



New Mexico Medicaid Prior Auth (PA) Code Matrix

Effective January1, 2026

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

We attempt to provide the most current and accurate information on this PA Matrix. **Prior auth is required for all codes listed in this document for all providers unless an exception is noted.**

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 Inpatient Admissions and services require Prior Authorization including: Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) 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 listed in this document that has a temporary code, and are later assigned a new specific code, prior authorization will still be required.

The following services do not require prior authorization:

- *Family planning services, gynecological or obstetrical ultrasounds, practitioner prescribed manual or double electric breast pumps;**
- *Medication assisted treatment and Naloxone (Narcan);**
- *Tobacco cessation services (counseling or replacement products);**
- *Services provided via Indian Health Service, Tribal Health Providers, and Urban Indian Providers.**

Home Health Services - PA is required for all home health services.

Hospice - Par providers: PA is required after the initial sixty (60) day period per rolling year.

Physical Therapy (PT) - Par providers: PA is required after twelve (12) visits per calendar year.

Occupational Therapy (OT) - Par providers: PA is required after twelve (12) visits per calendar year.

Speech Therapy (ST) - Par providers: PA is required after twelve (12) visits per calendar year.

Please fax Medicaid requests for Healthcare Administered Drugs to 833-896-0519.

Service Code	Description	Service Category	Code Notes
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 24 units per calendar year.
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).

0373T	ADAPT BHV TX PRCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0010	ALCOHOL AND / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Notification of placement is required for Adult Accredited Residential Treatment Center (AARTC) services. Prior authorization is required after the first five days.
H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Notification of placement is required for Adult Accredited Residential Treatment Center (AARTC) services. Prior authorization is required after the first five days.
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Notification of placement is required for Adult Accredited Residential Treatment Center (AARTC) services. Prior authorization is required after the first five days.
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	

H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S0201	PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	
15786	ABRASION 1 LESION	Cosmetic, Plastic & Reconstructive Procedures	
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	
15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	

15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	
15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19303	MASTECTOMY SIMPLE COMPLETE	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.

19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer diagnoses.
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	
67900	REPAIR BROW PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Cosmetic, Plastic & Reconstructive Procedures	
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Cosmetic, Plastic & Reconstructive Procedures	
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Cosmetic, Plastic & Reconstructive Procedures	
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	
67909	REDUCTION OVERCORRECTION PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	

67950	CANTHOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
A9276	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	
E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	

E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	
E0301	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	
E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTRRSS	Durable Medical Equipment (DME)	
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Durable Medical Equipment (DME)	
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WIDTH	Durable Medical Equipment (DME)	
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	
E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	
E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	Durable Medical Equipment (DME)	
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	
E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	
E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	

E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME)	
E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/VO WHLS	Durable Medical Equipment (DME)	
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	
E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME)	
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	
E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	

E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	

E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	
E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	
E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	Durable Medical Equipment (DME)	
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND ONE PWR	Durable Medical Equipment (DME)	
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND TWO MORE	Durable Medical Equipment (DME)	
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA	Durable Medical Equipment (DME)	
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	
E2322	PWR WC ACSS HND CNTRL MX MECH SWITCH NO PRPRTNL	Durable Medical Equipment (DME)	
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	
E2329	PWR WC ACSS HEAD CNTRL CNTC SWITCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	

E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME)	
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	

E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	
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)	
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0009	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	

K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	

K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	

K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	
K1007	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Durable Medical Equipment (DME)	
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	
V5211	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	
V5221	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	

31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Experimental/Investigational	
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Experimental/Investigational	
43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Experimental/Investigational	
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	
0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	
C9784	ENDO SLEEVE GASTRO W/TUBE	Experimental/Investigational	

C9785	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	

81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	

81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	
81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	Genetic Counseling & Testing	
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	
81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	
81449	SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	Genetic Counseling & Testing	
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	

81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	

81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Genetic Counseling & Testing	
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	
90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	

A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Healthcare Administered Drugs	
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
C9145	INJ, APONVIE, 1 MG	Healthcare Administered Drugs	
C9173	INJ, NYPOZI, 1 MCG	Healthcare Administered Drugs	
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Bevacizumab when billed for intraocular injection does not require a PA
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	
C9305	INJECTION, NIPOCALIMAB-AAHU, 3 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	
J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	
J0175	INJ, DONANEMAB-AZBT, 2 MG	Healthcare Administered Drugs	
J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	
J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	
J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	
J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0458	INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	Healthcare Administered Drugs	
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	
J0606	INJECTION ETELCAECETIDE 0.1 MG	Healthcare Administered Drugs	
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J0681	INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	Healthcare Administered Drugs	
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Healthcare Administered Drugs	
J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	
J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	
J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	
J0911	100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	
J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1299	INJ, ECULIZUMAB, 2 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Healthcare Administered Drugs	
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	

J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (FLEBOGAMMA/FLEBOGAMMA DIF)	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.

J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1809	INJ, FOSDENOPTERIN, 0.1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	
J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	
J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	
J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREACK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	
J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2802	INJECTION ROMIPLOSTIM 1 MCG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	
J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J3402	INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	Healthcare Administered Drugs	
J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT	Healthcare Administered Drugs	
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	

J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7172	INJ, MARSTACIMAB-HNCQ (Hypavzi), 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7173	INJ, CONCIZUMAB-MTCI, 0.5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7174	INJ, FITUSIRAN, 0.04 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7186	INJ AHF VWF CMLPX PER FACTOR VIII IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	

J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINIT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIIO), PER FACTOR VIII I.U.”	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	

J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	
J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	
J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Healthcare Administered Drugs	
J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	

J7356	INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7601	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	Healthcare Administered Drugs	
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Bevacizumab when billed for intraocular injection does not require a PA
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	
J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALL	Healthcare Administered Drugs	
J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Healthcare Administered Drugs	
J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	

Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	
Q0224	INJ, PEMIVIBART, 4500 MG	Healthcare Administered Drugs	
Q0235	INJ, MNCLNL NTBDY PRDCTS W INDCTN FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19 1 MG	Healthcare Administered Drugs	
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	
Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.

Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5143	INJ, ADALIMUMAB-ADB, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Q5153	INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
Q5154	INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	Healthcare Administered Drugs	
Q5155	INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
Q5156	INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	
S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	

S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	
S0189	TESTOSTERONE PELLETT 75 MG	Healthcare Administered Drugs	
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	
99509	HOME VISIT ASSISTANCE DAILY LIV AND PRSONAL CARE	Home Health Care Services	Prior authorization is required for all home health services.
G0151	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0152	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0153	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0157	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0158	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Prior authorization is required for all home health services.
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Prior authorization is required for all home health services.
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Prior authorization is required for all home health services.
G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Prior authorization is required for all home health services.
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Prior authorization is required for all home health services.
G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.

G9006	COORDINATED CARE FEE HOME MONITORING	Home Health Care Services	Prior authorization is required for all home health services.
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Prior authorization is required for all home health services.
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	Prior authorization is required for all home health services.
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
S5165	HOME MODIFICATIONS; PER SERVICE	Home Health Care Services	Prior authorization is required for all home health services.
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	Prior authorization is required for all home health services.
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Prior authorization is required for all home health services.
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Prior authorization is required for all home health services.
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Prior authorization is required for all home health services.
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Prior authorization is required for all home health services.
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Prior authorization is required for all home health services.
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	For members aged 20 and younger, prior authorization is required after 720 hours <i>or</i> 30 days per calendar year are utilized.
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Prior authorization is required for all home health services.
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Prior authorization is required for all home health services.

T1030	NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Prior authorization is required for all home health services.
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	Hyperbaric/Wound Care	
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Hyperbaric/Wound Care	
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Hyperbaric/Wound Care	
15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	Hyperbaric/Wound Care	
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	Hyperbaric/Wound Care	
15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	Hyperbaric/Wound Care	
15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	Hyperbaric/Wound Care	
15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	Hyperbaric/Wound Care	
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Care	
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Care	
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Care	
A2004	Xcellistem Per Sq Cm	Hyperbaric/Wound Care	
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Care	
A2006	Novosorb Synpath Dermal Matrix Per Sq Cm	Hyperbaric/Wound Care	
A2007	Restrata Per Sq Cm	Hyperbaric/Wound Care	
A2008	Theragenesis Per Sq Cm	Hyperbaric/Wound Care	
A2009	Symphony Per Sq Cm	Hyperbaric/Wound Care	
A2010	Apis Per Sq Cm	Hyperbaric/Wound Care	
A2011	Supra SDRM, per sq cm	Hyperbaric/Wound Care	
A2012	Suprathel, per sq cm	Hyperbaric/Wound Care	
A2013	Innovamatrix FS, per sq cm	Hyperbaric/Wound Care	

A2014	OMEZA COLLAGEN MATRIX PER 100 MG	Hyperbaric/Wound Care	
A2015	PHOENIX WOUND MATRIX PER SQ CM	Hyperbaric/Wound Care	
A2016	PERMEADERM B PER SQ CM	Hyperbaric/Wound Care	
A2017	PERMEADERM GLOVE EACH	Hyperbaric/Wound Care	
A2018	PERMEADERM C PER SQ CM	Hyperbaric/Wound Care	
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Care	
A2020	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Care	
A2021	NEOMATRIX PER SQ CM	Hyperbaric/Wound Care	
A2022	INNOVABURN OR INNOVAMATRIX XL PER SQ CM	Hyperbaric/Wound Care	
A2023	INNOVAMATRIX PD 1 MG	Hyperbaric/Wound Care	
A2024	RESOLVE MATRIX OR XENOPATCH PER SQ CM	Hyperbaric/Wound Care	
A2025	MIRO3D PER CU CM	Hyperbaric/Wound Care	
A2026	RESTRATA MINIMATRIX 5 MG	Hyperbaric/Wound Care	
A2027	MATRIDERM PER SQ CM	Hyperbaric/Wound Care	
A2028	MICROMATRIX FLEX PER MG	Hyperbaric/Wound Care	
A2029	MIROTRACT WOUND MATRIX SHEET PER CC	Hyperbaric/Wound Care	
A2030	Miro3d fibers, per milligram	Hyperbaric/Wound Care	
A2031	Mirodry wound matrix, per square centimeter	Hyperbaric/Wound Care	
A2032	Myriad matrix, per square centimeter	Hyperbaric/Wound Care	
A2033	Myriad morcells, 4 milligrams	Hyperbaric/Wound Care	
A2034	Foundation drs solo, per square centimeter	Hyperbaric/Wound Care	
A2035	Corplex P or Theracor P or Allacor P, per milligram	Hyperbaric/Wound Care	
A2036	Cohealyx Collagen Derman Matrix, per sq cm	Hyperbaric/Wound Care	

A2037	G4derm Plus, per mm	Hyperbaric/Wound Care	
A2038	Marigen Pacto, per sq cm	Hyperbaric/Wound Care	
A2039	Innovamatrix fd, per sq cm	Hyperbaric/Wound Care	
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	Hyperbaric/Wound Care	
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2ml	Hyperbaric/Wound Care	
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Care	
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Care	
Q4102	Oasis wound matrix, per sq cm	Hyperbaric/Wound Care	
Q4103	Oasis burn matrix, per sq cm	Hyperbaric/Wound Care	
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	Hyperbaric/Wound Care	
Q4105	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	Hyperbaric/Wound Care	
Q4106	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Care	
Q4107	GRAFTJACKET, per sq cm	Hyperbaric/Wound Care	
Q4108	Integra matrix, per square centimeter	Hyperbaric/Wound Care	
Q4110	Primatrix, per square centimeter	Hyperbaric/Wound Care	
Q4111	Gammagraft, per sq cm	Hyperbaric/Wound Care	
Q4112	Cymetra, injectable, 1cc	Hyperbaric/Wound Care	
Q4113	Graftjacket xpress, injectable, 1cc	Hyperbaric/Wound Care	
Q4114	Integra flowable wound matrix, injectable, 1cc	Hyperbaric/Wound Care	
Q4115	Alloskin, per sq cm	Hyperbaric/Wound Care	
Q4116	AlloDerm, per sq cm	Hyperbaric/Wound Care	
Q4117	Hyalomatrix, per sq cm	Hyperbaric/Wound Care	
Q4118	Matristem micromatrix, 1mg	Hyperbaric/Wound Care	

Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Care	
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cmr	Hyperbaric/Wound Care	
Q4123	AlloSkin RT, per sq cm	Hyperbaric/Wound Care	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Hyperbaric/Wound Care	
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Care	
Q4126	MEMODERM DERMASpan TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Care	
Q4127	Talymed, per sq cm	Hyperbaric/Wound Care	
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Care	
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Care	
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Care	
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Care	
Q4134	Hmatrix, per sq cm	Hyperbaric/Wound Care	
Q4135	Mediskin, per sq cm	Hyperbaric/Wound Care	
Q4136	E-Z Derm, per sq cm	Hyperbaric/Wound Care	
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	Hyperbaric/Wound Care	
Q4138	Biodfense dryflex, per square centimeter	Hyperbaric/Wound Care	
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Hyperbaric/Wound Care	
Q4140	BioDFence, per square centimeter	Hyperbaric/Wound Care	
Q4141	Alloskin AC, per square centimeter	Hyperbaric/Wound Care	
Q4142	Xcm biologic tissue matrix, per square centimeter	Hyperbaric/Wound Care	
Q4143	Repriza, per square centimeter	Hyperbaric/Wound Care	
Q4145	Epifix, injectable, 1 mg	Hyperbaric/Wound Care	
Q4146	Tensix, per square centimeter	Hyperbaric/Wound Care	

Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter	Hyperbaric/Wound Care	
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter	Hyperbaric/Wound Care	
Q4149	Excellagen, 0.1 cc	Hyperbaric/Wound Care	
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4152	DermaPure, per sq cm	Hyperbaric/Wound Care	
Q4153	Dermavest and Plurinvest, per sq cm	Hyperbaric/Wound Care	
Q4154	Biovance, per sq cm	Hyperbaric/Wound Care	
Q4155	Neox Flo or Clarix Flo 1 mg	Hyperbaric/Wound Care	
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Care	
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Care	
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4161	bio-ConneKt wound matrix, per sq cm	Hyperbaric/Wound Care	
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Care	
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Care	
Q4164	HELLICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4165	Keramatrix or Kerasorb, per sq cm	Hyperbaric/Wound Care	
Q4166	Cytal, per square centimeter	Hyperbaric/Wound Care	
Q4167	Truskin, per square centimeter	Hyperbaric/Wound Care	
Q4168	AmnioBand, 1 mg	Hyperbaric/Wound Care	
Q4169	Artacent wound, per sq cm	Hyperbaric/Wound Care	

Q4170	Cygnus, per sq cm	Hyperbaric/Wound Care	
Q4171	Interfyl, 1 mg	Hyperbaric/Wound Care	
Q4173	Palingen or Palingen Xplus, per sq cm	Hyperbaric/Wound Care	
Q4174	Palingen or promatrnx, 0.36 mg per 0.25 cc	Hyperbaric/Wound Care	
Q4175	Miroderm, per sq cm	Hyperbaric/Wound Care	
Q4176	Neopatch or Therion, per square centimeter	Hyperbaric/Wound Care	
Q4177	Floweramnioflo, 0.1 cc	Hyperbaric/Wound Care	
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Care	
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Care	
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Care	
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Care	
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Care	
Q4183	Surgigraft, per sq cm	Hyperbaric/Wound Care	
Q4184	Cellesta or Cellesta Duo, per sq cm	Hyperbaric/Wound Care	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Hyperbaric/Wound Care	
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Care	
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Care	
Q4188	AmnioArmor, per sq cm	Hyperbaric/Wound Care	
Q4189	Artacent ac, 1 mg	Hyperbaric/Wound Care	
Q4190	Artacent AC, per sq cm	Hyperbaric/Wound Care	
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4192	Restorigin, 1 cc	Hyperbaric/Wound Care	
Q4193	Coll-e-derm, per square centimeter	Hyperbaric/Wound Care	

Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Care	
Q4195	PURAPLY PER SQ CM	Hyperbaric/Wound Care	
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Care	
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Care	
Q4198	Genesis amniotic membrane, per square centimeter	Hyperbaric/Wound Care	
Q4199	CYGNUS MATRIX PER SQ CM	Hyperbaric/Wound Care	
Q4200	SkinTE, per sq cm	Hyperbaric/Wound Care	
Q4201	Matrion, per square centimeter	Hyperbaric/Wound Care	
Q4202	Kerxxx (2.5g/cc), 1cc	Hyperbaric/Wound Care	
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Care	
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Care	
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Care	
Q4206	Fluid flow or fluid gf, 1 cc	Hyperbaric/Wound Care	
Q4208	Novafix, per sq cm	Hyperbaric/Wound Care	
Q4209	SurGraft, per sq cm	Hyperbaric/Wound Care	
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Hyperbaric/Wound Care	
Q4212	Allogen, per cc	Hyperbaric/Wound Care	
Q4213	Ascent, 0.5 mg	Hyperbaric/Wound Care	
Q4214	Cellesta Cord, per sq cm	Hyperbaric/Wound Care	
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Care	
Q4216	Artacent Cord, per sq cm	Hyperbaric/Wound Care	
Q4217	WNDFIX BLOWND WNDFIX Plus BLOWND Plus WNDFIX X Plus /X Plu	Hyperbaric/Wound Care	
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Care	

Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Care	
Q4220	BellaCell HD or Surederm, per sq cm	Hyperbaric/Wound Care	
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Care	
Q4222	ProgenaMatrix, per sq cm	Hyperbaric/Wound Care	
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Hyperbaric/Wound Care	
Q4225	Amniobind or derma tl, per sq cm	Hyperbaric/Wound Care	
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Hyperbaric/Wound Care	
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Hyperbaric/Wound Care	
Q4232	Corplex, per sq cm	Hyperbaric/Wound Care	
Q4233	SurFactor or NuDyn, per 0.5 cc	Hyperbaric/Wound Care	
Q4234	XCellerate, per sq cm	Hyperbaric/Wound Care	
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Hyperbaric/Wound Care	
Q4236	CAREPATCH, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4237	Cryo-Cord, per sq cm	Hyperbaric/Wound Care	
Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Care	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Hyperbaric/Wound Care	
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Care	
Q4241	PolyCyte, for topical use only, per 0.5 cc	Hyperbaric/Wound Care	
Q4242	AmnioCyte Plus, per 0.5 cc	Hyperbaric/Wound Care	
Q4245	AmnioText, per cc	Hyperbaric/Wound Care	
Q4246	CoreText or ProText, per cc	Hyperbaric/Wound Care	

Q4247	Amniotext patch, per sq cm	Hyperbaric/Wound Care	
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4249	AMNIPLY, for topical use only, per sq cm	Hyperbaric/Wound Care	
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4251	VIM PER SQ CM	Hyperbaric/Wound Care	
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Care	
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Care	
Q4254	Novafix DL, per sq cm	Hyperbaric/Wound Care	
Q4255	REGUaRD, for topical use only, per sq cm	Hyperbaric/Wound Care	
Q4256	MLG-Complete, per sq cm	Hyperbaric/Wound Care	
Q4257	Relese, per sq cm	Hyperbaric/Wound Care	
Q4258	Enverse, per sq cm	Hyperbaric/Wound Care	
Q4259	CELERA DUAL LAYER/CELERA DUAL MEMBRANE PER SQ CM	Hyperbaric/Wound Care	
Q4260	SIGNATURE APATCH PER SQ CM	Hyperbaric/Wound Care	
Q4261	TAG PER SQ CM	Hyperbaric/Wound Care	
Q4262	Dual Layer Impax Membrane, per sq cm	Hyperbaric/Wound Care	
Q4263	SurGraft TL, per sq cm	Hyperbaric/Wound Care	
Q4264	Cocoon Membrane, per sq cm	Hyperbaric/Wound Care	
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	

Q4270	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4272	ESANO A, PER SQ CM	Hyperbaric/Wound Care	
Q4273	ESANO AAA, PER SQ CM	Hyperbaric/Wound Care	
Q4274	ESANO AC, PER SQ CM	Hyperbaric/Wound Care	
Q4275	ESANO ACA, PER SQ CM	Hyperbaric/Wound Care	
Q4276	ORION, PER SQ CM	Hyperbaric/Wound Care	
Q4278	EPIEFFECT, PER SQ CM	Hyperbaric/Wound Care	
Q4279	Vendaje ac, per square centimeter	Hyperbaric/Wound Care	
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Care	
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Care	
Q4282	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Care	
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Care	
Q4284	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Care	
Q4285	NUDYN DL OR NUDYN DL MESH PER SQ CM	Hyperbaric/Wound Care	
Q4286	NUDYN SL OR NUDYN SLW PER SQ CM	Hyperbaric/Wound Care	
Q4287	Dermabind dl, per square centimeter	Hyperbaric/Wound Care	
Q4288	Dermabind ch, per square centimeter	Hyperbaric/Wound Care	
Q4289	Revoshield + amniotic barrier, per square centimeter	Hyperbaric/Wound Care	
Q4290	Membrane wrap-hydro, per square centimeter	Hyperbaric/Wound Care	
Q4291	Lamellas xt, per square centimeter	Hyperbaric/Wound Care	
Q4292	Lamellas, per square centimeter	Hyperbaric/Wound Care	
Q4293	Acesso dl, per square centimeter	Hyperbaric/Wound Care	

Q4294	AMNIO QUAD-CORE PER SQ CM	Hyperbaric/Wound Care	
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	Hyperbaric/Wound Care	
Q4296	Rebound matrix, per square centimeter	Hyperbaric/Wound Care	
Q4297	Emerge matrix, per square centimeter	Hyperbaric/Wound Care	
Q4298	Amnicore pro, per square centimeter	Hyperbaric/Wound Care	
Q4299	AMNICORE PRO Plus PER SQ CM	Hyperbaric/Wound Care	
Q4300	Acesso tl, per square centimeter	Hyperbaric/Wound Care	
Q4301	Activate matrix, per square centimeter	Hyperbaric/Wound Care	
Q4302	Complete ACA, per sq cm	Hyperbaric/Wound Care	
Q4303	Complete aa, per square centimeter	Hyperbaric/Wound Care	
Q4304	Grafix plus, per square centimeter	Hyperbaric/Wound Care	
Q4305	AMERICAN AMNION AC TRI-LAYER PER SQUARE CM	Hyperbaric/Wound Care	
Q4306	AMERICAN AMNION AC PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4307	AMERICAN AMNION PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4308	SANOPELLIS PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4309	VIA MATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4310	PROCENTA PER 100 MG	Hyperbaric/Wound Care	
Q4311	Acesso, per square centimeter	Hyperbaric/Wound Care	
Q4312	Acesso ac, per square centimeter	Hyperbaric/Wound Care	
Q4313	Dermabind fm, per square centimeter	Hyperbaric/Wound Care	
Q4314	Reeva ft, per square centimeter	Hyperbaric/Wound Care	
Q4315	Regenelink amniotic membrane allograft, per square centimeter	Hyperbaric/Wound Care	
Q4316	AmchoPlast, per sq cm	Hyperbaric/Wound Care	

Q4317	Vitograft, per square centimeter	Hyperbaric/Wound Care	
Q4318	E-graft, per square centimeter	Hyperbaric/Wound Care	
Q4319	Sanograft, per square centimeter	Hyperbaric/Wound Care	
Q4320	Pellograft, per square centimeter	Hyperbaric/Wound Care	
Q4321	Renograft, per square centimeter	Hyperbaric/Wound Care	
Q4322	Caregraft, per square centimeter	Hyperbaric/Wound Care	
Q4323	Alloply, per square centimeter	Hyperbaric/Wound Care	
Q4324	Amniotx, per square centimeter	Hyperbaric/Wound Care	
Q4325	Acapatch, per square centimeter	Hyperbaric/Wound Care	
Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4327	Duoamnion, per square centimeter	Hyperbaric/Wound Care	
Q4328	Most, per square centimeter	Hyperbaric/Wound Care	
Q4329	Singlay, per square centimeter	Hyperbaric/Wound Care	
Q4330	Total, per square centimeter	Hyperbaric/Wound Care	
Q4331	Axolotl graft, per square centimeter	Hyperbaric/Wound Care	
Q4332	Axolotl dualgraft, per square centimeter	Hyperbaric/Wound Care	
Q4333	Ardeograft, per square centimeter	Hyperbaric/Wound Care	
Q4334	Amnioplast 1, per square centimeter	Hyperbaric/Wound Care	
Q4335	Amnioplast 2, per square centimeter	Hyperbaric/Wound Care	
Q4336	Artacent c, per square centimeter	Hyperbaric/Wound Care	
Q4337	Artacent trident, per square centimeter	Hyperbaric/Wound Care	
Q4338	Artacent velos, per square centimeter	Hyperbaric/Wound Care	
Q4339	Artacent vericlen, per square centimeter	Hyperbaric/Wound Care	

Q4340	Simpligraft, per square centimeter	Hyperbaric/Wound Care	
Q4341	Simplimax, per square centimeter	Hyperbaric/Wound Care	
Q4342	Theramend, per square centimeter	Hyperbaric/Wound Care	
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Hyperbaric/Wound Care	
Q4344	Tri-membrane wrap, per square centimeter	Hyperbaric/Wound Care	
Q4345	Matrix hd allograft dermis, per square centimeter	Hyperbaric/Wound Care	
Q4346	Shelter dm matrix, per square centimeter	Hyperbaric/Wound Care	
Q4347	Rampart dl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4348	Sentry sl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4349	Mantle dl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4350	Palisade dm matrix, per square centimeter	Hyperbaric/Wound Care	
Q4351	Enclose tl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4352	Overlay sl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4353	Xceed tl matrix, per square centimeter	Hyperbaric/Wound Care	
Q4354	PALINGEN DUAL LAYER MEMBRANE PER SQ CENTIMETER	Hyperbaric/Wound Care	
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	Hyperbaric/Wound Care	
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	Hyperbaric/Wound Care	
Q4357	Xwrap plus, per square centimeter	Hyperbaric/Wound Care	
Q4358	Xwrap dual, per square centimeter	Hyperbaric/Wound Care	
Q4359	Choriptyl, per square centimeter	Hyperbaric/Wound Care	
Q4360	AMCHOPLAST FD PER SQUARE CENTIMETER	Hyperbaric/Wound Care	
Q4361	Epixpress, per square centimeter	Hyperbaric/Wound Care	
Q4362	Cygnus disk, per square centimeter	Hyperbaric/Wound Care	

Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Hyperbaric/Wound Care	
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Hyperbaric/Wound Care	
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Hyperbaric/Wound Care	
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Hyperbaric/Wound Care	
Q4367	Amniocore sl, per square centimeter	Hyperbaric/Wound Care	
Q4368	AMCHOTHICK PER SQ CM	Hyperbaric/Wound Care	
Q4369	AMNIOPLAST 3 PER SQ CM	Hyperbaric/Wound Care	
Q4370	AEROGUARD PER SQ CM	Hyperbaric/Wound Care	
Q4371	NEOGUARD PER SQ CM	Hyperbaric/Wound Care	
Q4372	AMCHOPLAST EXCL PER SQ CM	Hyperbaric/Wound Care	
Q4373	MEMBRANE WRP LT PER SQ CM	Hyperbaric/Wound Care	
Q4375	DUOGRAFT AC PER SQ CM	Hyperbaric/Wound Care	
Q4376	DUOGRAFT AA PER SQ CM	Hyperbaric/Wound Care	
Q4377	TRIGRAFT FT PER SQ CM	Hyperbaric/Wound Care	
Q4378	RENEW FT MATRIX PER SQ CM	Hyperbaric/Wound Care	
Q4379	AMNIODEFEND FT MATRIX PER SQ CM	Hyperbaric/Wound Care	
Q4380	ADVOGRAFT ONE PER SQ CM	Hyperbaric/Wound Care	
Q4382	ADVOGRAFT DUAL PER SQ CM	Hyperbaric/Wound Care	
Q4383	Axolotl Graft Ultra, per sq cm	Hyperbaric/Wound Care	
Q4384	Axolotl DualGraft Ultra, per sq cm	Hyperbaric/Wound Care	
Q4385	Apollo FT, per sq cm	Hyperbaric/Wound Care	
Q4386	Acesso TrifACA, per sq cm	Hyperbaric/Wound Care	
Q4387	NeoThelium FT, per sq cm	Hyperbaric/Wound Care	

Q4388	NeoThelium 4L, per sq cm	Hyperbaric/Wound Care	
Q4389	NeoThelium 4L Plus, per sq cm	Hyperbaric/Wound Care	
Q4390	Ascendion, per sq cm	Hyperbaric/Wound Care	
Q4391	AminoPlast Double, per sq cm	Hyperbaric/Wound Care	
Q4392	GRAFIX Duo, per sq cm	Hyperbaric/Wound Care	
Q4393	SurGraft AC, per sq cm	Hyperbaric/Wound Care	
Q4394	SurGraft ACA, per sq cm	Hyperbaric/Wound Care	
Q4395	Acelagraft, per sq cm	Hyperbaric/Wound Care	
Q4396	Natalin, per sq cm	Hyperbaric/Wound Care	
Q4397	Summit AAA, per sq cm	Hyperbaric/Wound Care	
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72130	CT THORACIC SPINE W O AND W CONTRAST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72157	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72158	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	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
76390	MRI SPECTROSCOPY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78430	MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78432	MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78433	MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78468	MYOCRD IMG INFARCT AVID PLNR EJECT FXJ 1ST PS TQ	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0331T	MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0332T	MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0623T	AUTO QUAN AND CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	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	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	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	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	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	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	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	
95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	
20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	

20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21142	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21143	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	

21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
21620	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21627	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21630	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	

22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	

22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
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	
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	

22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	

28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28285	CORRECTION HAMMERTOES	OP Hosp/Amb Surgery Center (ASC) Procedures	
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	

28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	

28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR- CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
29805	ARTHROSCOPY SHOULDER DX W/VO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	

29860	ARTHROSCOPY HIP DIAGNOSTIC W/VO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/VO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	

29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	OP Hosp/Amb Surgery Center (ASC) Procedures	
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	

32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	
32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32140	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	
32141	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	
32151	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	
32160	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32440	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	

32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	
32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32507	THORACOTOMY W/DX WEDGE RESEXN AND AN TOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32650	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32655	THORACOSCOPY W/RESECTION BULLAE W/VO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	

32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	
32666	THORACOSCOPY W/THERA WEDGE RESEYN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
32667	THORACOSCOPY W/THERA WEDGE RESEYN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32668	THORACOSCOPY W/DX WEDGE RESEYN ANATO LUNG RESEYN	OP Hosp/Amb Surgery Center (ASC) Procedures	
32669	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32670	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32671	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32672	THORACOSCOPY W/RESEYN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32673	THORACOSCOPY RESEYN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32674	THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
32997	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
33017	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	

33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33050	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33130	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	

33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	
33255	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33256	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33257	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33258	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33259	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	

33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33300	REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33366	TRANSCATHETER TRANSAPICAL REPLACMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33370	TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	

33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMET NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33414	RPR VENTR O/F TRC OBSTRCT PATCH ENLGMET O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33416	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/NO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	

33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33475	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33476	R VENTRIC RESCJ INFUND STEN W/VO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33478	OUTFLOW TRACT AGMNTJ W/VO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	

33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33516	CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33517	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33518	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33519	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33521	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33522	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33523	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33542	MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	

33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33619	RPR 1 VNTRC W/O/F OBSTR CJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/VO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33645	DIR/PTCH CLS SINUS VENOSUS W/VO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	
33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33660	RPR INCPLT/PRTL AV CANAL W/VO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33665	RPR INTRM/TRANSJ AV CANAL W/VO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33670	RPR COMPL AV CANAL W/VO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33676	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/VO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/VO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	

33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	

33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	
33840	EXC COARCJ AORTA W/VO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33845	EXCISION COARCTATION AORTA W/VO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33863	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
33875	DESCENDING THORACIC AORTA GRAFT W/VO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/VO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	

33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33975	INSJ VENTRIC ASSIST DEV XTRCOPR SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33976	INSJ VENTRIC ASSIST DEV XTRCOPR BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	

34502	RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34703	VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
34710	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	
34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	

34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35111	DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	

35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	
35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35142	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35303	TEAEC W/GRAFT POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	

35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35311	TEAEC W/VO PATCH GRF SUBCLAV INNOM THORACIC INC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35331	TEAEC W/VO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	
35341	TEAEC W/VO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35351	TEAEC W/VO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35355	TEAEC W/VO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35361	TEAEC W/VO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35363	TEAEC W/VO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35371	TEAEC W/VO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35372	TEAEC W/VO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	
35510	BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	

35518	BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35521	BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35535	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35536	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35538	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35539	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35540	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35558	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35560	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35563	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35565	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	

35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35636	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35647	BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	

35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35663	BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	
35665	BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL-/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
35691	TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35693	TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35694	TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35695	TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
35701	EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	
35870	RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	
35901	EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	

35905	EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	
35907	EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	

37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
37618	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	
37660	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	
37718	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	
37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
38746	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	
39200	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	
39220	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	

43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	

52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	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	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	No prior auth required for service when associated with a cancer diagnosis.
53430	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	
53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
54125	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	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	
54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	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	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	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	No prior auth required for service when associated with a cancer diagnosis.
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55867	CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55874	TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	
55880	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.

55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	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	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	No prior auth required for service when associated with a cancer diagnosis.
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	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	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	No prior auth required for service when associated with a cancer diagnosis.
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	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	No prior auth required for service when associated with a cancer diagnosis.
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	

58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	

58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	No PA Required with encounter for sterilization done as outpatient. PA is required if inpatient.
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	
62324	PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	

62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
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	
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	

63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	OP Hosp/Amb Surgery Center (ASC) Procedures	

69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	OP Hosp/Amb Surgery Center (ASC) Procedures	
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	OP Hosp/Amb Surgery Center (ASC) procedures	
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	

0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9761	CYSTO URS &/PYELOSCPY LITH & VAC ASPIR KDNY COLLECTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9765	REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9767	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	Pain Management Procedures	
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	

62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	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 NRVTVG SI JOINT W IMG	Pain Management Procedures	
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	

64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	
64625	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W IMG GDN	Pain Management Procedures	
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	
92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97113	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97116	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.

97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97150	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Physical, Occupational, and Speech Therapy	
L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Prosthetics & Orthotics	
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Prosthetics & Orthotics	
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	
L0720	CTLSO ANTERIOR POSTERIOR LAT CNTRL PREFAB ITEM	Prosthetics & Orthotics	
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	

L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Prosthetics & Orthotics	
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	

L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Prosthetics & Orthotics	
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Prosthetics & Orthotics	
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Prosthetics & Orthotics	
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Prosthetics & Orthotics	
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Prosthetics & Orthotics	
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics & Orthotics	
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetics & Orthotics	
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetics & Orthotics	
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Prosthetics & Orthotics	
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetics & Orthotics	
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetics & Orthotics	
L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetics & Orthotics	
L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetics & Orthotics	
L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics & Orthotics	
L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Prosthetics & Orthotics	
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetics & Orthotics	
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Prosthetics & Orthotics	
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Prosthetics & Orthotics	

L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetics & Orthotics	
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	
L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Prosthetics & Orthotics	
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Prosthetics & Orthotics	
L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Prosthetics & Orthotics	
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Prosthetics & Orthotics	
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Prosthetics & Orthotics	
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Prosthetics & Orthotics	
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Prosthetics & Orthotics	
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	Prosthetics & Orthotics	
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Prosthetics & Orthotics	
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Prosthetics & Orthotics	
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Prosthetics & Orthotics	
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Prosthetics & Orthotics	
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Prosthetics & Orthotics	
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Prosthetics & Orthotics	
L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Prosthetics & Orthotics	
L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Prosthetics & Orthotics	
L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRIC'T	Prosthetics & Orthotics	
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Prosthetics & Orthotics	

L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Prosthetics & Orthotics	
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Prosthetics & Orthotics	
L5651	ADD LW EXT ABOVE KNEE FLXIBLE INNR SOCKT EXT FRME	Prosthetics & Orthotics	
L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Prosthetics & Orthotics	
L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Prosthetics & Orthotics	
L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Prosthetics & Orthotics	
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Prosthetics & Orthotics	
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Prosthetics & Orthotics	
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Prosthetics & Orthotics	
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Prosthetics & Orthotics	
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Prosthetics & Orthotics	
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Prosthetics & Orthotics	
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Prosthetics & Orthotics	
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Prosthetics & Orthotics	
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Prosthetics & Orthotics	
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Prosthetics & Orthotics	
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Prosthetics & Orthotics	
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Prosthetics & Orthotics	
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Prosthetics & Orthotics	
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Prosthetics & Orthotics	

L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Prosthetics & Orthotics	
L5827	ENDOSKEL KN SHIN SGL AX ELMCH SW and ST PHS CNTRL	Prosthetics & Orthotics	
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Prosthetics & Orthotics	
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Prosthetics & Orthotics	
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Prosthetics & Orthotics	
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Prosthetics & Orthotics	
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Prosthetics & Orthotics	
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetics & Orthotics	
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Prosthetics & Orthotics	
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Prosthetics & Orthotics	
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Prosthetics & Orthotics	
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Prosthetics & Orthotics	
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Prosthetics & Orthotics	
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Prosthetics & Orthotics	
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Prosthetics & Orthotics	
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Prosthetics & Orthotics	
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Prosthetics & Orthotics	

L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Prosthetics & Orthotics	
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Prosthetics & Orthotics	
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Prosthetics & Orthotics	
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Prosthetics & Orthotics	
L5999	LOWER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	
L6000	PARTIAL HAND THUMB REMAINING	Prosthetics & Orthotics	
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Prosthetics & Orthotics	
L6020	PARTIAL HAND NO FINGER REMAINING	Prosthetics & Orthotics	
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Prosthetics & Orthotics	
L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Prosthetics & Orthotics	
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Prosthetics & Orthotics	
L6110	BELOW ELBOW MOLDED SOCKET	Prosthetics & Orthotics	
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Prosthetics & Orthotics	
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Prosthetics & Orthotics	
L6200	ELB DISARTIC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	
L6205	ELB DISARTIC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Prosthetics & Orthotics	
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Prosthetics & Orthotics	
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Prosthetics & Orthotics	
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Prosthetics & Orthotics	
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Prosthetics & Orthotics	
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Prosthetics & Orthotics	
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Prosthetics & Orthotics	

L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Prosthetics & Orthotics	
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	
L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Prosthetics & Orthotics	
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Prosthetics & Orthotics	
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Prosthetics & Orthotics	
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Prosthetics & Orthotics	
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetics & Orthotics	
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Prosthetics & Orthotics	
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Prosthetics & Orthotics	
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Prosthetics & Orthotics	
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Prosthetics & Orthotics	
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Prosthetics & Orthotics	
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Prosthetics & Orthotics	
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	
L6700	UPPER EXT ADD EXTRNL PWR FTR MYOELEC CTRL MOD	Prosthetics & Orthotics	
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetics & Orthotics	
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	

L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Prosthetics & Orthotics	
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Prosthetics & Orthotics	
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Prosthetics & Orthotics	
L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Prosthetics & Orthotics	
L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Prosthetics & Orthotics	
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Prosthetics & Orthotics	
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Prosthetics & Orthotics	
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Prosthetics & Orthotics	
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Prosthetics & Orthotics	
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Prosthetics & Orthotics	
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Prosthetics & Orthotics	
L6920	WRST DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	
L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	
L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Prosthetics & Orthotics	
L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	
L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	
L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	
L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	
L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	
L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Prosthetics & Orthotics	
L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	
L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	Prosthetics & Orthotics	

L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetics & Orthotics	
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetics & Orthotics	
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetics & Orthotics	
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetics & Orthotics	
L7180	ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	
L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Prosthetics & Orthotics	
L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Prosthetics & Orthotics	
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	
L7406	ADDITION TO UPPER EXTREMITY USER ADJ MECHANICAL	Prosthetics & Orthotics	
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Prosthetics & Orthotics	
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Prosthetics & Orthotics	
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Prosthetics & Orthotics	
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Prosthetics & Orthotics	

L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Prosthetics & Orthotics	
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	
G6016	COMP-BASED BEAM MOD TX DEL 1 PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	

33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	
33945	HEART TRANSPLANT W/VO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	
33995	INSJ PERQ VAD W/RS AND 1 R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Transplants/Gene Therapy	
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	
38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Transplants/Gene Therapy	
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Transplants/Gene Therapy	
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Transplants/Gene Therapy	
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Transplants/Gene Therapy	
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Transplants/Gene Therapy	
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Transplants/Gene Therapy	
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Transplants/Gene Therapy	
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Transplants/Gene Therapy	
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Transplants/Gene Therapy	
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Transplants/Gene Therapy	
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	Transplants/Gene Therapy	

38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplants/Gene Therapy	
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	
44137	RMVL TRNSPLD INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	
47145	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	

47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	
48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	

0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Transplants/Gene Therapy	
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Transplants/Gene Therapy	
J1414	INJ, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	
J3391	INJ, ATIDARSAGENE AUTOTEMCEL (LENMELDY), PER TREATMENT	Transplants/Gene Therapy	One-time treatment for metachromatic leukodystrophy (MLD)
J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	
J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	
J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Transplants/Gene Therapy	
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	
J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	Transplants/Gene Therapy	
J9029	IVES INSTAL NADOFARAGN FIRADENOVV-VNCG PER THR D	Transplants/Gene Therapy	
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	
Q2057	AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE	Transplants/Gene Therapy	
Q2058	OBECABTAGENE CAR POS T (AUCATZYL)	Transplants/Gene Therapy	Administered in two doses: the first dose on day one and a second dose on day ten (+/-2 days)
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	

S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	

37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	
49999	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Unlisted/Miscellaneous	
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	

64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	PA Required after 12 visits per calendar year for PT/OT/ST.
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	PA Required after 12 visits per calendar year for PT/OT/ST.
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Unlisted/Miscellaneous	
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	

A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	
G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	
G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	

S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	