PX ONLY 28315 SESAMOIDECTOMY FIRST TOE SPX 28316 OP Hosp/Amb Surgery Center (ASC) procedures 28317 SESAMOIDECTOMY FIRST TOE SPX 28318 OP Hosp/Amb Surgery Center (ASC) procedures 28319 OSTEOT SHRT CORRI OTH PHALANGES ANY TOE 28310 OSTEOT SHRT CORRI OTH PHALANGES ANY TOE 28310 REPAIR NONUNION MALUNION TARSAL BONES OP Hosp/Amb Surgery Center (ASC) procedures Y 28320 REPAIR NONUNION MALUNION TARSAL BONES OP Hosp/Amb Surgery Center (ASC) procedures Y 28321 RONSTI TOE MACRODACTYLY SOFT TISSUE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28341 RCNSTI TOE MACRODACTYLY REQUIRING BONE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28342 RCNSTI TOE MACRODACTYLY W WO SKIN GRAFT EACH WEB OP Hosp/Amb Surgery Center (ASC) procedures Y 28343 RCNSTI TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB OP Hosp/Amb Surgery Center (ASC) procedures Y 28360 RECONSTRUCTION CLEFT FOOT OP Hosp/Amb Surgery Center (ASC) procedures Y 28371 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y 28715 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28726 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28731 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y 28733 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28733 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28733 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y
28312 OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE OP Hosp/Amb Surgery Center (ASC) procedures Y 28313 RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY OP Hosp/Amb Surgery Center (ASC) procedures Y 28315 SESAMOIDECTOMY FIRST TOE SPX OP Hosp/Amb Surgery Center (ASC) procedures Y 28320 REPAIR NONUNION MALUNION TARSAL BONES OP Hosp/Amb Surgery Center (ASC) procedures Y 28322 RPR NON MALUNION METARSAL W WO BONE GRAFT OP Hosp/Amb Surgery Center (ASC) procedures Y 28340 RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28341 RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28342 RCONSTRUCTION TOE POLYDACTYLY OP Hosp/Amb Surgery Center (ASC) procedures Y 28343 RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB OP Hosp/Amb Surgery Center (ASC) procedures Y 28360 RECONSTRUCTION CLEFT FOOT OP Hosp/Amb Surgery Center (ASC) procedures Y 28370 ARTHRODESIS PANTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28715 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28726 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y
28313 RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY 28315 SESAMOIDECTOMY FIRST TOE SPX 28320 REPAIR NONUNION MALUNION TARSAL BONES 28320 REPAIR NONUNION MALUNION TARSAL BONES 28321 RPR NON MALUNION METARSAL W WO BONE GRAFT 28322 RPR NON MALUNION METARSAL W WO BONE GRAFT 28340 RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION 28341 RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION 28342 RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION 28343 PRON TOE MACRODACTYLY REQUIRING BONE RESECTION 28444 RECONSTRUCTION TOE POLYDACTYLY 28445 RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB 28456 RECONSTRUCTION CLEFT FOOT 28460 RECONSTRUCTION CLEFT FOOT 28570 ARTHRODESIS PANTALAR 28715 ARTHRODESIS TRIPLE 28725 ARTHRODESIS SUBTALAR 28726 OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHROD MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHROD MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHROD MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y
28315 SESAMOIDECTOMY FIRST TOE SPX OP Hosp/Amb Surgery Center (ASC) procedures Y 28320 REPAIR NONUNION MALUNION TARSAL BONES OP Hosp/Amb Surgery Center (ASC) procedures Y 28322 RPR NON MALUNION METARSAL W WO BONE GRAFT OP Hosp/Amb Surgery Center (ASC) procedures Y 28340 RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28341 RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION OP Hosp/Amb Surgery Center (ASC) procedures Y 28342 RECONSTRUCTION TOE POLYDACTYLY OP Hosp/Amb Surgery Center (ASC) procedures Y 28343 RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB OP Hosp/Amb Surgery Center (ASC) procedures Y 28360 RECONSTRUCTION CLEFT FOOT OP Hosp/Amb Surgery Center (ASC) procedures Y 28705 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y 28715 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y
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28345 RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB OP Hosp/Amb Surgery Center (ASC) procedures Y 28360 RECONSTRUCTION CLEFT FOOT OP Hosp/Amb Surgery Center (ASC) procedures Y 28705 ARTHRODESIS PANTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28715 ARTHRODESIS TRIPLE OP Hosp/Amb Surgery Center (ASC) procedures Y 28725 ARTHRODESIS SUBTALAR OP Hosp/Amb Surgery Center (ASC) procedures Y 28730 ARTHRO MIDTARSL TARSOMETATARSAL MULT TRANSVRS OP Hosp/Amb Surgery Center (ASC) procedures Y
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28735 ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT OP Hosp/Amb Surgery Center (ASC) procedures Y
28737 ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR OP Hosp/Amb Surgery Center (ASC) procedures Y
28740 ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT OP Hosp/Amb Surgery Center (ASC) procedures Y
28750 ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT OP Hosp/Amb Surgery Center (ASC) procedures Y
28755 ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT OP Hosp/Amb Surgery Center (ASC) procedures Y
28760 ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK OP Hosp/Amb Surgery Center (ASC) procedures Y
28890 ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA OP Hosp/Amb Surgery Center (ASC) procedures Y
29805 ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX OP Hosp/Amb Surgery Center (ASC) Procedures Y
29806 ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY OP Hosp/Amb Surgery Center (ASC) procedures Y
29807 ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION OP Hosp/Amb Surgery Center (ASC) procedures Y
29819 ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB OP Hosp/Amb Surgery Center (ASC) procedures Y
29820 ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL OP Hosp/Amb Surgery Center (ASC) procedures Y
29821 ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE OP Hosp/Amb Surgery Center (ASC) procedures Y
29822 ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED OP Hosp/Amb Surgery Center (ASC) procedures Y
29822 ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE OP Hosp/Amb Surgery Center (ASC) procedures Y
29824 ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY OP Hosp/Amb Surgery Center (ASC) procedures Y
29825 ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ OP Hosp/Amb Surgery Center (ASC) procedures Y
29827 ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR OP Hosp/Amb Surgery Center (ASC) procedures Y
29828 ARTHROSCOPY SHOULDER BICEPS TENODESIS OP Hosp/Amb Surgery Center (ASC) procedures Y
29860 ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX OP Hosp/Amb Surgery Center (ASC) Procedures Y
29862 ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG OP Hosp/Amb Surgery Center (ASC) Procedures Y
29863 ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY OP Hosp/Amb Surgery Center (ASC) Procedures Y
29866 ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST OP Hosp/Amb Surgery Center (ASC) Procedures Y
29867 ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT OP Hosp/Amb Surgery Center (ASC) Procedures Y
29868 ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT OP Hosp/Amb Surgery Center (ASC) Procedures Y
29870 ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX OP Hosp/Amb Surgery Center (ASC) Procedures Y
29873 ARTHROSCOPY KNEE LATERAL RELEASE OP Hosp/Amb Surgery Center (ASC) procedures Y
29874 ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY OP Hosp/Amb Surgery Center (ASC) procedures Y
29875 ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX OP Hosp/Amb Surgery Center (ASC) procedures Y
29876 ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS OP Hosp/Amb Surgery Center (ASC) procedures Y
29877 ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG OP Hosp/Amb Surgery Center (ASC) procedures Y
29879 ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX OP Hosp/Amb Surgery Center (ASC) procedures Y
29880 ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING OP Hosp/Amb Surgery Center (ASC) procedures Y
29881 ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG OP Hosp/Amb Surgery Center (ASC) procedures Y

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29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
30469	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE,	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
30403	RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	or mosp/Amb surgery center (Ase, mocedures	•		
30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
30540	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
30545	REPAIR CHOANAL ATRESIA INTRANASAL REPAIR CHOANAL ATRESIA TRANSPALATINE		V		
		OP Hosp/Amb Surgery Center (ASC) procedures	Y Y		
31253	NASAL SINUS NDSC TOTAL WITH SPUENCIPOTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
					members under 18.
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
32110		3. Hospirano sargery center (Asej Frocedures	'	'	members under 18.
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
32120	THOM COTOMIT TO STOLENATIVE COMILECATIONS	or mospy Amb surgery center (Ase) mocedules	'	'	— ·
					members under 18.

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32124 THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32140 THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
32141 THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32150 THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32151 THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32160 THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32200 PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32215 PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32220 DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(1 1)			members under 18.
32225 DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(,	•		members under 18.
32440 REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
1 32440 REMOVAL OF LONG FINE ON TOWN	or mosp/Amb surgery center (Ase) mocedures	•	'	members under 18.
32442 REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
REMOVAL LONG FINE DIVIDINE CTOWN RESAM SOMMY TRACTICA	OF Hosp/Allib Surgery Center (ASC) Frocedures	1	1	members under 18.
2244F DENAOVAL LUNG DNIFUNAONICCTONAY EVEDADI FUDAL	OD Hosp (Amb Surgery Center (ASC) Proceedures	Υ	V~	
32445 REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
22400 DAMA LUNIC OTHER THAN DNEHMACNECTOMY 4 LODE LODECT	OD Haar /Arris Company Contany (ACC) Burner down		Vo	members under 18.
32480 RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
	02.11 /4.1.0 0 1 /4.00 2			members under 18.
32482 RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32484 RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32486 RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32488 RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32491 RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32501 RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32503 RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32504 RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
,				members under 18.
32505 THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	2	•		members under 18.
32506 THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
52500 THORACOTOWN W/THERAT WEDGE RESEAR ADDE IT SILATRE	or mospining surgery center (ASC) Procedures	•	'	members under 18.
32507 THORACOTOMY W/DX WEDGE RESEXN AND ANTOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
32307 THORACOTOWN WEDGE RESEAR AND ANTOW LUNG RESE	or mosp/Amb surgery center (ASC) Procedures	ī	i i	
				members under 18.

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32540 EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32601 THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
22C04 THORACOCCORV BY PERICARRIAL CACAM/RIORCY CRY	OD Have /Arely Course to Courter (ACC) Dressed upon	~	Vo	
32604 THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures		γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
32606 THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or respiration outget y center (rise) i rescautes		·	members under 18.
32607 THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32608 THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32609 THORACOSCOPY WITH BIOPSYIES OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
32650 THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
32651 THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
,				members under 18.
32652 THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	(12)		-	members under 18.
32653 THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	C. Troop, Time Canger, Comment (Fixed) Troops and	•		members under 18.
32654 THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	C. Troop, Time Canger, Commer (Fixed) Troops	·		members under 18.
32655 THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
	C. Troop, Time Canger, Comment (Fixed) Troops and	•		members under 18.
32656 THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
,	compression (in a) in a constant	•		members under 18.
32658 THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
22000 11101W1000001 111,111W12 020 1,112 11100W1 21W07 W207 W	or riespy, and surgery center (ries) rescautes	·		members under 18.
32659 THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
This can then the confirmation of the	or riespy, and surgery center (ries) rescautes	·		members under 18.
32661 THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
	or riespy, and surgery center (ries) rescautes	·		members under 18.
32662 THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
The first decess is the property of the first series of the first	or riespy, and surgery center (ries) rescautes	·		members under 18.
32663 THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
711010 NGGGGG 1 111, 2002010 NT GITT 2002	or riespy, and surgery center (ries) reseautes	·		members under 18.
32664 THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THO WEO SECTION ACCESSION ATTLETOWN	or mospy, and surgery center (rise) modedures	•		members under 18.
32665 THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
The weeded in wy 250 in weeking to will in 2222 kill 2	or mospy, and surgery center (nocy mocedanes	•		members under 18.
32666 THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
The state of the s	J. Hospital Salgery Series (196) Hoseautes	•		members under 18.
32667 THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
SECO, THOM COSCOLI W/ HIERA WEDGE RESEAR ADDE II SILATRE	or mospiral surgery center (Ase) moccautes	•		members under 18.
32668 THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
THOMASSOCIAL TOP WEDGE RESEARCH ANATO LONG RESEARCH	or mospirimo surgery center (Ase) i roccuures	•		members under 18.
32669 THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
32003 THOMACOSCOLI W/SEGIVILIATECTOWN	or mospiral surgery center (Ase) moccautes	•		members under 18.
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32670 THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32671 THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32672 THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32673 THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32674 THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32800 REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	Composition (1997)	•		members under 18.
32810 CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or mospy, and surgery center (nos) mosculares	•		members under 18.
32815 OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
32013 OF EN CLOSORE WASON BRONCHIAL FISTOLA	or mospy Amb surgery center (Ase) mocedures	•	•	members under 18.
32820 MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OD Hosp Amb Surgery Contex (ASC) Presedures	Υ	γ~	
32820 MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22000 PECECTION PIPC EVERABLE UP AL ALL CTA CEC			2/2-	members under 18.
32900 RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32905 THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32906 THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32940 PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32960 PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
32994 ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
32997 TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(1 s,			members under 18.
32998 ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
32330 MEENTON TOLING WITH TOMONT ENQUINE TO THE QUENCT ON	or mospyrams surgery center (rise) mocedares		'	members under 18.
33016 PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
55010 FERICARDIOCENTESIS W/IIVIG GOIDANCE WITEN FERI ORIVIED	or Hosp/Ailib Surgery Center (ASC) Procedures		1	members under 18.
22017 DEDO DECED DEC EVE DILIE W/O CONCENITAL CAR ANOMALY	OD Hosp Amb Surgery Contex (ASC) Presedures	Υ	V~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33017 PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	<u> </u>
22040 PERO PROPERE DE CA EVE ANIVA CE INVOCENI CAR ANIOMANY			2/0.	members under 18.
33018 PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33019 PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33020 PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33025 CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33030 PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33031 PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
2 2 2 3 2 3 4 2 3 3 4 3 5 3 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6	, , , , , , , , , , , , , , , , , , ,	-		members under 18.
			1	members under 10.

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33050 RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
20100				members under 18.
33120 EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22422 PECCTION EVERTINA CARRAGE EVERT	0011 /0 10 0 1 (100) 5			members under 18.
33130 RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
224.40 TRANSANOCARRIAL LACER REMASCHILLE THOSE COTTON (MODELLA CONTRACTOR)	OD H/A (2.22) 2	.,	Ve.	members under 18.
33140 TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33141 TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33202 INSERTION EPICARDIAL ELECTRODE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33203 INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33206 INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33207 INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33208 INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33210 INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33211 INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33212 INS PM PLS GEN W/EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33213 INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33214 UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33215 RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33216 INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33217 INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33218 RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
·				members under 18.
33220 RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
, in the second of the second				members under 18.
33221 INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33222 RELOCATION OF SKIN POCKET FOR PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	,, , , , , , , , , , , , , , , , , , , ,			members under 18.
33223 RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	2			members under 18.
33224 INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	2			members under 18.
33225 INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	2	•		members under 18.
				members under 10.

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33226 RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33227 REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33228 REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33229 REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33230 INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33231 INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33233 REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33234 RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33235 RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33236 RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33237 RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33238 RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33240 INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33241 REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33243 RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33244 RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33249 INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33250 ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
, , , , , , , , , , , , , , , , , , , ,	(,			members under 18.
33251 ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(,	•		members under 18.
33254 ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
7 SOLOT PRODUCTION PRO	or mosp// unit ourgery center (/ too) i roccuures	·	·	members under 18.
33255 ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	or mosp// unit ourgery center (/ too) i roccuures	·	·	members under 18.
33256 ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
TOTAL	o	•		members under 18.
33257 ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33237 ATTACAGE ATE AND RONGIS WYOTHER PROCEDURE ENVITE	or mospitalis surgery center (ASC) mocedures	•	'	members under 18.
33258 ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THE TAIL THE TAIL TO THE TAIL THE TAIL TO THE TAIL THE TH	or mospitalis surgery center (ASC) mocedures	•	'	members under 18.
33259 ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
ATRIA ADEIT AIND INCINSTIT VV/OTHER PA ENTEN W/DIPASS	or mospining surgery center (ASC) Frocedures	ı	'	members under 18.
				iniembers under 16.

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33261 OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33262 RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33263 RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33264 RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33265 NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33266 NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33267 EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33268 EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33269 EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
EXCESSION EXTRACT THE INDICESSES TO A WELL	or mospy and surgery center (rise) mosedures	•		members under 18.
33270 INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33270 INSTALLERING SODE IN ELDE DE WYSODE LETRO	or mospy Amb surgery center (Ase) mocedures	'	•	members under 18.
33271 INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33271 INST OF SOBO INFEATURABLE DEFIBILITION ELECTRODE	or Hosp/Amb surgery center (Asc) Procedures		'	members under 18.
22272 DNAVI OF CLIPO IMPLANTABLE DEFIDENTIATOR FLECTRODE	OD Hoon Amb Curgory Contor (ACC) Procedures	~	γ~	
33272 RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures		Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22272 DEDOC DES VOUGLY IN ADIANTED CUIDO IN ADIANTADI E DED		~	2/6:	members under 18.
33273 REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33274 TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33275 TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33285 INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33286 REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33289 TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33300 REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33305 REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33310 CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33315 CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		-		members under 18.
33320 SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	o. Hospitalia dangery deriter (nocji rodedares	•		members under 18.
33321 SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
JOIN IN INTONITY GILLAT VESSEL WYSHOW BIT ASS	or mospitalis surgery center (Ase) i roccuures	ı	'	members under 18.
33322 SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33322 30 TORE RELARINGORIA, GREAT VESSEE WYDT ASS	or mospy Amb surgery center (Ase) mocedures	'	'	_
				members under 18.

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33330 INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33335 INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33340 PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33361 REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33362 REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33363 REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33364 REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33365 REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33366 TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	(,	•		members under 18.
33367 REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
The Englishme view wybit individual vendos in their	or mosp//imb surgery center (//oc/ mocedures	•	· ·	members under 18.
33368 REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
SSSOO RELEASE AGRIC VALVE WYDIT OF EN ARTY VEROOS AFREIT	or mosp/Amb surgery center (Ase) Procedures	•	'	members under 18.
33369 REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
35509 REPLACE AONTA VALVE W/BTP CNTRL ART/ VENOUS APRCH	OF Hosp/Allib Surgery Center (ASC) Procedures	ī	T T	members under 18.
22270 TRANSCATUETER DI ACEMENT AND CREO DEMOVAL CERRIDERO	OD Hosp (Amb Surgery Center (ASC) Proceedures	Υ	V~	
33370 TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22200 VALVUU ODI ACTV A ODTIC VALVE ODENI CADD DVD CIMADI E	OD Harry / Arrala Course on Constant / ACC/ Durana durana		Vo	members under 18.
33390 VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33391 VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33404 CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33405 RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33406 RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33410 RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33411 RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33412 REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33413 REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33414 RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
,				members under 18.
33415 RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33416 VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		-		members under 18.
l .			1	members under 10.

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33417 AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33418 TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33419 TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22.420			No.	members under 18.
33420 VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
33422 VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
33422 VALVOTOWIT WITTRAL VALVE OPEN HEART W/BTPA33	OF Hosp/Ailib Surgery Center (ASC) Frocedures	ı	T	members under 18.
33425 VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
733 123 VALUE OF LAND WILL WAS AN AND WEST AND	or mospy, and surgery center (196) mocedures	•		members under 18.
33426 VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33427 VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
	(,		-	members under 18.
33430 REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
100 100 MET ENGLINETY WITHING ENVIOLENT OF THE PROPERTY OF THE	or mospy, and surgery center (196) mocedures	•		members under 18.
33440 RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33440 IN ECIVIT AONTIC VALVE BY TECHAOTOET OLIVI VALVE	or mospy Amb surgery center (ASC) moccuures		'	members under 18.
33460 VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33400 VALVECTOWN TRICOSFID VALVE W/CARDIOFOLIVIONART BTF	or Hosp/Allib Surgery Center (ASC) Procedures	ı	ľ	members under 18.
22.462 VALVILLODI ACTV TRICUCRID VALVE W/O RING INCERTION	OD Hosp/Amb Surgery Center (ASC) Proceedures	Υ	γ~	
33463 VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	ĭ	Ť	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22.4C.4 VALVIJI ODI ACTV TRICUCRIR VALVE MA PINIC INICERTION	OD Hand And Course Courter (ACC) Bus and una	V	Vo	members under 18.
33464 VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22.4CE DEDI A CENTENTE TRICUCRID MALVE MA CARD DVDA CC			No.	members under 18.
33465 REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33468 TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33471 VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	_			members under 18.
33474 VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33475 REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33476 R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33477 TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33478 OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33496 RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33500 RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33501 RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33502 RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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33503 RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33504 RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33505 RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
33506 RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33300 IN KANOW CORONART ART TROWN OLW ART TO AGREE	or mospy and surgery center (Ase) mocedares	'	'	members under 18.
33507 RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33508 NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33509 ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33510 CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33511 CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33512 CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33513 CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33514 CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33516 CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33517 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33518 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33519 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33521 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33522 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33523 CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33530 ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33533 CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33534 CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33535 CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33536 CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33542 MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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33545 RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33548 SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33572 CORONARY ENDARTERCOMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33600 CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33602 CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33606 ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33608 RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33610 RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33611 RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33612 RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	3 1 1 0 7 1 1 1 (1 1)			members under 18.
33615 RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
	σ τιμή στο θε ή το το (τιμή στο			members under 18.
33617 RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
	or mospy, and surgery senter (nos) moscaules	·		members under 18.
33619 RPR 1 VNTRC W/O/F OBSTRCJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
SSOIS WINE WYSYL SBITKES AND ACKITE ARCHITTI OF EAST	or riospy and surgery center (rise) rioccuures	•		members under 18.
33620 APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
7 TEIGHTON MOTH PARTS LETT TO ENTOTION MATERIAL BANKS	or riospy, and surgery center (, is e) i roccuures	·		members under 18.
33621 TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THANSTHONACIC CATHETEN INSERTION FOR STENT FEIGHT	or riospy Amb surgery center (Ase) riocedures	•	•	members under 18.
33622 RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33022 RECONSTRUCTION COMMERCANDIAC ANOMALI	or riospy Arrib surgery center (Ase) riocedures	'	'	members under 18.
33641 RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33041 REKATRIAL SEFTAL DI CI SECONDONI WIBIF WI WO FAICH	or Hosp/Allib Surgery Center (ASC) Procedures	ī	ı	members under 18.
33645 DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33645 DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Ailib Surgery Center (ASC) Procedures	Ť	T	_ :
22647 DDD ATDIAL AND VENTUIC CERTAL DECT DID/DATCH CLC	OD Hosp (Amb Surgery Center (ASC) Presedures	V	V~	members under 18.
33647 RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22CCO DDD INCDIT/DDTI AV CANIAL M/MO AV VALVE DDD	OD Haar (Arch Courses Courter (ACC) Breasedones		Vo	members under 18.
33660 RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
22CCE DDD INTDNA/TDANICLAN/ CANAL W/A/O AV/VALVE DDD	OB Harris Annih Control (ACC) Broad and)/a:	members under 18.
33665 RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33670 RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33675 CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33676 CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33677 CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
22604	CLCD V CEDTL DECT W/DLU MA VIV/T (INICIAND DECCI	OR Hand And Course Courter (ACC) Brandous	V	Vo	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33000	CESIL V SEL LACIDICI VYINIVEL ANI BAND W/ WO GOSSEL	or riospy Arms surgery center (ASe) rroccuures	'		members under 18.
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
3333		or mospy, and surgery center (nee) moseautes		•	members under 18.
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		(· · · · · · · · · · · · · · · · · · ·			members under 18.
33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33720	THE NOTICE OF THE STATE OF THE	or mospy, and surgery center (nos) moscuumes		•	members under 18.
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33724	NET AIN ISOLATED LANTIAL FOLIVI VENOUS RETORIV	or mospy and surgery center (Ase) mocedares	'	'	members under 18.
33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33720	REPAIR FOLIVIONART VENOUS STENOSIS	or Hosp/Aillo Surgery Center (ASC) Procedures	'	1	members under 18.
22720	COMPLETE DDD ANOMALOUS DULMONARY VENOUS DETUDN	OP Hoon / Amb Surgery Center (ASC) Procedures	Υ	V~	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
22722	DDD COD TDIATA/CUDY/ALVD DIAG DECCLI, ATDIAL MACAD	OD Hand And Company Contant (ACC) Decording	V	Vo	members under 18.
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
22725	ATRIAL CERTIFICA AVICERTOCTO AVICE OCER LIFART			Ma.	members under 18.
33/35	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
33741	TRNSCTHTR ATRIAL SPTSTMY FOR CONGENITAL CRDC ANMLS TO CREATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	EFFCTV ATRIAL FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE				members under 18.
	PROCEDURALIST, WHEN PERFORMED, ANY METHOD				members under 18.
33745	·	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33745	PROCEDURALIST, WHEN PERFORMED, ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	
33745	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33745	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33745	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED,	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED,	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~ Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT		·		~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC		·		~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING		·		~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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33746	PROCEDURALIST, WHEN PERFORMED, ANY METHOD TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED,		·		~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for

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33755 SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33762 SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33764 SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33766 SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33767 SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33768 ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33770 RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33771 RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33774 RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33775 RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33776 RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33777 RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33778 RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33779 RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33780 RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33781 RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
33782 A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
, , , , , , , , , , , , , , , , , , , ,	())			members under 18.
33783 A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
, , , , , , , , , , , , , , , , , , ,	(,	·	-	members under 18.
33786 TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	(,	·		members under 18.
33788 REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or mospy, and ourgery center (mos) mosculares	·	·	members under 18.
33800 AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
TOTAL SECTION TO THE SECOND RESIDENCE OF A	or mospy and surgery center (196) moccuures	·		members under 18.
33802 DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
STORE THE STORE OF	o	•		members under 18.
33803 DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
STATE OF A SERVICE	5. Hosp, and surgery center (ASC) Hoccures	•	'	members under 18.
33813 OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
ODEING MONTO! GENIONANT SEL TAE DELECT W/O DIT ASS	or mospy, and surgery center (ASC) moccuules	ı	'	members under 18.
33814 OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
SSOLT OBLING ACKNOWN SERVED FOR WIDITASS	Or Hosp, Allib Surgery Center (ASC) Frocedures	ı	'	members under 18.
				Internacio unuer 16.

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33820 REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33824 RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33840 EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
33845 EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
Excision contact their notific wy world with	or mospy, and surgery center (186) mosculares	•		members under 18.
33851 EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33852 RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33853 RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
33859 AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
33863 AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	Critical printer and a series (100) reconstruction	·		members under 18.
33864 ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
7. Section of the state of the	or risspiration surgery series (riss) reseauces	•		members under 18.
33866 AORTIC HEMIARCH GRAFT W/ISOL AND CTRL ARCH VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
7. TO THE THE WILL AND THE PARTY OF THE PARTY PERSONS AND THE PART	or mospy, and sargery center (186) recedures	•		members under 18.
33871 TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THANSVIS A ARCH GREW WY CARD DIT TRED THE OTHER WITA	or mospy Amb surgery center (Ase) mocedares		'	members under 18.
33875 DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
53073 DESCENDING THORACIC AONTA GNALT W/ WO BIT A33	or mospy Amb surgery center (Ase) mocedures	'	'	members under 18.
33877 RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
WIN THORACOADDOMINAL ADMIC ANEOMY WO DIT ASS	or mospy Amb surgery center (Ase) mocedares	,	'	members under 18.
33880 EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
23000 EVASCRIR DIA COVERAGE ART ORIGIN 131 ENDOTROSTIT	or mospy Amb surgery center (Ase) mocedures	'	'	members under 18.
33881 EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55001 EVASCRITOTALAI COVERAGE WYO ART ORIGIN	or mospy Amb surgery center (Ase) mocedures	'	•	members under 18.
33883 PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33003 TEWN TROX XIIV ROSIN EVASCRI R DIA 131 XIIV	or mospy Amb surgery center (Ase) mocedures	'	'	members under 18.
33884 PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33004 TEWNT ROX ATTA TROSTIL EVASC KITK DTA LAT ROX ATTA	or mospy Amb surgery center (Ase) mocedures	'	'	members under 18.
33886 PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33000 FEWN DSTEATN FROSTITUETU ALTER EVASC REREDIA	or Hosp/Amb surgery center (ASC) Procedures	'	'	members under 18.
33889 OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33889 OFN SOBELA CRID ART TREOS NCRINC OLAT	or Hosp/Ailib Surgery Center (ASC) Procedures	1	1	members under 18.
33891 BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33891 BIF GRI W/DESCENDING HIGHACIC AONTA RER NECK INC	or Hosp/Ailib Surgery Center (ASC) Procedures	1	1	members under 18.
33894 EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
13034 LVASC 31 NEN COANCU THINC/AA ACNS WAS SIDE DRINCH	or mospining surgery center (ASC) Procedures		ī	members under 18.
33895 EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	
33895 EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures		Υ	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22007 DEDO TRANSLLINAINAL ANGLODI ACTV MATIVE /DECD COA	OB Hosp/Amb Surgery Contex (ASC) Breeddings	~	V~	members under 18.
33897 PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	OP Hosp/Amb Surgery Center (ASC) Procedures		γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22000 DEDO D ADT DEVICE STACT NIME NATIVE CONNECTION	OB Hosp/Amb Surgery Contex (ASC) Breeddings	Υ	V~	members under 18.
33900 PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Ť	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
			<u> </u>	members under 18.

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33901 PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33902 PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33903 PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33904 PRCTNS PLMNRY ARTRY RVSCLRZTN BY STNT PLCMNT, EACH ADDTNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
VSSL OR SEPARTE LESION, NRML OR ABNRML CNNCTNS				
33910 PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33915 PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33916 PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33917 RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
33920 RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
33922 TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	(1.00)	·		members under 18.
33924 LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	or mospy, and surgery server (1.00) i reseduces	·		members under 18.
33925 RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33323 INTERT AND ONE AND WAL DIVINGE W/O BIT ASS	or riospy Amb surgery center (Ase) rrocedures	'	•	members under 18.
33926 RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
SS920 RPK P-AKT ARBORIZI ANOIVIAL UNIFCLIZI W/BTPASS	or hosp/Allib surgery center (ASC) Procedures	Ť	1	members under 18.
33975 INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		members under 16.
33976 INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures			
	OP Hosp/Amb Surgery Center (ASC) procedures	Y	γ~	CARRIES TO MI OIL WAs Sand to NCII for mambars > 19 Sand to Health Blan for
34001 EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
240E4 FNADLC/TUDNADC ININIONAINIATE CUDOLAVIANI ADTERV	OD Hassa / Arab Courses Conton / ACC) Dressed unas		V~	members under 18.
34051 EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
24404 FAADLO/TUDAADO AY DDACU ININIONAINIATE CUDOLA A DT	OD Harris Arch Corres Control (ACC) Decord on	~	Va	members under 18.
34101 EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	.~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
34111 EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34151 EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34201 EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34203 EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34401 THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
34421 THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34451 THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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34471 THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34490 THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34501 VALVULOPLASTY FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34502 RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34510 VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34520 CROSS-OVER VEIN GRAFT VENOUS SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34530 SAPHENOPOPLITEAL VEIN ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
34701 EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
34702 EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
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34703 VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
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34704 EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
54704 EVASCITIVE LIVINI ACTIVE ON ILIAC NEGIT IN I	or riospy Amb surgery center (Ase) riocedures		'	members under 18.
34705 EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
34703 EVASC RPR DPLIVINT AORTO-BI-ILIAC INDOFT	OF Hosp/Allib Surgery Center (ASC) Procedures	ī	ı	members under 18.
24706 FVASC DDD DDI MANT AODTO DI ILIAC NIDOFT DDT	OD Hosp / Amb Surgery Center (ASC) Dresedures	Υ	V~	
34706 EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
24707 EVACCEDED DELAMIT III O III ACNIDOST	OD Haar /Arch Surram Contan /ASS\ Dracedures		Vo	members under 18.
34707 EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
24702 51462 555 5514417 1140 1144 6415 657 557				members under 18.
34708 EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34709 PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34710 THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34711 DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34712 TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34713 PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34714 OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34715 OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34716 OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34717 EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	0 , (11, 11111)			members under 18.
34718 EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		-		members under 18.
				members under 10.

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34808 EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34812 OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34813 PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34820 OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34830 OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34831 OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34832 DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34833 OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
34834 OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
34839 PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	(,		-	members under 18.
34841 ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
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34842 ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
54042 ENDOVIGE VISCENTION TO THE THE ST 2 ENDOUNT	or mospy and surgery center (130) moccuures	•	'	members under 18.
34843 ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
54045 ENDOVASE VISCEN AONTA NEI AINT ENEST S ENDOUNAIT	or mospy Amb surgery center (Ase) mocedures	'	•	members under 18.
34844 ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
STOTT ENDOVASE VISCEN AONTA NEI N'I ENEST TI LOS ENDOGNALT	or mospy Amb surgery center (Ase) mocedures	'	'	members under 18.
34845 EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
54645 EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT ON	Or Hosp/Ailib Surgery Center (ASC) Procedures	T	ĭ	members under 18.
24946 VICCED AND INFRADENIAL ARRONA AORTA 2 PROSTUECIC	OD Hosp/Amb Surgery Center (ASC) Proceedures	Υ	V~	
34846 VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
24047 VICCED AND INFOADENIAL ADDOMA AODTA 2 DOCTUECIC	OD Hand Arch Course to Courter (ACC) Bus and unas		Vo	members under 18.
34847 VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
24040 VICCED AND INSPADENAL ADDOMA ACREA A RUNG PROCEUTION			2/0	members under 18.
34848 VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35001 DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35002 DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35005 DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35011 DRCT RPAIR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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35013 DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35021 DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35022 DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
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35045 DRCT RPAIR ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35081 DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35082 DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35091 DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35092 VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35102 DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35103 DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35111 DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
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35112 DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35121 DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(,			members under 18.
35122 DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
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35131 DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
SSISI SIKKI KYAKESKI SWI PAKE BIWASINI KENGISISI	or mospirimo surgery center (nocy mocedures	•	·	members under 18.
35132 DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55152 BIK KI K KOL LE KIVE KIVA GIVAL LEME KIKLEKT	or mospirimo surgery center (noc) mocedares	•		members under 18.
35141 DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
53111 DIKKI KYAKEGKISWIYAWE GIWAT COMMINIST PENGIWAEYAKTEKI	or mospirimo surgery center (nocy mocedures	•	·	members under 18.
35142 DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55142 DIKKI KKOLID AKEOKISWI AND GKI COMMONITEMOKALAKI	or mosp/Amb surgery center (Ase) Procedures	•	'	members under 18.
35151 DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
JULY WILL AND TO ANEON JULY NADIAL OLIVAN ANTENT	or mosp/Amb surgery center (Ase) mocedures	'	'	members under 18.
35152 DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
33132 DIK KEK KOFTD ANLOKTSIVI AND GKT FOFLITLAL AKTEKT	Or Hosp/Allib Surgery Center (ASC) Procedures	ī	ľ	members under 18.
35180 REPAIR CONGENITAL AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
35180 REPAIR CONGENITAL AV FISTULA HEAD & NECK	OP Hosp/Affib Surgery Center (ASC) Procedures		Ť	
25192 DDD CONCENITAL AVEICTULA THODAY AND ADDOMEN	OD Hosp (Amb Surgery Center (ASC) Proceedures	V	V~	members under 18.
35182 RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
25404 DDD CONCENITAL AVEICTURA EVIDENMITIES	OD Harry (Arrala Company Comban (ACC) Durana di man	~	Vo	members under 18.
35184 RPR CONGENITAL AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	.~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
25400 DDD ACODD/TDAHAATIC AV/EICTH A HEAD O MECK		~	\/a:	members under 18.
35188 RPR ACQRD/TRAUMATIC AV FISTULA HEAD & NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
25400 PRP/TPAHAATIO AV 515TU A TUODAY S 15T 01 17T	0011 /4 1 0 0 1 /120 5	.,		members under 18.
35189 RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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35190 RPR ACQRD/TRAUMATIC AV FISTULA EXTREMITIES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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35201 REPAIR BLOOD VESSEL DIRECT NECK	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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35206 REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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35331 TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35341 TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35351 TEAEC W/WO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35355 TEAEC W/WO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35361 TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35363 TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35371 TEAEC W/WO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35372 TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35390 ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35400 ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35500 HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35501 BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
·				members under 18.
35506 BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35508 BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35509 BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
,				members under 18.
35510 BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35511 BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
	or respiration out gory contact (rise), resolutions	·		members under 18.
35512 BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or risspyrums surgery server (riss) risseaures	·	·	members under 18.
35515 BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
SSSIS STITIOS WYVEIN SOBELIVIAN VEIN ESTALE	or riospyrims surgery center (rise) riocedures	·		members under 18.
35516 BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33310 BTI A33 W/ VEIIV 30DCEAVIAIV AMELAITI	or riospy Amb surgery center (Ase) i roccuures	•	•	members under 18.
35518 BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33310 DTI A33 W/ VEIIV AMILLANT AMILLANT	or riospy Amb surgery center (Ase) i roccuures	•	•	members under 18.
35521 BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55521 DIT A55 VV/ VEHV AMILLANT I LIVIONAL	or riospy. Arms surgery center (ASC) Procedures	'	'	members under 18.
35522 BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
33322 DIFA33 VV/ VLIIV ANILLANT-DNACHIAL	or Hospi Allin Sulkery Center (ASC) Procedures	Ĭ	i i	members under 18.
35523 BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33323 DIFASS VV/ VEIN DRACHIAL-ULIVARY-RADIAL	Or Hosp/Ailib Surgery Center (ASC) Procedures	Ĭ	ĭ	_ :
SEESE DVDASS WAYEINI DDACHIAL DDACHIAL	OD Hosp/Amb Surgary Contar (ASC) Brasaduras	Υ	V~	members under 18.
35525 BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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35526 BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35531 BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35533 BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35535 BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35536 BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35537 BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35538 BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35539 BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35540 BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35556 BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	, , , , , , , , , , , , , , , , , , ,			members under 18.
35558 BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	C	·		members under 18.
35560 BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
SSSS STITISS WYVENVIOLITING	or mospiral surgery center (rise) riscources	·		members under 18.
35563 BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55505 BTT 7.05 VV VEHV TEIOTEI/AC	or mospyrum surgery center (rise) rioccuures	•		members under 18.
35565 BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
55505 BTT 7655 W/ VEHV TEIOT ENVIOLVE	or mospyrum surgery center (rise) mocedures	•	'	members under 18.
35566 BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33300 BTF TEINFAINT TIBE FST TIBE FRONCAL ART/OTT DSTE	or mosp/Amb surgery center (ASC) Procedures	'	•	members under 18.
35570 BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
33370 BTF TIBL-TIBL/FRONLAL-TIBL/TIBL/FRONLAL TRR-TIBL	OF Hospitalib Surgery Center (ASC) Frocedures	ī	1	members under 18.
35571 BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OD Hosp/Amb Surgery Contor (ASC) Brosndures	Υ	γ~	
35571 BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Ť	Ť	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
25572 HARVEST FENADOD VEIN 4 COM VACO DONICTI DV	OD Haar / Arab Coursen Courter (ACC) Dressed uses	V	V~	members under 18.
35572 HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
25502 IN CITH VEIN DVDACC SEMANDAL DODUTEAL	OD Harry / Arrolla Courter of ACC). Durant duran		Vor	members under 18.
35583 IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
			14-	members under 18.
35585 IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		.,		members under 18.
35587 IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35600 OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35601 BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35606 BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35612 BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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35616 BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35621 BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
25C22 DVD OTH /THAN VEIN AVIII A DV DODUTEAL / TIDIAL	OD Hand Arab Course of Courter (ACC) Bus and trues	V	Vo	
35623 BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
35626 BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or mospy, and surgery center (196) Hoccuures	·		members under 18.
35631 BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35632 BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35633 BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35634 BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35636 BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35637 BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35638 BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35642 BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35645 BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35646 BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35647 BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35650 BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35654 BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35656 BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35661 BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35663 BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35665 BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35666 BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35671 BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35681 BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35682 BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
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35683 BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35685 PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35686 CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
35691 TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THE COAND THIN EIS VERTEBRAE CAROTID ART	or mospy and surgery center (ASC) moccuures	•	'	members under 18.
35693 TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
, ,				members under 18.
35694 TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35695 TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35697 RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35700 ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35701 EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35702 EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35703 EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35800 EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
· ·				members under 18.
35820 EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35840 EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35860 EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
				members under 18.
35870 RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35875 THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
35876 THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35879 REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35881 REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35883 REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35884 REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35901 EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35903 EXCISION INFECTED GRAFT EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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35905 EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
35907 EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		<u> </u>		members under 18.
36000 INTRODUCTION NEEDLE/INTRACATHETER VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36002 INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
36005 NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36010 INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36011 SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
36140 INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	Compression of the compression o			members under 18.
36200 INTRODUCTION CATHETER AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
30200 INTRODUCTION CATTLETER MORALA	or mosp/rund surgery center (rise) mocedures		•	members under 18.
36215 SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
30213 SECTV CATTS LA 131 OND TIME, BREIT, CETTLE BRIVETI	or hospitalib surgery center (ASC) Procedures		•	members under 18.
36216 SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
30210 SECTV CATHS 131 ZIVD OND THINC/BRCH/CPHEC BRINCH	OF Hosp/Allib Surgery Center (ASC) Procedures		ī	
2C247 CLCTV CATLITE DI CMANT 2DD : ODD CLCTV/TUDC/DDCUCDUI C DDNICU	OD Hoom / Amb Courses Conton (ACC) Dressed unes	~	Vo	members under 18.
36217 SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV THRC/BRCHCPHLC BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	 	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36221 NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36222 SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		 		members under 18.
36223 SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		 		members under 18.
36224 SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36225 SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
36226 SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
36245 SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36246 SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36247 SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
BRNCH	,	I		members under 18.
36251 SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	2	I		members under 18.
36252 SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
JULIA STORE W/ WO ART FORCE/TEOUR/JOINE	or mospining surgery center (ASC) Frocedures	I	'	members under 18.
36253 SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
30233 SUPSECT V CATH ZIND PLUS OND NEIVAL AIND ACCESSORT ARTERT/S UNI	OF HOSP/AIID Surgery Center (ASC) Procedures	I	ĭ	_ :
262E4 CLIDCLOTY CATH AND DUTC ODD DENIAL AND ACCESSORY ADTERY IS BU	OD Hospidamb Surgery Contact (ASC) Durandous	~	Vo	members under 18.
36254 SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	 I	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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36460	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	, and the second se				members under 18.
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		(= 2,			members under 18.
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		(= 2,			members under 18.
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
00000	, =	Criticop, runic curgor, control (rice), ricecus co		•	members under 18.
	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
36821 i		ar troop, made and a series (troop troops and			members under 18.
36821				1	
	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18. Send to Health Plan for
	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
36825			~		members under 18.
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures		γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
36825 36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures		γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
36825 36830			~		members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
36825 36830 36831	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.

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36833 REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36835 INSERTION THOMAS SHUNT SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36836 PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36837 PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
36838 DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
36860 XTRNL CANNULA DECLTNG SPX W/O BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
36861 XTRNL CANNULA DECLTNG SPX W/BALO CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37184 PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
37187 PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37188 PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37191 INSRTN INTRVAS VC FLTR W/ VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
,				members under 18.
37192 REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS & I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
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37193 RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
7,135	or mospy, and surgery center (nos), reseautes			members under 18.
37197 PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or respiration of gentless (1865) research			members under 18.
37211 THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or mospy, and surgery center (nos), reseautes			members under 18.
37212 THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
37212 TIMONIBOLISIS VENOOS INI OSION W/IN/AGINO INIT TX	or mospy and surgery center (Ase) i roccures		'	members under 18.
37213 THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
37213 TIMOMBOLISIS ARTI VEROOS IN SIX W/IMAGE SOBSQ TX	or mospy Amb surgery center (Asey mocedates		'	members under 18.
37214 CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37214 CESSATION TIMOMBOLITIC THER WYCATHETER REMOVAL	or mosp/Amb surgery center (Ase) r roccuures		•	members under 18.
37215 TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37213 TEAT IV STEINT CRV CRTD ART LIVIBOLIC PROTECT	OF Hospi Allib Surgery Center (ASC) Frocedures	1	1	members under 18.
37216 TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37216 TCAT IV STEINT CRV CRTD ART W/O EIVIBOLIC PROTECT	OP HOSP/AITID Surgery Center (ASC) Procedures	ĭ	Ť	_ ·
27247 TCATH CTENT DI ACENT DETDOCDAD CADOTID/INNOMINIATE	OD Hosp /Amb Surgary Contar (ASC) Broadures	Υ	γ~	members under 18.
37217 TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27210 TOATH CTENT DI ACCEAT ANTECDADE CAROTID/INNIONAINIATE	OD Hosp/Amb Surgery Contex (ASC) Bressedures	V	V~	members under 18.
37218 TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27220 DEVACCIU ADIZATIONI ILLAC ADTERV ANGIOR 4CT VCI	OD Hoom / Amb Common Combon / ACC\ Down d.		Ve	members under 18.
37220 REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27224 DEVICE ORNI/DRO HIAC ART W/CTNT RIVET CANCERS CT.	OB U /4 v.h 6		. Va	members under 18.
37221 REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27224 PENCO ODNI/PRO FERA/200 WIANGION ACTIVINI	OB U /4 v.h 6		. Va	members under 18.
37224 REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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37225 REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37226 REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		.,		members under 18.
37227 REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
37228 REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
NEVSCOTTYTING TIB/TENO W/ANGIOTEASTT ON	or mosp/Amb surgery center (Ase) Procedures	,	•	members under 18.
37229 REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37230 REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37231 REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37236 OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37238 OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
37241 VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
37242 VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	, , , , , , , , , , , , , , , , , , ,			members under 18.
37243 VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
The second in this second of the first interview in the second of the se	or mosp/rum surgery series (russ) reseauces	·		members under 18.
37244 VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
VASCOLAR EMBOLIZATION OR OCCUSION TIEMORALIA	or mosp/rum sangery center (rise) risecuares			members under 18.
37246 TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
THE BREG THOSO OF ENT ENQ IN COURT ON	or mosp// mis surgery center (//oc/ mocedures		'	members under 18.
37248 TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
THEME BALO ANGIOT OF ENTITIENCY WINNESSET 131 VEIN	or mosp/Amb surgery center (Ase) mocedures		'	members under 18.
37500 VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
VASC ENDOSCOPT SONG W/EIG FENT ONATON VEHVS SFX	or hosp/Amb surgery center (Asc) Procedures	·	'	members under 18.
37565 LIGATION INTERNAL JUGULAR VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
37303 EIGATION INTERNAL JOGOLAR VEIN	Or Hosp/Allib Surgery Center (ASC) Procedures		1	members under 18.
37600 LIGATION EXTERNAL CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
37600 LIGATION EXTERNAL CAROTID ARTERY	OP Hosp/Amb surgery Center (ASC) Procedures		Ť	— ·
2760F LICATION INTERNAL (COMMACNI CAROTID ARTERY	OD Hosp (Amb Surgery Center (ASC) Proceedures	~	V~	members under 18.
37605 LIGATION INTERNAL/COMMON CAROTID ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures		Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27COC LIC INT/COMMACNI CAROTID ART W/CRARILAL OCCULICIONI	OD Hoom / A make Course on Courters (ACC) Dree and course	~	V~	members under 18.
37606 LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures		Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27C07 LIC (DANIDING ANGIOA COESS ADTERIOVENOLIS FISTILIA	OD Hosp (Amb Surgery Center (ASC) Proceedures	~	V~	members under 18.
37607 LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures		Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
37609 LIGATION/BIOPSY TEMPORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
27005 ELOATION, BIOL ST TEINT ONAL ANTENT	or mospining surgery center (ASC) Procedures		'	members under 18.
37618 LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
27010 EIGATION MAGNICANTENT EATHERMITT	or mospining surgery center (ASC) Frocedures	ı	'	members under 18.
37619 INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
17015 HINS HALLAND ACTIFIL AND AND ACS ASE SERVIA USOLI	or mospining surgery center (ASC) Procedures		'	members under 18.
27650 LIGATION OF FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	
37650 LIGATION OF FEMORAL VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures		Υ	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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27CCO LICATION	OF COMMON HEAC VICINI	OD Haar (Arch Courses Conton (ACC) Dressed unes	Υ	V~	CARRIES TO MIL OIL MAN Sound to MCII for more bore > 10. Sound to Hoolth Blow for
37660 LIGATION	OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
27700 LICTN 9 DI	IVEN LONG CARLLVEIN CARLEENA HINGT/ DCTAL INTERRIDA	OD Hosp (Amb Surgery Contex (ASC) Procedures	Υ	γ~	members under 18.
37700 LIGTN &DI	IVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
27710 LICTN DIV	CNI AND CTRIDRING CHORT CARHENOLIC VEIN	OD Hosp (Amb Surgery Contex (ASC) Procedures	Υ	γ~	
37718 LIGTN DIV	SN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for members under 18.
37722 LIGTN DIV	SN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
37722 LIGIN DIV	SIN AND STRIFTING LONG SAFIT SAFITI LIVI JUNCT RINE BELVI	OF Hosp/Allib Surgery Center (ASC) Frocedures	ı	ľ	members under 18.
37735 LIGTN ANI	D DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37733 LIGIN ANI	D DIVIN RDCL STRIFING LONG SHORT SAFTILINOUS	OF Hosp/Allib Surgery Center (ASC) Procedures	ı	ľ	members under 18.
37760 LIG PRFRA	TR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37700 LIG FRITA	TIN VEIN SODI SCAL NAD INCL SKN GNI I LLG	or hosp, Amb surgery center (ASC) Procedures	'	'	members under 18.
37761 LIG PRFRA	TR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
37701 110111111	THE VEH COUNTY OF ENTINEE OF CIVILIZATION	or mospy and surgery center (Ase) mocedares	•		members under 18.
37765 STAB PHLE	EBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
37703 3171511122	TO THE STATE OF TH	or mospy and surgery center (hose) moccounes			members under 18.
37766 STAB PHLE	EBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		or mospy, and ourgery content (100) reconstruct			members under 18.
37780 LIGTN & D	IVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
		or mospy and our gory content (100) and our		-	members under 18.
37785 LIGTN DIV	SN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		(13,			members under 18.
38204 MGMT RC	P HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	REPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38208 TRNSPL PF	REP HEMATOP PROGEN THAW PREV HRV PER DNR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38209 TRNSP PRI	EP HMATOP PROG THAW PREV HRV WSH PER DNR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38210 TRNSPL PF	REPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38211 TRNSPL PF	REPJ HEMATOP PROGEN TUM CELL DEPLJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38212 TRNSPL PF	REPJ HEMATOP PROGEN RED BLD CELL RMVL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38213 TRNSPL PF	REPJ HEMATOP PROGEN PLTLT DEPLJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38214 TRNSPL PF	REPJ HEMATOP PROGEN PLSM VOL DEPLJ	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38215 TRNSPL PF	REPJ HEMATOP PROGEN CONCENTRATION PLSM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38232 BONE MA	RROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38573 LAPS W BI	TOT PEL LMPHADEC AND OMNTC LYMPH BX	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
38746 THORCOM	1 THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
39000 MEDIAST	W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
39010 MEDIAST	W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
39200 RESECTION	N OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
39220 RESECTION	N MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
39401 MEDIASTI	NOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
39402 MEDIASTI	NOSCOPY WITH LYMPH NODE BIOPSY/IES	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
					members under 18.
42975 DISE DYN	EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		

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43291 ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
INTRAGASTRIC BARIATRIC BALLON(S)			
43644 LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43645 LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43647 LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43648 LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43653 LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43770 LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43771 LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43772 LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43773 LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43774 LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43775 LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43842 GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43843 GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43845 GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
43846 GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43847 GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43848 REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43881 IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43882 RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43886 GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43887 GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y	
43888 GSTR RSTCV PX OFN RMVL AND RPLCMT SUBQ PORT		V	
	OP Hosp/Amb Surgery Center (ASC) procedures	Y V	
47380 ABLTJ OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47381 ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47382 ABLTJ 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47605 CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47610 CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47612 CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
47620 CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
49904 OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
49906 FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
50590 LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
52441 CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
52649 LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
53410 URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
53420 URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
53425 URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
53430 URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
53451 PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
53452 PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
53453 PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
53454 PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
53850 TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
53852 TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
53854 TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
54125 AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
54401 INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) procedures	Y	a prince and a service and a s
54405 INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
3.135 product model com order in burnet i traction	5. Hospitans sargery center (186) procedures	•	

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E / / 1 O	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OR Hosp/Amb Surgery Contor (ASC) Procedures	V	No prior outh required for corpice when accordated with a capear diagnosis
54410		OP Hosp/Amb Surgery Center (ASC) Procedures	Y V	No prior auth required for service when associated with a cancer diagnosis.
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis. No prior auth required for service when associated with a cancer diagnosis.
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
	LAPAROSCOPY SURGICAL ORCHIECTOMY		Y	No prior auth required for service when associated with a cancer diagnosis.
54690	SCROTOPLASTY SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
		OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
	SCROTOPLASTY COMPLICATED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	l	No prior auth required for service when associated with a cancer diagnosis.
55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
	PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN			
	AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE,			
	WHN PRFRMD		.,	
55874	TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
55880	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	No prior auth required for service when associated with a cancer diagnosis.
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
58292	VACCINIST CALL 230 CIVI MINICE LODE AND CAAME AND MANIE TO THE COLOR			
58292 58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	

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0.000 0.00				
MARKS CRY NATIONAL TURN CALL WY OF PROJUMENT OF PROJUMENT Surgery Center (ACC) procedures	58322 ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) procedures	NC	
DIRECTOR DIRECTOR DIRECTOR WAS THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY			NC	
			Υ	
189410			•	
JAPAS OF JAPAS SUPPLEATED AND HISTORY OF THE OWN AND SUPPLEASE S			Υ	
188521 LARS SURACEN METERICAT 200 CM OR LESS NEWS, TUBE OVAR OP hospy/mb Surgey, Center (ACC) procedures Y			Υ	
MPS_SUPPRACE_MOVEL_MYSTERECTOMY_OVER_20	58541 LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS		Υ	
18854 LIPS SUPPACENT INTERFECT ONT P. 250 G. RMUT TURE OVANY OP HospAmb Surgery Centre (ASC) procedures Y	58542 LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR		Υ	
1885 16 129 MY MORECTORY SECT - 14 MYORAS 2.20 GM OR ILESS	58543 LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
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185780 LAPS WARD HIST'S WELAT LIMPHADEC RAWL'TUBE OVARY OP Hosp/Amb Surgery Center (SAC) procedures Y	58545 LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
S8552 LAPS VAGINAL HYSTERCTOMY UTERUS 250 GM ADR NAWL TUBE AND OVARIES OP Hosps/Amb Surgery Center (ASC) procedures Y	58546 LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
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61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) procedures	Y
62324	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT	OP Hosp/Amb Surgery Center (ASC) procedures	Y
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62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST	OP Hosp/Amb Surgery Center (ASC) procedures	Y
	INTRLMNR CRV/THRC W/IMG GDN		
62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
	INTRLMNR LMBR/SAC W/O IMG GDN		
62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
	INTRLMNR LMBR SAC W IMG GDN		
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) procedures	v v
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	v ·
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR		Y
		OP Hosp/Amb Surgery Center (ASC) procedures	·
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63048		OP Hosp/Amb Surgery Center (ASC) Procedures	v v
63050		OP Hosp/Amb Surgery Center (ASC) procedures	V
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) procedures	Y
			Y
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	'
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Υ
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) procedures	Y
63300		OP Hosp/Amb Surgery Center (ASC) Procedures OP Hosp/Amb Surgery Center (ASC) Procedures	· V
03300	VOM LC LLS I SOIVI ADAL CLAVICAL	or mospining surgery center (ASC) Frocedures	<u> </u>

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	T				
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
-	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
-	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	IMPLTJ OJSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) procedures OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY		Y		
		OP Hosp/Amb Surgery Center (ASC) procedures	Y		
	REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y V		
	REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	<u> </u>		
-	REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
69729	IMPLNTTN, OSSNTGRTD IMPLNT, SKULL; WTH MGNTC TRNSCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		
	ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSDE OF THE MSTD AND RSLTNG				
	IN RMVL OF GRTR THN OR EQL TO 100 SQ MM SRFCE AREA OF BONE				
	DEEP TO THE OUTR CRNL CRTX				
69730	RPLCMNT (NCLDNG RMVL OF EXSTNG DVC), OSSNTGRTD IMPLNT, SKULL;	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ		
	WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSDE				
	THE MSTD AND NVOLVNG BONY DFCT GRTR THN OR EQL TO 100 SQ MM				
	SRFCE AREA OF BONE DEEP TO THE OUTR CRNL CRTX				
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
76932	US ENDOMYOCARDIAL BIOPSY RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
					members under 18.
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	, 	, 5: , :: (::::,::::::::::::::::::::::::			members under 18.
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		25,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		•	members under 18.
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
3233,		The state of the s		•	members under 18.
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
32341	THE THEORIE CONOUNT FOR OCCIOS NEVADORNII ONE VOL	- 1103p// 1110 Surgery Center (ASC) 110ccuules	'	'	members under 18.
					members under 10.

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92943 PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92960 CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
92961 CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92970 CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92971 CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92973 PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92974 TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	Constitution of the second of			members under 18.
92975 THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	or riospy, and surgery center (, loc) i rocedures	•		members under 18.
92977 THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Or Hospy Allib Surgery Center (ASC) Procedures		'	members under 18.
02006 DDO DALLOON VALVILLODI ASTV AODTIC VALVE	OD Hosp (Amb Surgery Contex (ASC) Dresodures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
92986 PRQ BALLOON VALVULOPLASTY AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures		Y	- ·
02007 DDO DALLOON VALVULI ODI ACTVANITDAL VALVE	OD Harris Arch Control (ACC) Broad and	~	No.	members under 18.
92987 PRQ BALLOON VALVULOPLASTY MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
92990 PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
92997 PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93015 CV STRS TST XERS&/OR RX CONT ECG W/SI&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93016 CV STRS TST XERS&/OR RX CONT ECG W/O I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93017 CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
93018 CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
·				members under 18.
93025 MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	(1.55p) ca. go. y coc. (1.55)	•		members under 18.
93224 XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
ATTIVE EGG & TO THE REGISTED SOFTWATER WITHOUT	or riospy, and surgery center (, loc) i rocedures			members under 18.
93225 XTRNL ECG & 48 HR RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33223 ATRIVE ECG & 46 TIK RECORDING	Or Hosp/Allib Surgery Center (ASC) Procedures		ľ	members under 18.
02226 EVEEDNAL FOO SCANNING ANALYSIS DEDORT	OD Hosp (Amb Surgery Contex (ASC) Dresodures	~	γ~	
93226 EXTERNAL ECG SCANNING ANALYSIS REPORT	OP Hosp/Amb Surgery Center (ASC) Procedures		Y	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
OCCUPANT FOR CONTINUOUS DUNCTURA NATURA DE TOTAL LIBE				members under 18.
93227 XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93228 XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93229 XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
93260 PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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93261 INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93264 REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for members under 18.
93268 XTRNL PT ACTIV ECG TRANSMIS W/R&I 30 DAYS</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>γ~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
95206 ATRINEFT ACTIVIECG TRAINSIVIIS W/RQT	OF Hosp/Amb surgery Center (ASC) Procedures		ī	members under 18.
93270 XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	Comments of the second of the		-	members under 18.
93271 XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93272 XTRNL PT ACTIVTD ECG DWNLD W/R&I 30 DAYS</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>γ~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93279 PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93280 PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93281 PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	3 (3)			members under 18.
93282 PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
	C. 1.00p, 1.1110 Can got y Contact (1.100) 1.1000aan co			members under 18.
93283 PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or mospyrum ourgery center (rice) mosculares			members under 18.
93284 PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
1 NOMING EVALUATI EARTABLE IN TENSON MIGETI LEAD DI D	or riospy Amb surgery center (Ase) Procedures		'	members under 18.
93285 PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
33203 I NOGRAMI EVALUM LANTABLE DEV INTRONTER STOTEM	or mospy Amb surgery center (Ase) mocedures		'	members under 18.
93286 PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
33200 I ENTIA EVALATIO GRAINTIN I RON I ACEMIARER STOTEM	or mospy Amb surgery center (Ase) mocedures		•	members under 18.
93287 PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
FERI-FA DEV EVAL & FROG SING/DOAL/MOETI LEAD DI B	or Hosp/Allib Surgery Center (ASC) Procedures		1	members under 18.
93288 INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
95288 INTERROGATION EVAL IN PERSON 1/DOAL/IVILITEEAD PIVI	Or Hosp/Allib Surgery Center (ASC) Procedures		ı	_ :
02280 INTERDOC EVALESE 1/DUAL/MITTEADS IMPUTEL DED	OR Hosp/Amb Surgery Center (ASC) Presedures	~	γ~	members under 18. ~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
93289 INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures		ĭ	<u> </u>
02200 INTERDOCATION EVAL F2F IMADI ANTARI F CVAMNITR CVC	OD Hass / Arab Courses Contag (ACC) Dress dores	~	Vo	members under 18.
93290 INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	-	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
02204 INTERROCATION EVALUATION IN DERCON U.D. CYCTEM	OD Haard Arab Course w. Contant (ACC) Bus and una	~	Vo	members under 18.
93291 INTERROGATION EVALUATION IN PERSON ILR SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures	.~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
22222 INTERROCATION EVAL IN REPCONDAD RESIDENT ATOR			No.	members under 18.
93292 INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
			16-	members under 18.
93293 TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93294 INTERROGATION EVAL REMOTE 90 D 1/2/MLT LEAD PM</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>γ~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93295 INTERROGATION EVAL REMOTE 90 D 1/2/MLT LD DFB</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>Y~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93296 INTERROGATION REMOTE 90 D TECHNICIAN REVIEW</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>Y~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93297 INTERROGATION EVAL REMOTE 30 D CV MNTR SYS</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>Y~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.

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93298 INTERROGATION EVALUATION REMOTE 30 D ILR SYS</td <td>OP Hosp/Amb Surgery Center (ASC) Procedures</td> <td>~</td> <td>γ~</td> <td>~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for</td>	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93319 3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93462 LEFT HEART CATH BY TRANSEPTAL PUNCTURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93503 INSERTION FLOW DIRECTED CATHETER FOR MONITORING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93505 ENDOMYOCARDIAL BIOPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93567 NJX SUPRAVALV AORTOG HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93568 NJX PULMONARY ANGIO HRT CATH W/S&I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93580 PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93581 PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	or risspy, and surgery server (rissy risseaucres	•		members under 18.
93582 PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members ≥18, Send to Health Plan for
JULIAN TRANSCATTI CEGUNE LAT DOCT ARTERIOSOS	or riospy Amb surgery center (Ase) rioccuures	•	'	members under 18.
93583 PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
JSSSS TERCOTANICOS TRANSCATTETER SELTAE REDOCTION THER	or riospy Amb surgery center (Ase) rroccuures		'	members under 18.
93590 PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
95590 PERQ TRANSCATH CLS PARAVALVE LEAK I WITTAL VALVE	OF Hosp/Allib Surgery Center (ASC) Procedures		, i	_
OSEGA DEDO TRANSCATU CIC DADAVALVE LEAK A AODTIC VALVE	OD Haar (Arab Surram Contan (ASS) Dread has	~	\/o ₁	members under 18.
93591 PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures		γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
)/a:	members under 18.
93593 R HRT CATH CHD W/IMG CATH TRGT ZONE NML NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93594 R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NTVE CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93595 L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NTV CNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93596 R & L HRT CATH CHD IMG CATH TRGT ZONE NML NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93597 R & L HRT CATH CHD IMG CATH TRGT ZON ABNL NTV CONNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93598 CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93600 BUNDLE OF HIS RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93602 INTRA-ATRIAL RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93603 RIGHT VENTRICULAR RECORDING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93610 INTRA-ATRIAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	02 , 22 22 (22) 22 22 23 25 25			members under 18.
93612 INTRAVENTRICULAR PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93613 INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
	- 1.55p, 25. go. j - 55. kg. j 1.55caa.cs			members under 18.
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93615 ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93616 ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
93618 INDUCTION ARRHYTHMIA ELECTRICAL PACING	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93619 COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93620 COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
				members under 18.
93623 PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	and the second s			members under 18.
93624 ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	01 1165p/111112 cut 8ct y cetter (1.666) 1166cuut cs		·	members under 18.
93631 INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
93031 INTRAOF EFICAR AND ENDOCAR FACE AND MAPE	Or Hospi Allib Surgery Center (ASC) Procedures	'	'	members under 18.
03640 FDUVE EVAL DACC CVDED LDE INITIAL IMADI AN /DEDI ACE	OD Hosp /Amb Surgery Contex /ASC) Procedures	~	γ~	
93640 EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	OP Hosp/Amb Surgery Center (ASC) Procedures		Y	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
03644 FRUNC EVAL RACC CV/DER LDC VA/TCTC OF RUICE CENT	OB Harris Arch Control (ACC) Broad and	~	No.	members under 18.
93641 EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93642 EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Y~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
93644 EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
93650 ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93653 EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93654 EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
93656 EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members_>18, Send to Health Plan for
				members under 18.
93660 CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
	01 1165p/111112 cut 8ct y cetter (1.666) 1166cuut cs		·	members under 18.
93662 INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S & I	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
33002 INTRACARD ECHOCARD W/ THER/ DX TVIVIS INCE IIVIG 3 & I	Or Hospi Allib Surgery Center (ASC) Procedures		'	members under 18.
93724 ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	OD Hosp /Amb Surgary Contar (ASC) Procedures	~	γ~	
93724 ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	OP Hosp/Amb Surgery Center (ASC) Procedures		T T	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
02704 ANADI DID DDECC W/TADEQ /DICK 24/5 LID ALVC IQ D	OD Harry Arrah Course on Courtery (ACC) Decordings	~	Voi	members under 18.
93784 AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	OP Hosp/Amb Surgery Center (ASC) Procedures	,,,	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
00706				members under 18.
93786 BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	OP Hosp/Amb Surgery Center (ASC) Procedures	~	Υ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
93788 AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members <u>></u> 18, Send to Health Plan for
				members under 18.
93790 AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	OP Hosp/Amb Surgery Center (ASC) Procedures	~	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members > 18, Send to Health Plan for
				members under 18.
95249 CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
96567 PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
96570 PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
96571 PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) procedures	Υ		
	1, 0,			· · · · · · · · · · · · · · · · · · ·

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96573 PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96574 DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96900 ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96902 MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96910 PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96912 PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96913 PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96920 LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96921 LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96922 LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96931 RCM CELULR AND SBCELULR SKN IMGNG IMG ACQ I&R 1ST LESION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96932 RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96933 RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96934 RCM CELULR AND SBCELULR SKN IMGNG IMG ACQ I&R ADDL LESION	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96935 RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
96936 RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
0095T RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0098T REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0402T COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0421T TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0671T INSJ ANT SGM DRG DEV TRAB MW W/O RES AND CTRC RMVL1 PLUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0672T NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK AND URT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0673T ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0674T LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0675T LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0676T LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0677T LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0678T LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0679T LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0680T INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0681T RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0682T REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0683T PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0684T PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0685T INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0686T HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0687T TX AMBLYOPIA DEV SUPLY EDUCATIONAL SETUP 1ST SES	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0688T TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0707T NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
0809T ARTHRD SI JT PERQ PLMT TFX DEV & I-ARTIC IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C1825 GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C1831 PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C2616 BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
C9734 FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
C9738 ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
C9739 CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
C9740 CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
C9757 LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9761 CYSTO URS &/PYELOSCPY LITH & VAC ASPIR KDNY COLLCTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9764 REV EVAR OPEN/PERQ ANY VESSEL; IV LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
STATE THE STATE OF LIGHT TESSELFATE ENTROTHERS	J Jop/ into Janger y Center (1.50) i roccaures	•	

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C9765 REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9766 REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9767 REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9769 CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9770 VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOL AGENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9771 NASAL/SINUS ENDO CRYO NSL TISS AND / NERVE UNIL/BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9772 RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9773 RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9774 RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
C9775 RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
J7330 AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
S2095 TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) procedures	Υ	
S2118 METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Υ	
27279 ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Υ	
62263 PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Υ	
62264 PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y	
62320 NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y	
62321 NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y	
62322 NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y	
62323 NJX DX THER SBST INTRLMNR LMBR SAC W IMIG GDN	Pain Management Procedures	V	
62351 IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	V	
62360 IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y	
		Y	
	Pain Management Procedures	Y	
62362 IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	•	
63650 PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Υ	
63655 LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y	
63662 RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	Y	
63663 REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Υ	
63664 REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y	
63685 INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Υ	
63688 REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Υ	
64450 INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Υ	No PA required in office or ASC setting. PA required if done in hospital setting
			outside of another procedure. No PA required if combined with another surgical
			procedure.
64451 INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Υ	
64454 INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Υ	
64479 NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Υ	
64480 NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Υ	
64483 NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Υ	
64484 NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Υ	
64487 TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	Υ	
64490 NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Υ	
64491 NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Υ	
64492 NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Υ	
64493 NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Υ	
64494 NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y	
64495 NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y	
64624 DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	· Y	
64625 RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y	
64628 THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	V	
07020 THEMMAL DOTTO INTIMACOSCOS DVIV 131 Z LIVIDINGSAC	i ani management i roccuares	ı	

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64629 THERMAL DSTRCTN INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Dain Management Procedures	V	
·	Pain Management Procedures	T V	
	Pain Management Procedures	Y	
64634 DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	V	
64635 DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y	
64636 DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	<u>'</u>	
64640 DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y	For CT. DA control of the Market and Latting A. C. Market and
92507 TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y	For ST, PA required after initial evaluation + 6 visits/year.
92508 TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	Y	For ST, PA required after initial evaluation + 6 visits/year.
92526 TX SWALLOWING DYSFUNCTION &/ORAL FUNCTN FEEDING	Physical, Occupational, and Speech Therapy	Y	
93797 OUTPATIENT CARDIAC REHAB W/CONT ECG MONITOR	Physical, Occupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
93798 OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	Physical, Occupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
94625 PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
94626 PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
97110 THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97112 THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97113 THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97116 THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97129 THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
97130 THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97140 MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97150 THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97530 THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97533 SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97535 SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.
97542 WHEELCHAIR MGMT EA 15 MIN	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
97750 PHYSICAL PERFORMANCE TEST/MSRMNT W RPRT EA 15 MIN	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
97755 ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
97763 ORTHOTICS/PROSTH MGMT &/TRAINING SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
G0129 OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION	Physical, Occupational, and Speech Therapy	V	For PT/OT, PA required after initial evaluation + 12 visits/year.
G0237 MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
GOZZI WOJELESTACE TO TACE ONE ON ONE EACH 13 WINOTES	i frysical, Occupational, and Speccif Therapy	'	require PA where covered.
G0238 TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
GOZSO TA PROCTIVIPRY RESPTONCT NOT GOZS/ TCE-TCE ISWIN	Friysical, Occupational, and Speech Therapy	1	require PA where covered.
CO220 TV DDOC IMADDA DECD FLINICT/INICD DECD MALISC 2 OD CT INID	Dhysical Occupational and Speech Thorany	Υ	
G0239 TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2 OR GT IND	Physical, Occupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
COADD INTENCIVE CARD DELIAR WAYNO CONT. FCC MON WAYEVER	Dhaire Connection of Connect Theory		require PA where covered.
G0422 INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER	Physical, Occupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
G0423 INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
S8990 PHYSICAL MANIP TX MAINT RATHER THAN RESTORATION	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
S9090 VERTEBRAL AXIAL DECOMPRESSION PER SESSION	Physical, Occupational, and Speech Therapy	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
S9472 CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
S9473 PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Physical, Occupational, and Speech Therapy	Υ	Allow first visit for cardiopulmonary rehab without PA. All additional visits will
			require PA where covered.
S9476 VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM	Physical, Occupational, and Speech Therapy	Υ	For PT/OT, PA required after initial evaluation + 12 visits/year.

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K1022 ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	Prosthetics & Orthotics Y	
L0452 TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics Y	
L0480 TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics Y	
L0482 TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics Y	
L0484 TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics Y	
L0486 TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics Y	
L0622 SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics Y	
L0637 LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics Y	
L0640 LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics Y	
L0650 LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics Y	
L0700 CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics Y	
L0710 CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics Y	
L1000 CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics Y	
L1005 TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics Y	
L1110 ADD CTLSO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics Y	
L1640 HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics Y	
L1680 HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics Y	
L1685 HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics Y	
L1700 LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics Y	
L1710 LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics Y	
L1720 LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Prosthetics & Orthotics Y	
L1730 LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics Y	
L1755 LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics Y	
L1834 KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics Y	
L1840 KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics Y	
L1844 KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics Y	
L1846 KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics Y	
L1860 KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics Y	
L1900 AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics Y	
L1904 ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics Y	
L1907 ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics Y	
L1920 AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics Y	
L1940 ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics Y	
L1945 AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics Y	
L1950 ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics Y	
L1960 AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics Y	
L1970 AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics Y	
L1980 AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics Y	
L1990 AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics Y	
L2000 KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics Y	
L2005 KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics Y	
L2006 KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics Y	-
L2010 KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics Y	
L2020 KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics Y	
L2030 KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics Y	
L2034 KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics Y	
L2036 KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics Y	
L2037 KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics Y	
L2038 KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics Y	
L2050 HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics Y	
L2030 HIKALO TONSION CHITE BIL TONSION CADLES CSTINI FAD	r rosuleues & Orthones	

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		1	T	
L2060 HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	Υ		
L2080 HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	Υ		
L2090 HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Υ		
L2106 AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Υ		
L2108 AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Υ		
L2126 KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Υ		
L2128 KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Υ		
L3761 ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Prosthetics & Orthotics	Υ		
L4631 AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Υ		
L5856 ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Υ		
L5857 ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Υ		
L5858 ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Υ		
L5859 ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Υ		
L6026 TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Υ		
L7259 ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Υ		
L7700 GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Prosthetics & Orthotics	Υ		
L8033 NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Υ		
L8614 COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y		
L8625 EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Prosthetics & Orthotics	Y		
L8692 AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	· Y		
L8694 AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Prosthetics & Orthotics	Y		
S1040 CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	V		
76965 US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
70303 03 GOIDANGE INTERSTITIAE RADIOEEMENT ALT EIGATION	Radiation merapy & Radio Surgery		•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77011 CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77011 CI GOIDANCE STEREOTACTIC LOCALIZATION	Radiation merapy & Radio Surgery		•	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77014 CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77014 CI GOIDANCE RADIATION THERAFT LEDS FLACEIVENT	Radiation merapy & Radio Surgery		ľ	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77261 THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	γ~	
77261 THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery		Ť	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77262 THED DAD TV DININING INTDM	Dadiation Thorony & Dadia Current	~	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77262 THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery		Υ	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
772C2 THER BAR TV BINNING CRLV	Dadiation Thomas Q Dadia Company	~	Vo	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77263 THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery		γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
THE BAR CIVAL ALADER FIELD CETTING CIVARIE	D 1: 1: TI 0 D 1: C		. Va.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77280 THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77285 THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77290 THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77293 RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77295 3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77299 UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77300 BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77301 NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
<u> </u>	•			, , , , , , , , , , , , , , , , , , , ,

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77306 TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77307 TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77316 BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77317 BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77318 BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77321 SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77331 SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77332 TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77333 TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77334 TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77336 CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77338 MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77370 SPEC MEDICAL RADJ PHYSICS CONSLTJ	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	, , , , , , , , , , , , , , , , , , , ,			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77371 RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77372 RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	, , , , , , , , , , , , , , , , , , , ,			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77373 STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77385 INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	The state of the s			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77386 INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
7,330 11112113111 11103 02 1123 111311111111 171 32111 001111 1221	radiation merupy a radio surgery			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77387 GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77307 GOID/WOLFON LOGILLS TAINGLE VOLFON WILLS TAI DEVIN	Tradition Therapy & Tradic Surgery			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77401 RADIATION TX DELIVERY SUPERFICIAL & ORTHO VOLTA	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
177401 MADIATION IX DELIVERT SOF ENTICIAL & ONTITIO VOLTA	Radiation merupy & Radio Surgery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77402 RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77402 KADIATION TREATMENT BELIVERT I WEV 1 E03 SIMILE	Radiation merupy & Radio Surgery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77407 RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
7,740, MADIATION IN DELIVERY I WILL EQUAL TO GI INTERIVIEDIATE	Tradiation Therapy & Italio Suigery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77412 RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
7/412 RADIATION INLATIVIENT DELIVERT I WEV EQUVER COMPLEX	nadiation merapy & nadio surgery		T T	
77/17 THERADELITIC RADIOLOGY BODT IMACES(S)	Padiation Thorany & Padia Surgary	~	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77417 THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery		Ť	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77/22 LII ENDOV NEUTDON DADTNI TV DIVO 4 OD ODT ISOCENTED	Padiation Thorany 9 Padia Correct	~	V~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77423 HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery		Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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77427 RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77431 RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
, and the second	1,7			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77432 STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	The state of the s			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77435 STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77.65 012.12017.01.02011.0001.01.0001.01.0001.00	manation merapy a made surgery			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77470 SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77470 SI EGIAE INEATIVIENT I NOCEDONE	Radiation Therapy & Radio Surgery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77499 UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77433 ONLISTED TROCEDORE TIME TO INCIDENCE TO INCIDENCE	Radiation Therapy & Radio Sargery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77520 PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77320 PROTON TX DELIVERT SHVIFEE W O CONFENSATION	Radiation Therapy & Radio Surgery	1	'	•
77522 PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Υ	γ~	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77522 PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	T	T	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77522 BROTON TV DELIVERY INTERNACRIATE	Dadistica Thansa O Dadis Casas	V	No.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77523 PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77525 PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77750 NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77761 INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77762 INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77763 INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77767 HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77768 HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTPLE	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
LESION	1,			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77770 HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
	31,7 31 31 32 7			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77771 HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77771 HISTORIAN CONTROLLA STATE OF THE STATE	manation merapy a made surgery			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77772 HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
17772 HOR RONGE WHOTE, INTERNAL BRACITITA OT 12 CHANNELS	Radiation Therapy & Radio Surgery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77778 INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77778 INTERSTITIAL NADIATION SOURCE AFFEIC CONFEEX	Radiation Therapy & Radio Surgery		'	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77789 SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Padiation Thorany & Padia Curgony	~	γ~	
77789 SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery		T	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
77700 CUREDVICION HANDUNG LOADING DADIATION COURCE	Dadistica Thansa O Dadis Casas	~	No.	Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
77790 SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9513 LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9543 YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Υ	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9590 IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.

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A9600 STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Υ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9604 SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9606 RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G0339 IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G0340 IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6001 ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6002 STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6003 RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6004 RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6005 RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6006 RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6007 RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6008 RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6009 RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6010 RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6011 RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6012 RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6013 RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6014 RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6015 INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6016 COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
G6017 INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
				Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
95805 MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Υ		
95807 SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Υ		
95808 POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Υ		
95810 POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Υ		
95811 POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Υ		

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33935 HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC Transplants/Gene Therapy Y 33940 DONOR CARDIECTOMY Transplants/Gene Therapy Y 33944 BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT Transplants/Gene Therapy Y 33945 HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY Transplants/Gene Therapy Y 33995 INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY Transplants/Gene Therapy Y
33940DONOR CARDIECTOMYTransplants/Gene TherapyY33944BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFTTransplants/Gene TherapyY33945HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMYTransplants/Gene TherapyY33995INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLYTransplants/Gene TherapyY
33944 BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT Transplants/Gene Therapy Y 33945 HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY Transplants/Gene Therapy Y 33995 INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY Transplants/Gene Therapy Y
33945 HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY Transplants/Gene Therapy Y 33995 INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY Transplants/Gene Therapy Y
33945 HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY Transplants/Gene Therapy Y 33995 INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY Transplants/Gene Therapy Y
33995 INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY Transplants/Gene Therapy Y
38206 BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO Transplants/Gene Therapy Y
38230 BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC Transplants/Gene Therapy Y
38240 TRNSPLI ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR Transplants/Gene Therapy Y
38241 TRNSPLI AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR Transplants/Gene Therapy Y
38242 ALLOGENEIC LYMPHOCYTE INFUSIONS Transplants/Gene Therapy Y
38243 TRNSPLI HEMATOPOIETIC CELL BOOST Transplants/Gene Therapy Y
44132 DONOR ENTERECTOMY OPEN CADAVER DONOR Transplants/Gene Therapy Y
44133 DONOR ENTERECTOMY OPEN LIVING DONOR Transplants/Gene Therapy Y
44135 INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR Transplants/Gene Therapy Y
44136 INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR Transplants/Gene Therapy Y
44137 RMVLTRNSPLED INTESTINAL ALLOGRAFT COMPL Transplants/Gene Therapy Y
44715 BKBENCH PREP CADAVER LIVING DONOR INTESTINE Transplants/Gene Therapy Y
44720 BKBENCH RCNSTJ INT ALGRET VEN ANAST EA Transplants/Gene Therapy Y
44720 BKBENCH RCNSTJ INT ALGRET VEN ANAST EA Transplants/Gene Therapy 44721 BKBENCH RCNSTJ INT ALGRET ARTL ANAST EA Transplants/Gene Therapy Y
47133 DONOR HEPATECTOMY CADAVER DONOR Transplants/Gene Therapy Y
47140 DONOR HEPATECTOMY LIVING DONOR SEG II AND III Transplants/Gene Therapy Y
47141 DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV Transplants/Gene Therapy Y
47142 DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI Transplants/Gene Therapy Y
47143 BKBENCH PREP CADAVER DONOR Transplants/Gene Therapy Y
47144 BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII Transplants/Gene Therapy Y
47145 BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI Transplants/Gene Therapy Y
47146 BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA Transplants/Gene Therapy Y
47147 BKBENCH RCNSTJ LVR GRF ARTL ANAST EA Transplants/Gene Therapy Y
48160 PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS Transplants/Gene Therapy Y
48550 DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT Transplants/Gene Therapy Y
48551 BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT Transplants/Gene Therapy Y
48552 BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA Transplants/Gene Therapy Y
48554 TRANSPLANTATION PANCREATIC ALLOGRAFT Transplants/Gene Therapy Y
48556 RMVL TRANSPLANTED PANCREATIC ALLOGRAFT Transplants/Gene Therapy Y
50300 DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL Transplants/Gene Therapy Y
50320 DONOR NEPHRECTOMY OPEN LIVING DONOR Transplants/Gene Therapy Y
50323 BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT Transplants/Gene Therapy Y

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		I			
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y		
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y		
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y		
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y		
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y		
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Υ		
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Υ		
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Υ		
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Υ		
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	Υ		
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Υ		
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	Y		
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	Y		
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y		
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Υ		
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Υ		
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y		
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	Y		
1	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	γ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
Q20.1		Transplants, delle therap,	·	•	healthplan. For Adults \geq 18 with cancer diagnosis, direct request to NCH.
02042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	γ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
QZ04Z	TISAGENEECEE TO GOO WI CART OS VIT CETER TO	Transplants, delic Therapy	'	'	healthplan. For Adults \geq 18 with cancer diagnosis, direct request to NCH.
02042	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	γ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
Q2043	SIPULLUCLE-1 AUTU CD34 PLU3	Transplants/Gene Therapy	'	ı	
02052	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	γ~	healthplan. For Adults > 18 with cancer diagnosis, direct request to NCH.
Q2053	BREXUCABIAGENE CAR POST	Transplants/Gene Therapy		ř	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
02054	LAA CT OD FOLIAL TO 440 MIL ALITOL ANTI CD40 CAD DOC MADI T	Transactories (Constitutions)	V	Vo	healthplan. For Adults > 18 with cancer diagnosis, direct request to NCH.
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	γ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
00055		- 1 . /0!			healthplan. For Adults > 18 with cancer diagnosis, direct request to NCH.
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	Υ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
					healthplan. For Adults > 18 with cancer diagnosis, direct request to NCH.
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Υ~	~APPLIES TO WA: For Pediatrics and non cancer diagnosis direct request to the
					healthplan. For Adults <u>></u> 18 with cancer diagnosis, direct request to NCH.
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y		
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y		
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y		
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y		
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y		
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y		
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y		
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y		
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Υ		
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	Y		
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y		
A0080	NONEMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY	Transportation Services	NC		
	VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED				
	INTEREST				
A0090		Transportation Services	NC		
	INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST		_		
A0100	NONEMERGENCY TRANSPORTATION; TAXI	Transportation Services	NC		
0200	The state of the s		110		

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A0110 NONEMERG TRNSPRT & BUS INTRA-/INTERSTATE CARRIER	Transportation Services	NC		
A0120 NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS	Transportation Services	NC		
A0130 NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	Transportation Services	NC		
A0140 NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR	Transportation Services	NC		
COMMERCIAL) INTRA- OR INTERSTATE				
A0160 NONEMERG TRNSPRT: PER MILE-CASE SOCIAL WORKER	Transportation Services	NC		
A0170 TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTHR	Transportation Services	NC		
A0180 NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	Transportation Services	NC		
A0200 NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING, ESCORT	Transportation Services	NC		
A0210 NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS, ESCORT	Transportation Services	NC		
A0426 AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Transportation Services	NC		
A0428 AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Transportation Services	NC		
A0430 AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y		
A0431 AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y		
	·			
S0215 NON-EMERGENCY TRANSPORTATION; PER MILE	Transportation Services	NC		
S9960 AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	NC		
S9961 AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	NC		
T2005 NONEMERGENCY TRANSPORTATION; STRETCHER VAN	Transportation Services	NC		
T2049 NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE	Transportation Services	NC		
01999 UNLISTED ANESTHESIA PROCEDURE	Unlisted/Miscellaneous	Y		
15999 UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous	Y		
17999 UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y		
19499 UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y		
20999 UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous	Y		
21089 UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y		
21299 UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y		
21499 UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous	Y		
21899 UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous	Y		
22899 UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y		
22999 UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y		
23929 UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y		
24999 UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous	Y		
25999 UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous	Y		
26989 UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y		
27299 UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y		
27599 UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous	Y		
27899 UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous	Y		
28899 UNLISTED PROCEDURE FOOT/TOES	Unlisted/Miscellaneous	Y		
29999 UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y		
30999 UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y		
31299 UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous	Y		
31599 UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous	Y		
31899 UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous	Y		
32999 UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous	Y		
33999 UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous	Y		
36299 UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous	Y		
37501 UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	Y	γ~	~APPLIES TO MI, OH, WA: Send to NCH for members >18, Send to Health Plan for
		'	•	members under 18.
37799 UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	V		members under 10.
55 TONEISTED I NOCEDONE WISCOUNT SONGEN	o.motea/ itiloccilaricoas	I		

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38129 UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Inlisted/Miscellaneous Y	
38589 UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Inlisted/Miscellaneous Y	
38999 UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Inlisted/Miscellaneous Y	
39499 UNLISTED PROCEDURE MEDIASTINUM	Inlisted/Miscellaneous Y	
39599 UNLISTED PROCEDURE DIAPHRAGM	Inlisted/Miscellaneous Y	
40799 UNLISTED PROCEDURE LIPS	Inlisted/Miscellaneous Y	
40899 UNLISTED PROCEDURE VESTIBULE MOUTH	Inlisted/Miscellaneous Y	
41599 UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Inlisted/Miscellaneous Y	
42299 UNLISTED PROCEDURE PALATE UVULA	Inlisted/Miscellaneous Y	
42699 UNLISTED PX SALIVARY GLANDS DUCTS	Inlisted/Miscellaneous Y	
42999 UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Inlisted/Miscellaneous Y	
43289 UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Inlisted/Miscellaneous Y	
43499 UNLISTED PROCEDURE ESOPHAGUS	Inlisted/Miscellaneous Y	
43659 UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Inlisted/Miscellaneous Y	
43999 UNLISTED PROCEDURE STOMACH	Inlisted/Miscellaneous Y	
44238 UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Inlisted/Miscellaneous Y	
44799 UNLISTED PROCEDURE SMALL INTESTINE	Inlisted/Miscellaneous Y	
44899 UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Inlisted/Miscellaneous Y	
44979 UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Inlisted/Miscellaneous Y	
45399 UNLISTED PROCEDURE COLON	Inlisted/Miscellaneous Y	
45499 UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Inlisted/Miscellaneous Y	
45999 UNLISTED PROCEDURE RECTUM	Inlisted/Miscellaneous Y	
46999 UNLISTED PROCEDURE ANUS	Inlisted/Miscellaneous Y	
47379 UNLIS LAPAROSCOPIC PROCEDURE LIVER	Inlisted/Miscellaneous Y	
47399 UNLISTED PROCEDURE LIVER	Inlisted/Miscellaneous Y	
47579 UNLISTED FROCEDORE EIVER 47579 UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Inlisted/Miscellaneous Y	
47999 UNLISTED PROCEDURE BILIARY TRACT	Inlisted/Miscellaneous Y	
48999 UNLISTED PROCEDURE PANCREAS	Inlisted/Miscellaneous Y	
49329 UNLISTED PROCEDURE PANCREAS 49329 UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Inlisted/Miscellaneous Y	
	Inlisted/Miscellaneous Y	
	Inlisted/Miscellaneous Y	
50549 UNLISTED LAPAROSCOPY PROCEDURE RENAL	Inlisted/Miscellaneous Y	
50949 UNLISTED LAPAROSCOPY PROCEDURE URETER	Inlisted/Miscellaneous Y	
51999 UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Inlisted/Miscellaneous Y	
53899 UNLISTED PROCEDURE URINARY SYSTEM	Inlisted/Miscellaneous Y	
54699 UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Inlisted/Miscellaneous Y	
55559 UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Inlisted/Miscellaneous Y	
55899 UNLISTED PROCEDURE MALE GENITAL SYSTEM	Inlisted/Miscellaneous Y	
58578 UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Inlisted/Miscellaneous Y	
58579 UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Inlisted/Miscellaneous Y	
58679 UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Inlisted/Miscellaneous Y	
58999 UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Inlisted/Miscellaneous Y	
59897 UNLISTED FETAL INVASIVE PX W ULTRASOUND	Inlisted/Miscellaneous Y	
59898 UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Inlisted/Miscellaneous Y	
59899 UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Inlisted/Miscellaneous Y	
60659 UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Inlisted/Miscellaneous Y	
60699 UNLISTED PROCEDURE ENDOCRINE SYSTEM	Inlisted/Miscellaneous Y	
64999 UNLISTED PROCEDURE NERVOUS SYSTEM	Inlisted/Miscellaneous Y	
66999 UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Inlisted/Miscellaneous Y	
67299 UNLISTED PROCEDURE POSTERIOR SEGMENT	Inlisted/Miscellaneous Y	

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Commonwealth Comm	C7200 LINUIGTED DDOCEDURE EVTDA OCULAD MALICOLE	11-12-1-1/8/2	V		
Description Procedure Procedure Continents Y	67399 UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous	Y		
BIASTO PROCEDURE CONTROLATIVA Unistant/Miscralimonus Y		·	Y		
MINISTED PROCEDURE LATERNAL SYSTEM United-Ministeniumous Y		·	Y		
UNIS 15P PROCEOUNE INTERNAL EAR United photocologies Y Y		·	'		
UNISTED PROCEDURE MIDDLE FAX UNISTED PROCEDURE MIDDLE FAX UNISTED PROCEDURE MIDDLE FAX UNISTED PROCEDURE MIDDLE FAXOR MIDDLE FOSSA Unisted Middle Collinerous Y		•	ı		
BOSPS UNISTED PROCEDURE INNER EAR					
MUSTED PROCEDURE TYPEDAL ROYN MIDIT FOSSA Unised/Miscellaneous Y Y Y Y Y Y Y Y Y		· · · · · · · · · · · · · · · · · · ·	Υ		
MUSTED PLUDOSCOPE PROCEDURE Undisted/Miscellaneous Y Y TAPPLES TO WAI For Adults £18 with cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non cancer diagnosis, and podiatrics send request to NCH For Inpatient, non Cancer dinpatient, non cancer diagnosis, and podiatrics send request to NC		·	Υ		
United Miscription Disconstructions Y Paper To Mark Tor Adults 218 with cancer diagnosis, direct request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer diagnosis, and pediatrics send request to NCH. For Impatient, non cancer d	69979 UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	·	Υ		
UNLISTED PROCEDUR CLINICAL BRACHYTHERAPY UNLISTED PROCEDUR PX DX NUCLEAR MEDICINE UNLISTED PROCEDUR PX DX NUCLEAR MEDICINE UNLISTED CASTRONINEST NIAL PX DX NUCLEAR MEDICINE UNLISTED DESIRATORY PX DX NUCLEAR MEDICINE UNISTED MEDICINEST NIAL DX NUCLEAR MEDICINE UNLISTED	76496 UNLISTED FLUOROSCOPIC PROCEDURE	Unlisted/Miscellaneous	Υ		
Impalient, non cancer diagnosis, and pediatrics send request to Health Plan.	76499 UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Unlisted/Miscellaneous	Υ		
VILISTED PROCEDURE CURICAL BRACHTHERAPY	77399 UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
	77799 UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	Υ	γ~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
1815 WILLS FEMATOR RETENDO AND LYMPHATIC DX NUC MEP					Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
1815 WILLS FEMATOR RETENDO AND LYMPHATIC DX NUC MEP	78099 UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Υ		
182390 UNILSTED GASTRONTESTINAL PX XX NUCLEAR MEDICINE			Υ		
18399 UNISTED MUSCULOSKLETAL PX DX NUCLEAR MEDICINE		•	Υ		
18299 UNILSTED RESPIRATORY PR DX NUCLEAR MEDICINE			Υ		
28699 UNILSTED RENOUS SYSTEM PX DX NUCLEAR MEDICINE			Y		
187999 UNLISTED GENTOURINARY PX DX NUCLEAR MEDICINE			· Y		
188999 UNILSTED MISCELLANDOUS P. V. N. V.		· · · · · · · · · · · · · · · · · · ·	·		
19999 RP THERAPY UNLISTED PROCEDURE		·	· V		
B0299 QUANTITATION DRUG NOT ELSEWHERE SPECIFIED Unitsted/Miscellaneous Y V B1099 UNLISTED URINALYSIS PROCEDURE Unitsted/Miscellaneous Y V UNLISTED URINALYSIS PROCEDURE Unitsted/Miscellaneous Y V UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE Unitsted/Miscellaneous Y V UNLISTED IMMUNOLOGY UNITSTED IMMUNOLOGY UNITSTED IMMUNOLOGY UNITSTED IMMUNOLOGY UNITSTED IMMUNOLOGY V UNITSTED IMMUNOLOGY V UNITSTED CYTOCATHOLOGY PROCEDURE UNITSTED IMMUNOLOGY PROCEDURE UNITSTED VICIOGENETIC STUDY UNITSTED IMMUNOLOGY PROCEDURE UNITSTED UNITSTED UNICOGENETIC STUDY UNITSTED UNITSTED UNICOGENETIC STUDY UNITSTED UNITSTED UNICOGENETIC STUDY UNITSTED UNI		·	· · · · · · · · · · · · · · · · · · ·		
Samp		·	'		
SSSP99 UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE Unlisted/Miscellaneous Y		· ·	<u>'</u>		
B6848 SKIN TEST UNILSTED ANTIGER EACH			' <u>'</u>		
B6899 UNLISTED IMMUNOLOGY			'		
R6999 UNLISTED TRANSFUSION MEDICINE PROCEDURE Unlisted/Miscellaneous Y			'		
R7797 IADNA NOS DIRECT PROBE TQ EACH ORGANISM			Y		
RAT798 IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM		•	Y		
R7799 IADNA NOS QUANTIFICATION EACH ORGANISM	`	•	Y		
87899 IAADIADOO NOT OTHERWISE SPECIFIED Unlisted/Miscellaneous Y 87999 UNLISTED MICROBIOLOGY Unlisted/Miscellaneous Y 88099 UNLISTED DECROPSY PROCEDURE Unlisted/Miscellaneous Y 88199 UNLISTED CYTOPATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88299 UNLISTED CYTOPATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88399 UNLISTED CYTOGENETIC STUDY UNLISTED SURGICAL PATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 98390 UNLISTED IN VIVO LABORTORY SERVICE Unlisted/Miscellaneous Y 98240 UNLISTED IN VIVO LABORTORY SERVICE UNLISTED VECCION SERVICE PROCEDURE UNLISTED WACCINE TOXOID UNLISTED WACCINE TOXOID UNLISTED VECCINE TOXOID UNLISTED VECCINE TOXOID UNLISTED DAGORITE CSERVICE PROCEDURE UNLISTED DAGORITE CSERVICE PROCEDURE UNLISTED DAGORITE CASTROENTEROLOGY PROCEDURE UNLISTED DAGORITE CASTROENTEROLOGY PROCEDURE UNLISTED DAGORITE CASTROENTEROLOGY PROCEDURE UNLISTED DOPHTHALMOLOGICAL SERVICE PROCEDURE UNLISTED OTORHINOLARYNGOLOGICAL SERVICE UNL		•	Y		
87999 UNLISTED MICROBIOLOGY Unlisted/Miscellaneous Y 88099 UNLISTED NECROPSY PROCEDURE Unlisted/Miscellaneous Y 88199 UNLISTED CYTOPATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88299 UNLISTED CYTOPATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88299 UNLISTED SURGICAL PATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88399 UNLISTED SURGICAL PATHOLOGY PROCEDURE Unlisted/Miscellaneous Y 88749 UNLISTED IN VIVO LABORTORY SERVICE Unlisted/Miscellaneous Y 88240 UNLISTED IN VIVO LABORTORY SERVICE Unlisted/Miscellaneous Y 89398 UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE Unlisted/Miscellaneous Y 89399 UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE Unlisted/Miscellaneous Y 90399 UNLISTED INMUNE GLOBULIN Unlisted/Miscellaneous Y 90749 UNLISTED VACCINE TOXOID Unlisted/Miscellaneous Y 90899 UNLISTED DAGACINE TOXOID Unlisted/Miscellaneous Y 90899 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE Unlisted/Miscellaneous Y 902499 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE Unlisted/Miscellaneous Y 902499 UNLISTED DOPHTHALMOLOGICAL SERVICE PROCEDURE Unlisted/Miscellaneous Y 902490 UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE Unlisted/Miscellaneous Y 903799 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE Unlisted/Miscellaneous Y 903799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y 903799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y		· ·	Y		
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90749 UNLISTED VACCINE TOXOID Unlisted/Miscellaneous Y 90899 UNLISTED PSYCHIATRIC SERVICE PROCEDURE Unlisted/Miscellaneous Y 91299 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE Unlisted/Miscellaneous Y 92499 UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE Unlisted/Miscellaneous Y 92700 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE Unlisted/Miscellaneous Y 93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y 93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	89398 UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous	Υ		
90899 UNLISTED PSYCHIATRIC SERVICE PROCEDURE Unlisted/Miscellaneous Y 91299 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE Unlisted/Miscellaneous Y 92499 UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE Unlisted/Miscellaneous Y 92700 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE Unlisted/Miscellaneous Y 93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	90399 UNLISTED IMMUNE GLOBULIN	Unlisted/Miscellaneous	Y		
91299 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE Unlisted/Miscellaneous Y 92499 UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE Unlisted/Miscellaneous Y 92700 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE Unlisted/Miscellaneous Y 93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	90749 UNLISTED VACCINE TOXOID	Unlisted/Miscellaneous	Υ		
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92700 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE Unlisted/Miscellaneous Y 93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	91299 UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous	Y		
93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	92499 UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
93799 UNLISTED CARDIOVASCULAR SERVICE PROCEDURE Unlisted/Miscellaneous Y	92700 UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous	Υ		
		•	Υ		
	94799 UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous	Υ		

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05100	LINUICTED ALLEDOV CUNICAL INAMILINOLOGIC CDVC DV	Liplisted /Misselleneeus	V	
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous	Y	
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y	
96203	MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING EA ADDL	Unlisted/Miscellaneous	Y	
96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Unlisted/Miscellaneous	Y	
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	I I	
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous	Y	
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y	
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y	For PT/OT, PA required after initial evaluation + 12 visits/year.
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	Y	
99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous	Y	
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99211	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		,		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		,		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		,		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
			·	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	Υ	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33231	SESQ TIOSETTALE CAREADANT IS WINTO TES	omsted/wiscendieous	·	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33232	SESQ TIOSITIAL CARLY DAT 25 WINTO TES	omsted/wiscenarieous	'	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33233	SBSQ TIOSFITAL CARL/DAT SS WIINOTES	offinsted/Wiscenarieous	'	
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	Unlisted/Miscellaneous	Y	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61. These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINOTES	Offisted/Miscellaneous	T .	
00225	ODCEDVATION/INDATIENT HOCDITAL CARE TO MINUTES	Liplisted /Misselleneeus	Y	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
33235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
00226	ODCEDVATION/INDATIENT LIGEDITAL CARE EE AMAULTEC	Indicted/Missallance	V	of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
00000	HOCDITAL DISCHARGE DAYLARAN OF ASSIST CO. 1991 CO. 17	11-11-1-1/04		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		11.11.11.11.11		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99239	HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

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99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	Unlisted/Miscellaneous	Υ		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	Unlisted/Miscellaneous	Υ		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	Unlisted/Miscellaneous	Υ		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		·			of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
		,			of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
					of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99285	EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ	Unlisted/Miscellaneous	Υ		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33203	LIVIENCE VET VISIT THOM SEVERIT PARTY TO THE	omisted, wiscendificous	·		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33200	FITTS/QTIF DIRECTION EINENGENCT WEDICAL STSTEMS	Offinsted/Wiscenarieous	'		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
33231	CRITICAL CARE ILLYINGORED PATIENT INTI 30-74 WIIN	Offinsted/Miscenarieous	ĭ		
00202	CDITICAL CARE III (INIII IDED DATIENT ADDI 20 MIN	Linisted/Missellaneous	Υ		of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
00440	DRINGS INISTAIT OR ORGANITATION AND MAIGMAIT SPUSIS TIME				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99418	PRLNGD INPTNT OR OBSRVTN VALUATON AND MNGMNT SRVC(S) TIME	Unlisted/Miscellaneous	Y		These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one
	WTH OR WTHOUT DRCT PTNT CNTCT BYND THE RQRD TIME OF THE				of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
	PRMRY SRVC WHN THE PRMRY SRVC LVL HAS BEEN SLCTD USNG TTL				
	TIME, EACH 15 MNTS OF TTL TIME				
	UNLISTED PREVENTIVE MEDICINE SERVICE	Unlisted/Miscellaneous	Y		
	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, 60 MIN	Unlisted/Miscellaneous	NC		
	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, ADDL 30 MIN	Unlisted/Miscellaneous	NC		
	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MIN	Unlisted/Miscellaneous	NC		
99491	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, BY PHYSICIAN	Unlisted/Miscellaneous	NC		
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y		
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y		
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	Υ		
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Υ		
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Υ		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Υ		
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous	Υ		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y		
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous	Y		
A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous	Y		
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y		
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y		
	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous	Y		
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO WA: For Adults ≥18 with cancer diagnosis, direct request to NCH. For
		·			Inpatient, non cancer diagnosis, and pediatrics send request to Health Plan.
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y		, , , , , , , , , , , , , , , , , , , ,
	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y		
5555		1	'		

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B9998 NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y
B9999 NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous	Y
C2698 BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y
C2699 BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y
E0769 ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y
E0770 FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Υ
E1399 DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Υ
E1699 DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Υ
G0501 RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous	Υ
G9012 OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous	Υ
J7599 IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y
J7699 NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y
J7799 NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y
J8597 ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y
K0812 POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y No PA Required with Ocular Diagnosis
K0898 POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Υ
K0899 PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Υ
K1023 DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM	Unlisted/Miscellaneous	Υ
L0999 ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Unlisted/Miscellaneous	Υ
L1499 SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Υ
L2999 LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Υ
L3999 UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Υ
L5999 LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Υ
L7499 UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y
L8039 BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y
L8499 UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	Y
L8698 MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous	Y
L8699 PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y
P9099 BLOOD COMPONENT OR PRODUCT NOC	Unlisted/Miscellaneous	V
P9603 TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous	v
P9604 TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Unlisted/Miscellaneous	v
Q0507 MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	v
Q0508 MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	V
Q0509 MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous	V
	•	Y V
Q2039 INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y V
Q4050 CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous	Y V
Q4051 SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous	Y V
Q4082 DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y V
Q4100 SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y
S0590 INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	Y
S8189 TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y
S9110 TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	Y
S9432 MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	Y
T2050 FINANCIAL MANAGEMENT SELF-DIRECTED WAIVER; PD	Unlisted/Miscellaneous	NC NC
T2051 SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; PD	Unlisted/Miscellaneous	NC .
T5999 SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y
V2199 NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous	Y
V2524 CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y
V2797 VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous	Y
V2799 VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Υ

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V5298 HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y
V5299 HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Υ

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