



# New Mexico Medicaid Prior Auth (PA) Code Matrix

Effective July 1, 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.  
 \***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.  
 \***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.  
**The following services do not require prior authorization for par providers:**  
 \*Office visits at participating (par) provider office;  
 \*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.  
**\*Please fax Medicaid requests for Healthcare Administered Drugs to 833-896-0519.**

Date Effective	Service Category	Service Code	Description	Code Notes
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	PA required after 24 units per calendar year.
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	90870	ELECTROCONVULSIVE THERAPY (ECT)	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).

Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	0373T	ADAPT BHV TX PRCL MODIFICAJ EA 15 MIN TECH TIME	PA required after 48 units per calendar year for ABA therapy (cumulative of 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	G0659	DRUG TEST DEF SIMPLE ALL CL	Prior auth required after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0010	ALCOHOL AND / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	<b>Notification of placement is required</b> for Adult Accredited Residential Treatment Center (AARTC) services. <b>Prior authorization is required after the first five days.</b>
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	<b>Notification of placement is required</b> for Adult Accredited Residential Treatment Center (AARTC) services. <b>Prior authorization is required after the first five days.</b>
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	<b>Notification of placement is required</b> for Adult Accredited Residential Treatment Center (AARTC) services. <b>Prior authorization is required after the first five days.</b>
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0040	ASSERT COMM TX PROG - PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	

Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	S0201	PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	T2023	TARGETED CASE MANAGEMENT, PER MONTH	
Prior to 01/01/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15780	DERMABRASION TOTAL FACE	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15781	DERMABRASION SEGMENTAL FACE	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15782	DERMABRASION REGIONAL OTHER THAN FACE	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15783	DERMABRASION SUPERFICIAL ANY SITE	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15786	ABRASION 1 LESION	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15788	CHEMICAL PEEL FACIAL EPIDERMAL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15789	CHEMICAL PEEL FACIAL DERMAL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15793	CHEMICAL PEEL NONFACIAL DERMAL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15820	BLEPHAROPLASTY LOWER EYELID	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15822	BLEPHAROPLASTY UPPER EYELID	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15824	RHYTIDECTOMY FOREHEAD	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15828	RHYTIDECTOMY CHEEK CHIN AND NECK	

Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15829	RHYTIDECTOMY SMAS FLAP	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15877	SUCTION ASSISTED LIPECTOMY TRUNK	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19300	MASTECTOMY GYNECOMASTIA	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19303	MASTECTOMY SIMPLE COMPLETE	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19316	MASTOPEXY	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19318	REDUCTION MAMMAPLASTY	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19328	REMOVAL INTACT MAMMARY IMPLANT	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19330	REMOVAL MAMMARY IMPLANT MATERIAL	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	No PA required when associated with breast cancer diagnoses.

Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19350	NIPPLE AREOLA RECONSTRUCTION	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19355	CORRECTION INVERTED NIPPLES	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	No PA required when associated with breast cancer diagnoses.
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30400	RHINP PRIM LAT AND ALAR CRTLGs AND ELVTN NASAL TI	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30410	RHINP PRIM COMPLETE XTRNL PARTS	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30430	RHINOPLASTY SECONDARY MINOR REVISION	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30450	RHINOPLASTY SECONDARY MAJOR REVISION	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30460	RHINP DFRM W COLUM LNGTH TIP ONLY	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67900	REPAIR BROW PTOSIS	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67909	REDUCTION OVERCORRECTION PTOSIS	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	67950	CANTHOPLASTY	
Prior to 01/01/2025	Cosmetic, Plastic & Reconstructive Procedures	69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	

Prior to 01/01/2025	Durable Medical Equipment (DME)	A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
Prior to 01/01/2025	Durable Medical Equipment (DME)	A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
7/1/2026	Durable Medical Equipment (DME)	A8005	POWERED CABLE DRVN GRIP ASSIST GLOVE HAND FINGER	
7/1/2026	Durable Medical Equipment (DME)	A8006	POWERED CABLE DRIVN GRIP ASSIST GLOVE REPLC ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
Prior to 01/01/2025	Durable Medical Equipment (DME)	A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
Prior to 01/01/2025	Durable Medical Equipment (DME)	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	
Prior to 01/01/2025	Durable Medical Equipment (DME)	C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0194	AIR FLUIDIZED BED	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTRRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTRRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0301	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTRRSS	

Prior to 01/01/2025	Durable Medical Equipment (DME)	E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	

Prior to 01/01/2025	Durable Medical Equipment (DME)	E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	
7/1/2026	Durable Medical Equipment (DME)	E0738	UE REHAB SYS PROV AC ASST TO FACL MUSCLE RE-EDU	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	

Prior to 01/01/2025	Durable Medical Equipment (DME)	E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1229	WHEELCHAIR PEDIATRIC SIZE NOS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1310	WHIRLPOOL NONPORTABLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	

Prior to 01/01/2025	Durable Medical Equipment (DME)	E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND ONE PWR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND TWO MORE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPRPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	

Prior to 01/01/2025	Durable Medical Equipment (DME)	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	
Prior to 01/01/2025	Durable Medical Equipment (DME)	E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0008	CUSTOM MANUAL WHEELCHAIR BASE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0009	OTHER MANUAL WHEELCHAIR/BASE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	

Prior to 01/01/2025	Durable Medical Equipment (DME)	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0108	OTHER ACCESSORIES	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	

Prior to 01/01/2025	Durable Medical Equipment (DME)	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	

Prior to 01/01/2025	Durable Medical Equipment (DME)	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K1007	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	
7/1/2026	Durable Medical Equipment (DME)	L2221	ADDITION LOWER EXT ORTHOSIS ANKLE SYS PF and / DF	
Prior to 01/01/2025	Durable Medical Equipment (DME)	S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	

Prior to 01/01/2025	Durable Medical Equipment (DME)	S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5211	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	
Prior to 01/01/2025	Durable Medical Equipment (DME)	V5221	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	
Prior to 01/01/2025	Experimental/Investigational	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	
Prior to 01/01/2025	Experimental/Investigational	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	
4/1/2025	Experimental/Investigational	31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	
4/1/2025	Experimental/Investigational	31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	
Prior to 01/01/2025	Experimental/Investigational	43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	
Prior to 01/01/2025	Experimental/Investigational	93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	
Prior to 01/01/2025	Experimental/Investigational	0214T	NJX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL	
Prior to 01/01/2025	Experimental/Investigational	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	
Prior to 01/01/2025	Experimental/Investigational	0216T	NJX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL	
Prior to 01/01/2025	Experimental/Investigational	0217T	NJX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2	
Prior to 01/01/2025	Experimental/Investigational	0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	
Prior to 01/01/2025	Experimental/Investigational	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	
Prior to 01/01/2025	Experimental/Investigational	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	

Prior to 01/01/2025	Experimental/Investigational	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	
Prior to 01/01/2025	Experimental/Investigational	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	
Prior to 01/01/2025	Experimental/Investigational	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	
Prior to 01/01/2025	Experimental/Investigational	0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	
Prior to 01/01/2025	Experimental/Investigational	0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	
Prior to 01/01/2025	Experimental/Investigational	0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	
Prior to 01/01/2025	Experimental/Investigational	0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	
Prior to 01/01/2025	Experimental/Investigational	0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	
Prior to 01/01/2025	Experimental/Investigational	0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	
Prior to 01/01/2025	Experimental/Investigational	0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	
Prior to 01/01/2025	Experimental/Investigational	C9785	ENDO OUTLET RESTRICT W/TUBE	
Prior to 01/01/2025	Genetic Counseling & Testing	81120	IDH1 COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81121	IDH2 COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81161	DMD DUPLICATION DELETION ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	
Prior to 01/01/2025	Genetic Counseling & Testing	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81194	NTRK TRANSLOCATION ANALYSIS	

Prior to 01/01/2025	Genetic Counseling & Testing	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	
Prior to 01/01/2025	Genetic Counseling & Testing	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	
Prior to 01/01/2025	Genetic Counseling & Testing	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81232	DYPD GENE ANALYSIS COMMON VARIANTS	
Prior to 01/01/2025	Genetic Counseling & Testing	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	
Prior to 01/01/2025	Genetic Counseling & Testing	81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	
Prior to 01/01/2025	Genetic Counseling & Testing	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	
Prior to 01/01/2025	Genetic Counseling & Testing	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	
Prior to 01/01/2025	Genetic Counseling & Testing	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	

Prior to 01/01/2025	Genetic Counseling & Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	
Prior to 01/01/2025	Genetic Counseling & Testing	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	
Prior to 01/01/2025	Genetic Counseling & Testing	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	
Prior to 01/01/2025	Genetic Counseling & Testing	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	
Prior to 01/01/2025	Genetic Counseling & Testing	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81415	EXOME SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	
Prior to 01/01/2025	Genetic Counseling & Testing	81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	
Prior to 01/01/2025	Genetic Counseling & Testing	81422	FETAL CHROMOSOMAL MICRODEL TJ GENOMIC SEQ ANALYS	
Prior to 01/01/2025	Genetic Counseling & Testing	81425	GENOME SEQUENCE ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	
Prior to 01/01/2025	Genetic Counseling & Testing	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	
Prior to 01/01/2025	Genetic Counseling & Testing	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81431	HEARING LOSS DUP DEL ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	

Prior to 01/01/2025	Genetic Counseling & Testing	81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	
Prior to 01/01/2025	Genetic Counseling & Testing	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	
Prior to 01/01/2025	Genetic Counseling & Testing	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	
Prior to 01/01/2025	Genetic Counseling & Testing	81449	SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	
Prior to 01/01/2025	Genetic Counseling & Testing	81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	
Prior to 01/01/2025	Genetic Counseling & Testing	81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	81460	WHOLE MITOCHONDRIAL GENOME	
Prior to 01/01/2025	Genetic Counseling & Testing	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	
Prior to 01/01/2025	Genetic Counseling & Testing	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	
Prior to 01/01/2025	Genetic Counseling & Testing	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	
Prior to 01/01/2025	Genetic Counseling & Testing	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
Prior to 01/01/2025	Genetic Counseling & Testing	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	
Prior to 01/01/2025	Genetic Counseling & Testing	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	
Prior to 01/01/2025	Genetic Counseling & Testing	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	
Prior to 01/01/2025	Genetic Counseling & Testing	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	

Prior to 01/01/2025	Genetic Counseling & Testing	81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	
Prior to 01/01/2025	Genetic Counseling & Testing	81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	
Prior to 01/01/2025	Genetic Counseling & Testing	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	
Prior to 01/01/2025	Genetic Counseling & Testing	84999	UNLISTED CHEMISTRY PROCEDURE	
Prior to 01/01/2025	Genetic Counseling & Testing	0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	
Prior to 01/01/2025	Genetic Counseling & Testing	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	
Prior to 01/01/2025	Genetic Counseling & Testing	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	
Prior to 01/01/2025	Genetic Counseling & Testing	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	
Prior to 01/01/2025	Genetic Counseling & Testing	0172U	ONC SLD TUM ALYS BRCA1 BRCA2	
Prior to 01/01/2025	Genetic Counseling & Testing	0175U	PSYC GEN ALYS PANEL 15 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	0215U	RARE DS XOM DNA ALYS EA COMP	
Prior to 01/01/2025	Genetic Counseling & Testing	0216U	NEURO INH ATAXIA DNA 12 COM	
Prior to 01/01/2025	Genetic Counseling & Testing	0217U	NEURO INH ATAXIA DNA 51 GENE	
Prior to 01/01/2025	Genetic Counseling & Testing	0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	
Prior to 01/01/2025	Genetic Counseling & Testing	0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	
Prior to 01/01/2025	Genetic Counseling & Testing	0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	
Prior to 01/01/2025	Genetic Counseling & Testing	0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	

Prior to 01/01/2025	Genetic Counseling & Testing	0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	
Prior to 01/01/2025	Healthcare Administered Drugs	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	
Prior to 01/01/2025	Healthcare Administered Drugs	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	
Prior to 01/01/2025	Healthcare Administered Drugs	A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	
Prior to 01/01/2025	Healthcare Administered Drugs	A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	
Prior to 01/01/2025	Healthcare Administered Drugs	B4187	OMEGAVEN, 10 G LIPIDS	
Prior to 01/01/2025	Healthcare Administered Drugs	B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	
Prior to 01/01/2025	Healthcare Administered Drugs	C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	C9257	INJECTION BEVACIZUMAB 0.25 MG	Bevacizumab when billed for intraocular injection does not require a PA
Prior to 01/01/2025	Healthcare Administered Drugs	C9293	INJECTION GLUCARPIDASE 10 UNITS	
10/1/2025	Healthcare Administered Drugs	C9305	INJECTION, NIPOCALIMAB-AAHU, 3 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	
Prior to 01/01/2025	Healthcare Administered Drugs	C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	
7/1/2026	Healthcare Administered Drugs	C9818	SUZETRIGINE ORAL 1 MG (Journavx)	
1/1/2026	Healthcare Administered Drugs	J0013	ESKETAMINE, NASAL SPRAY, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0122	INJECTION, ERAVACYCLINE, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	J0139	INJ, ADALIMUMAB, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0174	INJ, LECANEMAB-IRMB, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0175	INJ, DONANEMAB-AZBT, 2 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0177	INJECTION, AFLIBERCEPT HD, 1 MG	

Prior to 01/01/2025	Healthcare Administered Drugs	J0178	INJECTION AFLIBERCEPT 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0180	INJECTION AGALSIDASE BETA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0185	INJ., APREPITANT, 1MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0222	INJECTION PATISIRAN 0.1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0223	INJECTION, GIVOSIRAN, 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0224	INJ. LUMASIRAN, 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0225	INJ, VUTRISIRAN, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0248	INJ, REMDESIVIR, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0291	INJECTION PLAZOMICIN 5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0349	INJECTION, REZAFUNGIN, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	
10/1/2025	Healthcare Administered Drugs	J0458	INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	
Prior to 01/01/2025	Healthcare Administered Drugs	J0480	INJECTION BASILIXIMAB 20 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0485	INJECTION BELATACEPT 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0517	INJECTION BENRALIZUMAB 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J0565	INJECTION BEZLOTOXUMAB 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0567	INJECTION CERLIPONASE ALFA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0584	INJECTION BUROSUMAB-TWZA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0585	BOTULINUM TOXIN TYPE A PER UNIT	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0604	CINACALCET ORAL 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0606	INJECTION ETELCALCETIDE 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0630	CALCITONIN SALMON INJECTION	
Prior to 01/01/2025	Healthcare Administered Drugs	J0638	INJECTION CANAKINUMAB 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
10/1/2025	Healthcare Administered Drugs	J0681	INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0699	INJECTION, CEFIDEROCOL, 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	
Prior to 01/01/2025	Healthcare Administered Drugs	J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	
Prior to 01/01/2025	Healthcare Administered Drugs	J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	

Prior to 01/01/2025	Healthcare Administered Drugs	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0875	INJECTION DALBAVANCIN 5MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0877	INJ, DAPTOMYCIN (HOSPIRA)	
Prior to 01/01/2025	Healthcare Administered Drugs	J0878	INJECTION DAPTOMYCIN 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	
Prior to 01/01/2025	Healthcare Administered Drugs	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	
Prior to 01/01/2025	Healthcare Administered Drugs	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	
Prior to 01/01/2025	Healthcare Administered Drugs	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	
Prior to 01/01/2025	Healthcare Administered Drugs	J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J0897	INJECTION DENOSUMAB 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	
Prior to 01/01/2025	Healthcare Administered Drugs	J0911	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON	
1/1/2026	Healthcare Administered Drugs	J1073	TESTOSTERONE PELLETT IMPLANT 75 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1202	MIGLUSTAT, ORAL, 65 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J1290	INJECTION ECALLANTIDE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1299	INJ, ECULIZUMAB, 2 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1301	INJECTION EDARAVONE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1302	INJ SUTIMLIMAB-JOME 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1304	INJ, TOFERSEN, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1306	INJECTION, INCLISIRAN, MG	
1/1/2025	Healthcare Administered Drugs	J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1322	INJECTION ELOSULFASE ALFA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1325	INJECTION EPOPROSTENOL 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1426	INJECTION, CASIMERSEN, 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1427	INJECTION, VILTOLARSEN, 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1428	INJECTION ETEPLIRSEN 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1429	INJECTION, GOLODIRSEN, 10 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	
Prior to 01/01/2025	Healthcare Administered Drugs	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1448	INJECTION, TRILACICLIB, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	

Prior to 01/01/2025	Healthcare Administered Drugs	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1458	INJECTION GALSULFASE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
1/1/2025	Healthcare Administered Drugs	J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
4/1/2026	Healthcare Administered Drugs	J1553	INJ, IMMUNE GLOBULIN (YIMMUGO), 100 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8/Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
1/1/2025	Healthcare Administered Drugs	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	
Prior to 01/01/2025	Healthcare Administered Drugs	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1632	INJECTION, BREXANOLONE, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1640	INJECTION HEMIN 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	
Prior to 01/01/2025	Healthcare Administered Drugs	J1743	INJECTION IDURSULFASE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1744	INJECTION ICATIBANT 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1786	INJECTION IMIGLUCERASE 10 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
10/1/2025	Healthcare Administered Drugs	J1809	INJ, FOSDENOPTERIN, 0.1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1833	INJECTION ISAVUCONAZONIUM 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1930	INJECTION LANREOTIDE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1931	INJECTION LARONIDASE 0.1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1932	INJ LANREOTIDE CIPLA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
1/1/2026	Healthcare Administered Drugs	J1837	POSACONAZOLE, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2170	INJECTION MECASERMIN 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2182	INJECTION MEPOLIZUMAB 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2326	INJECTION NUSINERSEN 0.1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2356	INJECTION, TEZPELUMB-EKKO, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2357	INJECTION OMALIZUMAB 5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	

Prior to 01/01/2025	Healthcare Administered Drugs	J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	
1/1/2026	Healthcare Administered Drugs	J2468	INJECTION, PALONOSETRON HCl (POSFREA), 25 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2507	INJECTION PEGLOTICASE 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2562	INJECTION PLERIXAFOR 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2777	INJ FARICIMAB-SVOA 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2778	INJECTION RANIBIZUMAB 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2786	INJECTION RESLIZUMAB 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	
Prior to 01/01/2025	Healthcare Administered Drugs	J2793	INJECTION RILONACEPT 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	J2802	INJECTION ROMIPLOSTIM 1 MCG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2820	INJECTION SARGRAMOSTIM 50 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J2840	INJECTION SEBELIPASE ALFA 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2941	INJECTION SOMATROPIN 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3095	INJECTION TELAVANCIN 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3110	INJECTION TERIPARATIDE 10 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3262	INJECTION TOCILIZUMAB 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3285	INJECTION TREPROSTINIL 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3396	INJECTION VERTEPORFIN 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J3397	INJECTION VESTRONIDASE ALFA-VJKB 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J3490	UNCLASSIFIED DRUGS	
Prior to 01/01/2025	Healthcare Administered Drugs	J3590	UNCLASSIFIED BIOLOGICS	
Prior to 01/01/2025	Healthcare Administered Drugs	J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	
Prior to 01/01/2025	Healthcare Administered Drugs	J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
7/1/2025	Healthcare Administered Drugs	J7172	INJ, MARSTACIMAB-HNCQ (Hympavzi), 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
10/1/2025	Healthcare Administered Drugs	J7173	INJ, CONCIZUMAB-MTCL, 0.5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
10/1/2025	Healthcare Administered Drugs	J7174	INJ, FITUSIRAN, 0.04 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J7175	INJECTION FACTOR X 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7180	INJECTION FACTOR XIII 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7186	INJ AHF VWF CMLPX PER FACTOR VIII IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7188	INJECTION FACTOR VIII PER I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	
Prior to 01/01/2025	Healthcare Administered Drugs	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7194	FACTOR IX COMPLEX PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7197	ANTITHROMBIN III PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7198	ANTI-INHIBITOR PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7199	HEMOPHILIA CLOTTING FACTOR NOC	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7200	INJECTION FACTOR IX RIXUBIS PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable. PA not required for ICD-10 D67.
Prior to 01/01/2025	Healthcare Administered Drugs	J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7209	INJECTION FACTOR VIII 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY,	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIIO), PER FACTOR VIII I.U.”	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	
Prior to 01/01/2025	Healthcare Administered Drugs	J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	
Prior to 01/01/2025	Healthcare Administered Drugs	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	
Prior to 01/01/2025	Healthcare Administered Drugs	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	

Prior to 01/01/2025	Healthcare Administered Drugs	J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	
Prior to 01/01/2025	Healthcare Administered Drugs	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	
Prior to 01/01/2025	Healthcare Administered Drugs	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	
Prior to 01/01/2025	Healthcare Administered Drugs	J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7352	AFAMELANOTIDE IMPLANT, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	
Prior to 01/01/2025	Healthcare Administered Drugs	J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	
Prior to 01/01/2025	Healthcare Administered Drugs	J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	
7/1/2025	Healthcare Administered Drugs	J7356	INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	J7601	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	
Prior to 01/01/2025	Healthcare Administered Drugs	J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Bevacizumab when billed for intraocular injection does not require a PA
Prior to 01/01/2025	Healthcare Administered Drugs	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	

4/1/2026	Healthcare Administered Drugs	J8502	INJ, APREPITANT (APONVIE), 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	
Prior to 01/01/2025	Healthcare Administered Drugs	J8670	ROLAPITANT ORAL 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
1/1/2026	Healthcare Administered Drugs	J9256	INJECTION, NIPOCALIMAB-AAHU, 3 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J9285	INJECTION OLARATUMAB 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J9312	INJECTION RITUXIMAB 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	
Prior to 01/01/2025	Healthcare Administered Drugs	Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	
Prior to 01/01/2025	Healthcare Administered Drugs	Q0224	INJ, PEMIVIBART, 4500 MG	
10/1/2025	Healthcare Administered Drugs	Q0235	INJ, MNCLNL NTB DY PRDCTS W INDCTN FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.

Prior to 01/01/2025	Healthcare Administered Drugs	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5139	INJECTION ECULIZUMAB-AEEB BKEMV BIOSIMILAR 10 MG	
1/1/2025	Healthcare Administered Drugs	Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5143	INJ, ADALIMUMAB-ADB M, BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
1/1/2025	Healthcare Administered Drugs	Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Molina follows New Mexico Senate Bill 39 and waives PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	

Prior to 01/01/2025	Healthcare Administered Drugs	Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
Prior to 01/01/2025	Healthcare Administered Drugs	Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Molina follows New Mexico Senate Bill 135 Section 59A-22B-8 and Senate Bill 39 waiving PA where applicable.
7/1/2025	Healthcare Administered Drugs	Q5153	INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	
10/1/2025	Healthcare Administered Drugs	Q5154	INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	
10/1/2025	Healthcare Administered Drugs	Q5155	INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	
10/1/2025	Healthcare Administered Drugs	Q5156	INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	
Prior to 01/01/2025	Healthcare Administered Drugs	S0122	INJECTION MENOTROPINS 75 IU	
Prior to 01/01/2025	Healthcare Administered Drugs	S0126	INJECTION FOLLITROPIN ALFA 75 IU	
Prior to 01/01/2025	Healthcare Administered Drugs	S0128	INJECTION FOLLITROPIN BETA 75 IU	
Prior to 01/01/2025	Healthcare Administered Drugs	S0132	INJECTION GANIRELIX ACETATE 250 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	
Prior to 01/01/2025	Healthcare Administered Drugs	S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	
Prior to 01/01/2025	Healthcare Administered Drugs	S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	
Prior to 01/01/2025	Healthcare Administered Drugs	S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	
Prior to 01/01/2025	Home Health Care Services	99509	HOME VISIT ASSISTANCE DAILY LIV AND PRSONAL CARE	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0151	SRVCS PRFRMD BY PHYSCN THRPY HH EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0152	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0153	SRVCS SPCH&LNGGE PTHLGST HH EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0157	SERVICES BY PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0158	SERVICE OT ASSISTNT HOME HEALTH/HOSPICE EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Prior authorization is required for all home health services.

Prior to 01/01/2025	Home Health Care Services	G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0300	DIRECT SNS LPN HOME HEALTH/HOSPICE SET EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	G9006	COORDINATED CARE FEE HOME MONITORING	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5111	HOME CARE TRAINING FAMILY; PER SESSION	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S5165	HOME MODIFICATIONS; PER SERVICE	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Prior authorization is required for all home health services.

Prior to 01/01/2025	Home Health Care Services	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1002	RN SERVICES UP TO 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1005	RESPIRE CARE SERVICES UP TO 15 MINUTES	For members aged 20 and younger, prior authorization is required after 720 hours <i>or</i> 30 days per calendar year are utilized.
Prior to 01/01/2025	Home Health Care Services	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1030	NURSING CARE IN THE HOME RN PER DIEM	Prior authorization is required for all home health services.
Prior to 01/01/2025	Home Health Care Services	T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Prior authorization is required for all home health services.
7/1/2025	Hyperbaric/Wound Care	15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	
7/1/2025	Hyperbaric/Wound Care	15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	
7/1/2025	Hyperbaric/Wound Care	15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	
7/1/2025	Hyperbaric/Wound Care	15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	
7/1/2025	Hyperbaric/Wound Care	15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	
7/1/2025	Hyperbaric/Wound Care	15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	
7/1/2025	Hyperbaric/Wound Care	15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	
7/1/2025	Hyperbaric/Wound Care	15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	
Prior to 01/01/2025	Hyperbaric/Wound Care	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	
Prior to 01/01/2025	Hyperbaric/Wound Care	A2001	INNOVAMATRIX AC PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	A2004	Xcellistem Per Sq Cm	

7/1/2025	Hyperbaric/Wound Care	A2005	MICROLYTE MATRIX PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	A2006	Novosorb Synpath Dermal Matrix Per Sq Cm	
10/1/2025	Hyperbaric/Wound Care	A2007	Restrata Per Sq Cm	
10/1/2025	Hyperbaric/Wound Care	A2008	Theragenesis Per Sq Cm	
10/1/2025	Hyperbaric/Wound Care	A2009	Symphony Per Sq Cm	
10/1/2025	Hyperbaric/Wound Care	A2010	Apis Per Sq Cm	
10/1/2025	Hyperbaric/Wound Care	A2011	Supra SDRM, per sq cm	
10/1/2025	Hyperbaric/Wound Care	A2012	Suprathel, per sq cm	
10/1/2025	Hyperbaric/Wound Care	A2013	Innovamatrix FS, per sq cm	
1/1/2026	Hyperbaric/Wound Care	A2014	OMEZA COLLAGEN MATRIX PER 100 MG	
1/1/2026	Hyperbaric/Wound Care	A2015	PHOENIX WOUND MATRIX PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2016	PERMEADERM B PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2017	PERMEADERM GLOVE EACH	
1/1/2026	Hyperbaric/Wound Care	A2018	PERMEADERM C PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	A2020	AC5 ADVANCED WOUND SYSTEM	
Prior to 01/01/2025	Hyperbaric/Wound Care	A2021	NEOMATRIX PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2022	INNOVABURN OR INNOVAMATRIX XL PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2023	INNOVAMATRIX PD 1 MG	
1/1/2026	Hyperbaric/Wound Care	A2024	RESOLVE MATRIX OR XENOPATCH PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2025	MIRO3D PER CU CM	
1/1/2026	Hyperbaric/Wound Care	A2026	RESTRATA MINIMATRIX 5 MG	
1/1/2026	Hyperbaric/Wound Care	A2027	MATRIDERM PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	A2028	MICROMATRIX FLEX PER MG	

1/1/2026	Hyperbaric/Wound Care	A2029	MIROTRACT WOUND MATRIX SHEET PER CC	
10/1/2025	Hyperbaric/Wound Care	A2030	Miro3d fibers, per milligram	
10/1/2025	Hyperbaric/Wound Care	A2031	Mirodry wound matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	A2032	Myriad matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	A2033	Myriad morcells, 4 milligrams	
10/1/2025	Hyperbaric/Wound Care	A2034	Foundation drs solo, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	A2035	Corplex P or Theracor P or Allacor P, per milligram	
1/1/2026	Hyperbaric/Wound Care	A2036	Cohealyx Collagen Derman Matrix, per sq cm	
1/1/2026	Hyperbaric/Wound Care	A2037	G4derm Plus, per mm	
1/1/2026	Hyperbaric/Wound Care	A2038	Marigen Pacto, per sq cm	
1/1/2026	Hyperbaric/Wound Care	A2039	Innovamatrix fd, per sq cm	
10/1/2025	Hyperbaric/Wound Care	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	
7/1/2026	Hyperbaric/Wound Care	A2040	MICROLYTE PAINGUARD PER SQ CM	
7/1/2026	Hyperbaric/Wound Care	A2041	FOUNDATION DRS Plus DUO PER SQ CM	
7/1/2026	Hyperbaric/Wound Care	A2042	FOUNDATION DRS Plus SOLO PER SQ CM	
7/1/2026	Hyperbaric/Wound Care	A2043	BIOBRANE PER SQ CM	
7/1/2026	Hyperbaric/Wound Care	A2044	BIOBRANE GLOVE EACH	
7/1/2026	Hyperbaric/Wound Care	A2045	NOVASHIELD OR NOVOGEN WOUND MATRIX, PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4105	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4107	GRAFTJACKET, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4108	Integra matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4110	Primatrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4111	Gammagraft, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4112	Cymetra, injectable, 1cc	

10/1/2025	Hyperbaric/Wound Care	Q4113	Graftjacket xpress, injectable, 1cc	
10/1/2025	Hyperbaric/Wound Care	Q4114	Integra flowable wound matrix, injectable, 1cc	
10/1/2025	Hyperbaric/Wound Care	Q4115	Alloskin, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4116	AlloDerm, per sq cm	No PA required with breast cancer diagnosis
10/1/2025	Hyperbaric/Wound Care	Q4117	Hyalomatrix, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4118	Matristem micromatrix, 1mg	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4121	THERASKIN PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cmr	No PA required with breast cancer diagnosis
10/1/2025	Hyperbaric/Wound Care	Q4123	AlloSkin RT, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4124	OASIS ultra tri-layer wound matrix, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4125	ARTHROFLEX PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4126	MEMODERM DERMSPAN TRANZGRFT INTEGUPPLY PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4127	Talymed, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	No PA required with breast cancer diagnosis
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4130	STRATTICE PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	
10/1/2025	Hyperbaric/Wound Care	Q4134	Hmatrix, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4135	Mediskin, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4136	E-Z Derm, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4138	Biodfense dryflex, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	
10/1/2025	Hyperbaric/Wound Care	Q4140	BioDFence, per square centimeter	

10/1/2025	Hyperbaric/Wound Care	Q4141	Alloskin AC, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4142	Xcm biologic tissue matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4143	Repriza, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4145	Epifix, injectable, 1 mg	
10/1/2025	Hyperbaric/Wound Care	Q4146	Tensix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4149	Excellagen, 0.1 cc	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4152	DermaPure, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4153	Dermavest and Plurivest, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4154	Biovance, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4155	Neox Flo or Clarix Flo 1 mg	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4157	REVITALON PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4158	KERECIS OMEGA3 PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4159	AFFINITY PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4160	NUSHIELD PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4161	bio-ConneKt wound matrix, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4163	WOUNDEX BIOSKIN PER SQUARE CM	
7/1/2025	Hyperbaric/Wound Care	Q4164	HELLICOLL PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4165	Keramatrix or Kerasorb, per sq cm	

10/1/2025	Hyperbaric/Wound Care	Q4166	Cytal, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4167	Truskin, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4168	AmnioBand, 1 mg	
10/1/2025	Hyperbaric/Wound Care	Q4169	Artacent wound, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4170	Cygnus, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4171	Interfyl, 1 mg	
10/1/2025	Hyperbaric/Wound Care	Q4173	Palingen or Palingen Xplus, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	
10/1/2025	Hyperbaric/Wound Care	Q4175	Miroderm, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4176	Neopatch or Therion, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4177	Floweramnioflo, 0.1 cc	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4178	FLOWERAMNIOPATCH PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4179	FLOWERDERM PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4180	REVITA PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4181	AMNIO WOUND PER SQUARE CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4182	TRANSCYTE PER SQUARE CM	
10/1/2025	Hyperbaric/Wound Care	Q4183	Surgigraft, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4184	Cellesta or Cellesta Duo, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4186	EPIFIX PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4187	EPICORD PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4188	AmnioArmor, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4189	Artacent ac, 1 mg	
10/1/2025	Hyperbaric/Wound Care	Q4190	Artacent AC, per sq cm	

1/1/2025	Hyperbaric/Wound Care	Q4191	RESTORIGIN, PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4192	Restorigin, 1 cc	
10/1/2025	Hyperbaric/Wound Care	Q4193	Coll-e-derm, per square centimeter	
7/1/2025	Hyperbaric/Wound Care	Q4194	NOVACHOR PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4195	PURAPLY PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4196	PURAPLY AM PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4197	PURAPLY XT PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4198	Genesis amniotic membrane, per square centimeter	
1/1/2026	Hyperbaric/Wound Care	Q4199	CYGNUS MATRIX PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4200	SkinTE, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4201	Matrion, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4202	Keroxx (2.5g/cc), 1cc	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4203	DERMA-GIDE PER SQ CM	
7/1/2025	Hyperbaric/Wound Care	Q4204	XWRAP PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4206	Fluid flow or fluid gf, 1 cc	
10/1/2025	Hyperbaric/Wound Care	Q4208	Novafix, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4209	SurGraft, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4211	Amnion Bio or AxoBioMembrane, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4212	Allogen, per cc	
10/1/2025	Hyperbaric/Wound Care	Q4213	Ascent, 0.5 mg	
10/1/2025	Hyperbaric/Wound Care	Q4214	Cellesta Cord, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	
10/1/2025	Hyperbaric/Wound Care	Q4216	Artacent Cord, per sq cm	

10/1/2025	Hyperbaric/Wound Care	Q4217	WNDFIX BLOWND WNDFIX Plus BLOWND Plus WNDFIX X Plus /X Plu	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4218	SURGICORD PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4219	SURGIGRAFT-DUAL PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4220	BellaCell HD or Surederm, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4221	AMNIO WRAP2 PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4222	ProgenaMatrix, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4225	Amniobind or derma tl, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	
1/1/2025	Hyperbaric/Wound Care	Q4227	AMNIOCORE, PER SQUARE CENTIMETER	
1/1/2025	Hyperbaric/Wound Care	Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4230	Cogenex Flowable Amnion, per 0.5 cc	
10/1/2025	Hyperbaric/Wound Care	Q4232	Corplex, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4233	SurFactor or NuDyn, per 0.5 cc	
10/1/2025	Hyperbaric/Wound Care	Q4234	XCellerate, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4235	AMNIOREPAIR or AltiPly, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4236	CAREPATCH, PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4237	Cryo-Cord, per sq cm	
7/1/2025	Hyperbaric/Wound Care	Q4238	DERM-MAXX PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	
10/1/2025	Hyperbaric/Wound Care	Q4241	PolyCyte, for topical use only, per 0.5 cc	
10/1/2025	Hyperbaric/Wound Care	Q4242	AmnioCyte Plus, per 0.5 cc	
10/1/2025	Hyperbaric/Wound Care	Q4245	AmnioText, per cc	

10/1/2025	Hyperbaric/Wound Care	Q4246	CoreText or ProText, per cc	
10/1/2025	Hyperbaric/Wound Care	Q4247	Amniotext patch, per sq cm	
1/1/2025	Hyperbaric/Wound Care	Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4249	AMNIPLY, for topical use only, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	
1/1/2026	Hyperbaric/Wound Care	Q4251	VIM PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4252	VENDAJE PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4254	Novafix DL, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4255	REGUaRD, for topical use only, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4256	MLG-Complete, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4257	Relese, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4258	Enverse, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4259	CELERA DUAL LAYER/CELERA DUAL MEMBRANE PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4260	SIGNATURE APATCH PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4261	TAG PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4262	Dual Layer Impax Membrane, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4263	SurGraft TL, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4264	Cocoon Membrane, per sq cm	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	

Prior to 01/01/2025	Hyperbaric/Wound Care	Q4270	COMPLETE SL, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4271	COMPLETE FT, PER SQUARE CENTIMETER	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4272	ESANO A, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4273	ESANO AAA, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4274	ESANO AC, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4275	ESANO ACA, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4276	ORION, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4278	EPIEFFECT, PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4279	Vendaje ac, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4280	XCELL AMNIO MATRIX, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4282	CYGNUS DUAL, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4284	DERMABIND SL, PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4285	NUDYN DL OR NUDYN DL MESH PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4286	NUDYN SL OR NUDYN SLW PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4287	Dermabind dl, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4288	Dermabind ch, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4289	Revoshield + amniotic barrier, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4290	Membrane wrap-hydro, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4291	Lamellas xt, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4292	Lamellas, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4293	Acesso dl, per square centimeter	
4/1/2025	Hyperbaric/Wound Care	Q4294	AMNIO QUAD-CORE PER SQ CM	

4/1/2025	Hyperbaric/Wound Care	Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4296	Rebound matrix, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4297	Emerge matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4298	Amnicore pro, per square centimeter	
4/1/2025	Hyperbaric/Wound Care	Q4299	AMNICORE PRO Plus PER SQ CM	
10/1/2025	Hyperbaric/Wound Care	Q4300	Acesso tl, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4301	Activate matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4302	Complete ACA, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4303	Complete aa, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4304	Grafix plus, per square centimeter	
1/1/2026	Hyperbaric/Wound Care	Q4305	AMERICAN AMNION AC TRI-LAYER PER SQUARE CM	
1/1/2026	Hyperbaric/Wound Care	Q4306	AMERICAN AMNION AC PER SQUARE CENTIMETER	
1/1/2026	Hyperbaric/Wound Care	Q4307	AMERICAN AMNION PER SQUARE CENTIMETER	
1/1/2026	Hyperbaric/Wound Care	Q4308	SANOPELLIS PER SQUARE CENTIMETER	
1/1/2026	Hyperbaric/Wound Care	Q4309	VIA MATRIX PER SQUARE CENTIMETER	
1/1/2026	Hyperbaric/Wound Care	Q4310	PROCENTA PER 100 MG	
10/1/2025	Hyperbaric/Wound Care	Q4311	Acesso, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4312	Acesso ac, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4313	Dermabind fm, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4314	Reeva ft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4315	Regenelink amniotic membrane allograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4316	AmchoPlast, per sq cm	
10/1/2025	Hyperbaric/Wound Care	Q4317	Vitograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4318	E-graft, per square centimeter	

10/1/2025	Hyperbaric/Wound Care	Q4319	Sanograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4320	Pellograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4321	Renograft, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4322	Caregraft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4323	Alloply, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4324	Amniotx, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4325	Acapatch, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4327	Duoamnio, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4328	Most, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4329	Singlay, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4330	Total, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4331	Axolotl graft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4332	Axolotl dualgraft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4333	Ardeograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4334	Amnioplast 1, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4335	Amnioplast 2, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4336	Artacent c, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4337	Artacent trident, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4338	Artacent velos, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4339	Artacent vericlen, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4340	Simpligraft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4341	Simplimax, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4342	Theramend, per square centimeter	

10/1/2025	Hyperbaric/Wound Care	Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4344	Tri-membrane wrap, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4345	Matrix hd allograft dermis, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4346	Shelter dm matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4347	Rampart dl matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4348	Sentry sl matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4349	Mantle dl matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4350	Palisade dm matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4351	Enclose tl matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4352	Overlay sl matrix, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4353	Xceed tl matrix, per square centimeter	
1/1/2026	Hyperbaric/Wound Care	Q4354	PALINGEN DUAL LAYER MEMBRANE PER SQ CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4357	Xwrap plus, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4358	Xwrap dual, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4359	Choriptyl, per square centimeter	
1/1/2026	Hyperbaric/Wound Care	Q4360	AMCHOPLAST FD PER SQUARE CENTIMETER	
10/1/2025	Hyperbaric/Wound Care	Q4361	Epixpress, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4362	Cygnus disk, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4365	Amnio burgeon dual-layer membrane, per square centimeter	
10/1/2025	Hyperbaric/Wound Care	Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	

10/1/2025	Hyperbaric/Wound Care	Q4367	Amniocore sl, per square centimeter	
Prior to 01/01/2025	Hyperbaric/Wound Care	Q4368	AMCHOTHICK PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4369	AMNIOPLAST 3 PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4370	AEROGUARD PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4371	NEOGUARD PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4372	AMCHOPLAST EXCL PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4373	MEMBRANE WRP LT PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4375	DUOGRAFT AC PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4376	DUOGRAFT AA PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4377	TRIGRAFT FT PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4378	RENEW FT MATRIX PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4379	AMNIODEFEND FT MATRIX PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4380	ADVOGRAFT ONE PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4382	ADVOGRAFT DUAL PER SQ CM	
1/1/2026	Hyperbaric/Wound Care	Q4383	Axolotl Graft Ultra, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4384	Axolotl DualGraft Ultra, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4385	Apollo FT, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4386	Acesso TrifACA, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4387	NeoThelium FT, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4388	NeoThelium 4L, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4389	NeoThelium 4L Plus, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4390	Ascendion, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4391	AminoPlast Double, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4392	GRAFIX Duo, per sq cm	

1/1/2026	Hyperbaric/Wound Care	Q4393	SurGraft AC, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4394	SurGraft ACA, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4395	Acelagraft, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4396	Natalin, per sq cm	
1/1/2026	Hyperbaric/Wound Care	Q4397	Summit AAA, per sq cm	
4/1/2026	Hyperbaric/Wound Care	Q4398	SUMMIT AC, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4399	SUMMIT FX, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4400	POLYGON3 MEMBRANE, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4401	ABSOLV3 MEMBRANE, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4402	XWRAP 2.0, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4403	XWRAP DUAL PLUS, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4404	XWRAP HYDRO PLUS, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4405	XWRAP FENESTRA PLUS, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4406	XWRAP FENESTRA, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4407	XWRAP TRIBUS, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4408	XWRAP HYDRO, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4409	AMNIOMATRIXF3X, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4410	AMCHOMATRIXDL, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4411	AMNIOMATRIXF4X, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4412	CHORIOFIX, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4413	CYGNUS SOLO, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4414	SIMPLICHOR, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4415	ALEXIGUARD SL-T, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4416	ALEXIGUARD TL-T, PER SQ CM	

4/1/2026	Hyperbaric/Wound Care	Q4417	ALEXIGUARD DL-T, PER SQ CM	
4/1/2026	Hyperbaric/Wound Care	Q4431	PMA SKIN SUBSTITUTE, NOS	
4/1/2026	Hyperbaric/Wound Care	Q4432	510(K) SKIN SUBS, NOS	
4/1/2026	Hyperbaric/Wound Care	Q4433	361 HCT/P SKIN SUBS, NOS	
Prior to 01/01/2025	Imaging & Special Tests	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70460	CT HEAD BRAIN W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
7/1/2026	Imaging & Special Tests	70471	CTA HEAD and NECK C Plus W/NONCONTRAST IMG and POST-PXESS	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
4/1/2026	Imaging & Special Tests	70473	CT CRBRL PRFSN ANLYSS WTH CONTRST MTRL(S), INCLDNG IMG PSTPRCSSNG PRFRMD WITHOUT CNCRRNT CT OR CT ANGGRPHY	
Prior to 01/01/2025	Imaging & Special Tests	70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70540	MRI ORBIT FACE AND NECK W O CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70544	MRA HEAD W O CONTRST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70545	MRA HEAD W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70546	MRA HEAD W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70547	MRA NECK W O CONTRST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70548	MRA NECK W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70549	MRA NECK W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Prior to 01/01/2025	Imaging & Special Tests	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	71550	MRI CHEST W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	71551	MRI CHEST W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	71552	MRI CHEST W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	71555	MRA CHEST W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72129	CT THORACIC SPINE W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72130	CT THORACIC SPINE W O AND W CONTRAST MTRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72157	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72158	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal



Prior to 01/01/2025	Imaging & Special Tests	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74181	MRI ABDOMEN W O CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74182	MRI ABDOMEN W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
4/1/2026	Imaging & Special Tests	75577	QNTFCTN CHRCTRZTN CRNRY ATHRSCLRTC PLQ ASSESS SVRTY CRNRY DISSE, DRVD FRM AGMNTTV SFTWRE ANLYSS DATA SET FRM CRNRY CMPTD TMGRPHC ANGRPHY, W NTRPRTTN AND	
Prior to 01/01/2025	Imaging & Special Tests	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Prior to 01/01/2025	Imaging & Special Tests	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization
Prior to 01/01/2025	Imaging & Special Tests	76390	MRI SPECTROSCOPY	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	76391	MAGNETIC RESONANCE ELASTOGRAPHY	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/VO QUANTJ	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Prior to 01/01/2025	Imaging & Special Tests	78491	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST/STRESS	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST/STRESS	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78608	BRAIN IMAGING PET METABOLIC EVALUATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78609	BRAIN IMAGING PET PERFUSION EVALUATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78812	PET IMAGING SKULL BASE TO MID-THIGH	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78813	PET IMAGING WHOLE BODY	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0331T	MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0332T	MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0609T	MRS DISC PAIN ACQUISJ DATA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0610T	MRS DISC PAIN TRANSMIS DATA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Prior to 01/01/2025	Imaging & Special Tests	0611T	MRS DISC PAIN ALG ALYS DATA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0612T	MRS DISCOGENIC PAIN I&R	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Imaging & Special Tests	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95711	VEEG BY TECH 2-12 HOURS UNMONITORED	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	

Prior to 01/01/2025	Neuropsychological and Psychological Tests	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	
Prior to 01/01/2025	Neuropsychological and Psychological Tests	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	17360	CHEMICAL EXFOLIATION ACNE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21120	GENIOPLASTY AUGMENTATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21137	REDUCTION FOREHEAD CONTOURING ONLY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21142	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21143	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21282	LATERAL CANTHOPEXY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21620	OSTECTOMY STERNUM PARTIAL	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21627	STERNAL DEBRIDEMENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21630	RADICAL RESECTION STERNUM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22819	KYPHECTOMY 3 OR MORE SEGMENTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22849	REINSERTION SPINAL FIXATION DEVICE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22855	REMOVAL ANTERIOR INSTRUMENTATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27125	HEMIARTHROPLASTY HIP PARTIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27438	ARTHROPLASTY PATELLA W PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28035	RELEASE TARSAL TUNNEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28090	EXC LESION TENDON SHEATH/CAPSULE W/SYINVCT FOOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28092	EXC LESION TENDON SHEATH/CAPSULE W/SYINVCT TOE EA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28108	EXC CURTG CST B9 TUM PHALANGES FOOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28118	OSTECTOMY CALCANEUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28124	PARTIAL EXCISION BONE PHALANX TOE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28285	CORRECTION HAMMERTOES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNK OSTEOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28315	SESAMOIDECTOMY FIRST TOE SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28320	REPAIR NONUNION MALUNION TARSAL BONES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28705	ARTHRODESIS PANTALAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28715	ARTHRODESIS TRIPLE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28725	ARTHRODESIS SUBTALAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29873	ARTHROSCOPY KNEE LATERAL RELEASE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29914	ARTHROSCOPY HIP W FEMOROPLASTY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	29916	ARTHROSCOPY HIP W LABRAL REPAIR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	30465	REPAIR NASAL VESTIBULAR STENOSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32098	THORACOTOMY W/BIOPSY OF PLEURA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32100	THORACOTOMY WITH EXPLORATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32124	THORACOTOMY OPN INTRAPLEURAL PNEUMOLYSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32140	THORCOM W/REMOVAL OF CYST	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32141	THORACOTOMY W/RESECTION BULLAE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32151	THORCOM W/RMVL IPUL FB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32160	THORACOTOMY W/CARDIAC MASSAGE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32440	REMOVAL OF LUNG PNEUMONECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32507	THORACOTOMY W/DX WEDGE RESEXN AND AN TOM LUNG RESE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32650	THORACOSCOPY W/PLEURODESIS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32656	THORACOSCOPY W/PARIETAL PLEURECTOMY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32666	THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32667	THORACOSCOPY W/THERA WEDGE RESEXX ADDL IPSILATRL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32668	THORACOSCOPY W/DX WEDGE RESEXX ANATO LUNG RESEXX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32669	THORACOSCOPY W/SEGMENTECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32670	THORACOSCOPY W/BILOBECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32671	THORACOSCOPY W/PNEUMONECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32672	THORACOSCOPY W/RESEXX-PLICAJ EMPHYSEMA LUNG UNIL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32673	THORACOSCOPY RESEXX THYMUS UNI/BILATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32674	THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	32997	TOTAL LUNG LAVAGE UNILATERAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33017	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/GEN CAR ANOMALY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33050	RESECTION PERICARDIAL CYST/TUMOR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33130	RESECTION EXTERNAL CARDIAC TUMOR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33212	INS PM PLS GEN W/EXIST SINGLE LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33255	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33256	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33257	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33258	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33259	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33300	REPAIR CARDIAC WOUND W/O BYPASS	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33370	TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33404	CONSTRUCTION APICAL-AORTIC CONDUIT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33414	RPR VENTR O/F TRC OBSTRCTJ PATCH ENLGMT O/F TRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33415	RESECTION/INCISION SUBVALVULAR TISSUE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33416	VENTRICULOMYOTOMY-MYECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33420	VALVOTOMY MITRAL VALVE CLOSED HEART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/NO RING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33475	REPLACEMENT PULMONARY VALVE	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33516	CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33517	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33518	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33519	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33521	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33522	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33523	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33542	MYOCARDIAL RESECTION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33610	RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33619	RPR 1 VNTRC W/O/F OBSTR CJ AND AORTIC ARCH HYPOPLAS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33676	CLOSURE MULTIPLE VSD W/RESECTION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33690	BANDING PULMONARY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33697	COMPL RPR T-FALLOT W/PULM ATRESIA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33702	RPR SINUS VALSALVA FISTULA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33720	RPR SINUS VALSALVA ANEURYSM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33726	REPAIR PULMONARY VENOUS STENOSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33802	DIVISION ABERRANT VESSEL VASCULAR RING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33863	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33926	RPR P-ART ARBORIZI ANOMAL UNIFCLIZJ W/BYPASS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34502	RECONSTRUCTION VENA CAVA ANY METHOD
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34703	VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34710	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VLSL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35111	DIR RPR ANEURYSM SPLENIC ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35122	DIR RPR RUPTD ANEURYSM HEPATIC/CELIAC/RENAL/MESEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35142	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35303	TEAEC W/GRAFT POPLITEAL ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35351	TEAEC W/WO PATCH GRAFT ILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35508	BYPASS W/VEIN CAROTID-VERTEBRAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35510	BYPASS W/VEIN CAROTID-BRACHIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35518	BYPASS W/VEIN AXILLARY-AXILLARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35521	BYPASS W/VEIN AXILLARY-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35522	BYPASS W/VEIN AXILLARY-BRACHIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35535	BYPASS W/VEIN HEPATORENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35536	BYPASS W/VEIN SPLENORENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35537	BYPASS W/VEIN AORTOILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35538	BYPASS W/VEIN AORTOBI-ILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35539	BYPASS W/VEIN AORTOFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35540	BYPASS W/VEIN AORTOBIFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35558	BYPASS W/VEIN FEMORAL-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35560	BYPASS W/VEIN AORTORENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35563	BYPASS W/VEIN ILIOILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35565	BYPASS W/VEIN ILIOFEMORAL	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35636	BYP OTH/THN VEIN SPLENORENAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35637	BYP OTH/THN VEIN AORTOILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35638	BYP OTH/THN VEIN AORTOBI-ILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35646	BYP OTH/THN VEIN AORTOBIFEMORAL	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35647	BYP OTH/THN VEIN AORTOFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35663	BYP OTH/THN VEIN ILIOILIAC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35665	BYP OTH/THN VEIN ILIOFEMORAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL-/PERONEAL ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35691	TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35693	TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35694	TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35695	TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35701	EXPLORATION N/FLWD SURG NECK ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35870	RPR GRF-ENTERIC FSTL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35901	EXCISION INFECTED NECK GRAFT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35905	EXCISION INFECTED GRAFT THORAX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	35907	EXCISION INFECTED GRAFT ABDOMEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	
7/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	37292	REVSC EVASC TPVT ST ATHRC UNI SF LES 1ST VSL	
7/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	37294	REVSC EVASC TPVT ST ATHRC UNI CPLX LES 1ST VSL	
7/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	37296	REVSC EVASC IMVT ANGIOP UNI SF LES 1ST VSL	

7/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	37298	REVSC EVASC IMVT ANGIOP UNI CPLX LES 1ST VSL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENOPLTL JUNCT SPX
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	38746	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	39200	RESECTION OF MEDIASTINAL CYST
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	39220	RESECTION MEDIASTINAL TUMOR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	50590	LITHOTRIPTY XTRCORP SHOCK WAVE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53430	URETHROPLASTY RCNSTN FEMALE URETHRA	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	
1/1/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54125	AMPUTATION PENIS COMPLETE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54401	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55874	TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55880	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55970	INTERSEX SURG MALE FEMALE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	55980	INTERSEX SURG FEMALE MALE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	56625	VULVECTOMY SIMPLE COMPLETE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	56800	PLASTIC REPAIR INTROITUS	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	56805	CLITOROPLASTY INTERSEX STATE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57335	VAGINOPLASTY INTERSEX STATE	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	No prior auth required for service when associated with a cancer diagnosis.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58323	SPERM WASHING ARTIFICIAL INSEMINATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58350	CHROMOTUBATION OVIDUCT W MATERIALS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	No PA Required with encounter for sterilization done as outpatient. PA is required if inpatient.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58672	LAPAROSCOPY FIMBRIOPLASTY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58673	LAPAROSCOPY SALPINGOSTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58740	LYSIS OF ADHESIONS SALPINX OVARY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58750	TUBOTUBAL ANASTATOMOSIS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58752	TUBOUTERINE IMPLANTATION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58760	FIMBRIOPLASTY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58770	SALPINGOSTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58974	EMBRYO TRANSFER INTRAUTERINE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	62324	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	
1/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	62330	Bilateral percutaneous lumbar decompression with partial removal of the ligamentum flavum at one lumbar interspace	
1/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	62331	Each additional interspace treatment in the same session as 62330	Add-on code to 62330.
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	62380	NDSX DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63300	VCRPEC LES 1 SGM XDRL CERVICAL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	65771	RADIAL KERATOTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	
7/1/2026	OP Hosp/Amb Surgery Center (ASC) Procedures	92930	PERQ TCAT PLMT NTRAC ST 2 Plus LES 2 Plus ST 2 Plus C SEGM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) procedures	0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9761	CYSTO URS & PYELOSOPY LITH & VAC ASPIR KDNV COLLECTN SYSTEM	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9765	REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9767	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	

Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	
Prior to 01/01/2025	OP Hosp/Amb Surgery Center (ASC) Procedures	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	
Prior to 01/01/2025	Pain Management Procedures	27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	
Prior to 01/01/2025	Pain Management Procedures	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	
Prior to 01/01/2025	Pain Management Procedures	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	
Prior to 01/01/2025	Pain Management Procedures	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	
Prior to 01/01/2025	Pain Management Procedures	62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	
Prior to 01/01/2025	Pain Management Procedures	62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	
Prior to 01/01/2025	Pain Management Procedures	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	
Prior to 01/01/2025	Pain Management Procedures	62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	
Prior to 01/01/2025	Pain Management Procedures	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	
Prior to 01/01/2025	Pain Management Procedures	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	
Prior to 01/01/2025	Pain Management Procedures	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	
Prior to 01/01/2025	Pain Management Procedures	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	
Prior to 01/01/2025	Pain Management Procedures	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	
Prior to 01/01/2025	Pain Management Procedures	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	
Prior to 01/01/2025	Pain Management Procedures	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	
Prior to 01/01/2025	Pain Management Procedures	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	
Prior to 01/01/2025	Pain Management Procedures	63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	
Prior to 01/01/2025	Pain Management Procedures	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	

Prior to 01/01/2025	Pain Management Procedures	64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	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.
Prior to 01/01/2025	Pain Management Procedures	64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	
Prior to 01/01/2025	Pain Management Procedures	64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	
Prior to 01/01/2025	Pain Management Procedures	64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	
Prior to 01/01/2025	Pain Management Procedures	64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	
Prior to 01/01/2025	Pain Management Procedures	64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	
Prior to 01/01/2025	Pain Management Procedures	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	
Prior to 01/01/2025	Pain Management Procedures	64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	
Prior to 01/01/2025	Pain Management Procedures	64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	
Prior to 01/01/2025	Pain Management Procedures	64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	
Prior to 01/01/2025	Pain Management Procedures	64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	
Prior to 01/01/2025	Pain Management Procedures	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	
Prior to 01/01/2025	Pain Management Procedures	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	
Prior to 01/01/2025	Pain Management Procedures	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	
Prior to 01/01/2025	Pain Management Procedures	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	
Prior to 01/01/2025	Pain Management Procedures	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	PA Required after 12 visits per calendar year for PT/OT/ST.

Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97113	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPHY W/EXERCSS	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97116	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97150	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Physical, Occupational, and Speech Therapy	S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	
Prior to 01/01/2025	Prosthetics & Orthotics	L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	

Prior to 01/01/2025	Prosthetics & Orthotics	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	
Prior to 01/01/2025	Prosthetics & Orthotics	L0700	CTLISO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	
Prior to 01/01/2025	Prosthetics & Orthotics	L0710	CTLISO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	
7/1/2025	Prosthetics & Orthotics	L0720	CTLISO ANTERIOR POSTERIOR LAT CNTRL PREFAB ITEM	
Prior to 01/01/2025	Prosthetics & Orthotics	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Prosthetics & Orthotics	L1000	CTLISO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	
Prior to 01/01/2025	Prosthetics & Orthotics	L1200	TLISO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Prosthetics & Orthotics	L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	
Prior to 01/01/2025	Prosthetics & Orthotics	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	
Prior to 01/01/2025	Prosthetics & Orthotics	L1860	KNEE ORTHOS MOD SUPRACONDYL R PROS SOCKT CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	

Prior to 01/01/2025	Prosthetics & Orthotics	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	
Prior to 01/01/2025	Prosthetics & Orthotics	L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	
Prior to 01/01/2025	Prosthetics & Orthotics	L2999	LOWER EXTREMITY ORTHOSIS NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Prosthetics & Orthotics	L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	
Prior to 01/01/2025	Prosthetics & Orthotics	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Prosthetics & Orthotics	L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	
Prior to 01/01/2025	Prosthetics & Orthotics	L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	
Prior to 01/01/2025	Prosthetics & Orthotics	L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	
Prior to 01/01/2025	Prosthetics & Orthotics	L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	
Prior to 01/01/2025	Prosthetics & Orthotics	L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	
Prior to 01/01/2025	Prosthetics & Orthotics	L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	

Prior to 01/01/2025	Prosthetics & Orthotics	L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	
Prior to 01/01/2025	Prosthetics & Orthotics	L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	
Prior to 01/01/2025	Prosthetics & Orthotics	L5331	JOINT SINGLE AXIS KNEE SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5341	SINGLE AXIS KNEE SACH FOOT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	
Prior to 01/01/2025	Prosthetics & Orthotics	L5505	INIT ABVE KNEE-DISARTIC ISCH LEVL SOCKT NON-ALIGN	
Prior to 01/01/2025	Prosthetics & Orthotics	L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	
Prior to 01/01/2025	Prosthetics & Orthotics	L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	
Prior to 01/01/2025	Prosthetics & Orthotics	L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	
Prior to 01/01/2025	Prosthetics & Orthotics	L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5585	PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	
Prior to 01/01/2025	Prosthetics & Orthotics	L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	

Prior to 01/01/2025	Prosthetics & Orthotics	L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	
Prior to 01/01/2025	Prosthetics & Orthotics	L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	
Prior to 01/01/2025	Prosthetics & Orthotics	L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	
Prior to 01/01/2025	Prosthetics & Orthotics	L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	
Prior to 01/01/2025	Prosthetics & Orthotics	L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	
Prior to 01/01/2025	Prosthetics & Orthotics	L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	
Prior to 01/01/2025	Prosthetics & Orthotics	L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	
Prior to 01/01/2025	Prosthetics & Orthotics	L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	
Prior to 01/01/2025	Prosthetics & Orthotics	L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	
Prior to 01/01/2025	Prosthetics & Orthotics	L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	

Prior to 01/01/2025	Prosthetics & Orthotics	L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	
Prior to 01/01/2025	Prosthetics & Orthotics	L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	
Prior to 01/01/2025	Prosthetics & Orthotics	L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	
7/1/2025	Prosthetics & Orthotics	L5827	ENDOSKEL KN SHIN SGL AX ELMCH SW and ST PHS CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	
Prior to 01/01/2025	Prosthetics & Orthotics	L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	
Prior to 01/01/2025	Prosthetics & Orthotics	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	
Prior to 01/01/2025	Prosthetics & Orthotics	L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	
Prior to 01/01/2025	Prosthetics & Orthotics	L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	
Prior to 01/01/2025	Prosthetics & Orthotics	L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OTR SURF COVER	
Prior to 01/01/2025	Prosthetics & Orthotics	L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OTR SURF COVR	
Prior to 01/01/2025	Prosthetics & Orthotics	L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	
Prior to 01/01/2025	Prosthetics & Orthotics	L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	
Prior to 01/01/2025	Prosthetics & Orthotics	L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	

Prior to 01/01/2025	Prosthetics & Orthotics	L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	
Prior to 01/01/2025	Prosthetics & Orthotics	L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	
Prior to 01/01/2025	Prosthetics & Orthotics	L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	
Prior to 01/01/2025	Prosthetics & Orthotics	L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	
Prior to 01/01/2025	Prosthetics & Orthotics	L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUCE PYLN FEATUR	
Prior to 01/01/2025	Prosthetics & Orthotics	L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	
Prior to 01/01/2025	Prosthetics & Orthotics	L5999	LOWER EXTREMITY PROSTHESIS NOS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6000	PARTIAL HAND THUMB REMAINING	
Prior to 01/01/2025	Prosthetics & Orthotics	L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	
Prior to 01/01/2025	Prosthetics & Orthotics	L6020	PARTIAL HAND NO FINGER REMAINING	
Prior to 01/01/2025	Prosthetics & Orthotics	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	
Prior to 01/01/2025	Prosthetics & Orthotics	L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6110	BELOW ELBOW MOLDED SOCKET	
Prior to 01/01/2025	Prosthetics & Orthotics	L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	
Prior to 01/01/2025	Prosthetics & Orthotics	L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	
Prior to 01/01/2025	Prosthetics & Orthotics	L6200	ELB DISARTIC MOLD SOCKET OUTSIDE LOCK HINGE FORARM	
Prior to 01/01/2025	Prosthetics & Orthotics	L6205	ELB DISARTIC MOLD SCKT W/XPND INTRFCE LOCK FORARM	
Prior to 01/01/2025	Prosthetics & Orthotics	L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	
Prior to 01/01/2025	Prosthetics & Orthotics	L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	
Prior to 01/01/2025	Prosthetics & Orthotics	L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	
Prior to 01/01/2025	Prosthetics & Orthotics	L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	

Prior to 01/01/2025	Prosthetics & Orthotics	L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	
Prior to 01/01/2025	Prosthetics & Orthotics	L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	
Prior to 01/01/2025	Prosthetics & Orthotics	L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	
Prior to 01/01/2025	Prosthetics & Orthotics	L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	
Prior to 01/01/2025	Prosthetics & Orthotics	L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	
Prior to 01/01/2025	Prosthetics & Orthotics	L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	
Prior to 01/01/2025	Prosthetics & Orthotics	L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	
Prior to 01/01/2025	Prosthetics & Orthotics	L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	
Prior to 01/01/2025	Prosthetics & Orthotics	L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	
Prior to 01/01/2025	Prosthetics & Orthotics	L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	
Prior to 01/01/2025	Prosthetics & Orthotics	L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	
Prior to 01/01/2025	Prosthetics & Orthotics	L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	
7/1/2025	Prosthetics & Orthotics	L6700	UPPER EXT ADD EXTRNL PWR FTR MYOELEC CTRL MOD	
Prior to 01/01/2025	Prosthetics & Orthotics	L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	
Prior to 01/01/2025	Prosthetics & Orthotics	L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	
Prior to 01/01/2025	Prosthetics & Orthotics	L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	

Prior to 01/01/2025	Prosthetics & Orthotics	L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	
Prior to 01/01/2025	Prosthetics & Orthotics	L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	
Prior to 01/01/2025	Prosthetics & Orthotics	L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	
Prior to 01/01/2025	Prosthetics & Orthotics	L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	
Prior to 01/01/2025	Prosthetics & Orthotics	L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	
Prior to 01/01/2025	Prosthetics & Orthotics	L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	
Prior to 01/01/2025	Prosthetics & Orthotics	L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	
Prior to 01/01/2025	Prosthetics & Orthotics	L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	
Prior to 01/01/2025	Prosthetics & Orthotics	L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	
Prior to 01/01/2025	Prosthetics & Orthotics	L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	
Prior to 01/01/2025	Prosthetics & Orthotics	L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	
Prior to 01/01/2025	Prosthetics & Orthotics	L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	
Prior to 01/01/2025	Prosthetics & Orthotics	L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	

Prior to 01/01/2025	Prosthetics & Orthotics	L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	
Prior to 01/01/2025	Prosthetics & Orthotics	L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	
Prior to 01/01/2025	Prosthetics & Orthotics	L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	
Prior to 01/01/2025	Prosthetics & Orthotics	L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	
Prior to 01/01/2025	Prosthetics & Orthotics	L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	
Prior to 01/01/2025	Prosthetics & Orthotics	L7180	ELEC ELB MICROPRC SEQUENTIAL CNTRL ELB AND TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	
Prior to 01/01/2025	Prosthetics & Orthotics	L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	
Prior to 01/01/2025	Prosthetics & Orthotics	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	
7/1/2025	Prosthetics & Orthotics	L7406	ADDITION TO UPPER EXTREMITY USER ADJ MECHANICAL	
Prior to 01/01/2025	Prosthetics & Orthotics	L7499	UPPER EXTREMITY PROSTHESIS NOS	
Prior to 01/01/2025	Prosthetics & Orthotics	L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	
Prior to 01/01/2025	Prosthetics & Orthotics	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	
Prior to 01/01/2025	Prosthetics & Orthotics	L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	
Prior to 01/01/2025	Prosthetics & Orthotics	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	
Prior to 01/01/2025	Prosthetics & Orthotics	L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	
Prior to 01/01/2025	Prosthetics & Orthotics	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	
Prior to 01/01/2025	Prosthetics & Orthotics	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Prosthetics & Orthotics	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	
Prior to 01/01/2025	Prosthetics & Orthotics	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	
Prior to 01/01/2025	Prosthetics & Orthotics	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	

Prior to 01/01/2025	Radiation Therapy & Radio Surgery	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	77523	PROTON TX DELIVERY INTERMEDIATE	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	77525	PROTON TX DELIVERY COMPLEX	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	G6016	COMP-BASED BEAM MOD TX DEL 1 PLND TX 3 OVER HR SESS	
Prior to 01/01/2025	Radiation Therapy & Radio Surgery	G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	
Prior to 01/01/2025	Sleep Studies	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	
Prior to 01/01/2025	Sleep Studies	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	
Prior to 01/01/2025	Sleep Studies	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	
Prior to 01/01/2025	Sleep Studies	95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	
Prior to 01/01/2025	Sleep Studies	95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	
10/1/2025	Transplants/Gene Therapy	J3402	INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	
10/1/2025	Transplants/Gene Therapy	J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT	
4/1/2026	Transplants/Gene Therapy	J3404	INJ, ZOPAPOGENE IMADENOVEC-DRBA SUSPENSION, PER THERAPEUTIC DOSE	
Prior to 01/01/2025	Transplants/Gene Therapy	32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	
Prior to 01/01/2025	Transplants/Gene Therapy	32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	
Prior to 01/01/2025	Transplants/Gene Therapy	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	
Prior to 01/01/2025	Transplants/Gene Therapy	32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	

Prior to 01/01/2025	Transplants/Gene Therapy	32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	
Prior to 01/01/2025	Transplants/Gene Therapy	32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	
Prior to 01/01/2025	Transplants/Gene Therapy	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	
Prior to 01/01/2025	Transplants/Gene Therapy	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	
Prior to 01/01/2025	Transplants/Gene Therapy	33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	
Prior to 01/01/2025	Transplants/Gene Therapy	33940	DONOR CARDIECTOMY	
Prior to 01/01/2025	Transplants/Gene Therapy	33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	
Prior to 01/01/2025	Transplants/Gene Therapy	33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	
Prior to 01/01/2025	Transplants/Gene Therapy	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	
Prior to 01/01/2025	Transplants/Gene Therapy	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	
Prior to 01/01/2025	Transplants/Gene Therapy	38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	
Prior to 01/01/2025	Transplants/Gene Therapy	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	
Prior to 01/01/2025	Transplants/Gene Therapy	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	
Prior to 01/01/2025	Transplants/Gene Therapy	38209	TRNSP PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	
Prior to 01/01/2025	Transplants/Gene Therapy	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	
Prior to 01/01/2025	Transplants/Gene Therapy	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	
Prior to 01/01/2025	Transplants/Gene Therapy	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	
Prior to 01/01/2025	Transplants/Gene Therapy	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	
Prior to 01/01/2025	Transplants/Gene Therapy	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	
Prior to 01/01/2025	Transplants/Gene Therapy	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	
1/1/2025	Transplants/Gene Therapy	38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	
1/1/2025	Transplants/Gene Therapy	38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	

1/1/2025	Transplants/Gene Therapy	38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	
1/1/2025	Transplants/Gene Therapy	38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	
Prior to 01/01/2025	Transplants/Gene Therapy	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	
Prior to 01/01/2025	Transplants/Gene Therapy	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	
Prior to 01/01/2025	Transplants/Gene Therapy	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	
Prior to 01/01/2025	Transplants/Gene Therapy	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	
Prior to 01/01/2025	Transplants/Gene Therapy	44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	44133	DONOR ENTERECTOMY OPEN LIVING DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	
Prior to 01/01/2025	Transplants/Gene Therapy	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	
Prior to 01/01/2025	Transplants/Gene Therapy	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	47133	DONOR HEPATECTOMY CADAVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	
Prior to 01/01/2025	Transplants/Gene Therapy	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	
Prior to 01/01/2025	Transplants/Gene Therapy	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	
Prior to 01/01/2025	Transplants/Gene Therapy	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	
Prior to 01/01/2025	Transplants/Gene Therapy	47143	BKBENCH PREP CADAVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	
Prior to 01/01/2025	Transplants/Gene Therapy	47145	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	

Prior to 01/01/2025	Transplants/Gene Therapy	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	
Prior to 01/01/2025	Transplants/Gene Therapy	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	
Prior to 01/01/2025	Transplants/Gene Therapy	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	
Prior to 01/01/2025	Transplants/Gene Therapy	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	
Prior to 01/01/2025	Transplants/Gene Therapy	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	
Prior to 01/01/2025	Transplants/Gene Therapy	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	
Prior to 01/01/2025	Transplants/Gene Therapy	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	
Prior to 01/01/2025	Transplants/Gene Therapy	50370	RMVL TRNSPLED RENAL ALLOGRAFT	
Prior to 01/01/2025	Transplants/Gene Therapy	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	
Prior to 01/01/2025	Transplants/Gene Therapy	81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	
Prior to 01/01/2025	Transplants/Gene Therapy	0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	
Prior to 01/01/2025	Transplants/Gene Therapy	0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	
Prior to 01/01/2025	Transplants/Gene Therapy	0586T	OPEN ISLET CELL TRANSPLANT	

Prior to 01/01/2025	Transplants/Gene Therapy	J1411	INJ, HEMGENIX, PER TX DOSE	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J1412	INJECTION VALOCTOGENE ROXAPARVOVEC-RVOX PER ML	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Limit to once per lifetime
1/1/2025	Transplants/Gene Therapy	J1414	INJ, FIDANACOGENE ELAPARVOVEC-DZKT, PER THERAPEUTIC DOSE	Limit to once per lifetime
7/1/2026	Transplants/Gene Therapy	J3386	INJECTION, ETUVETIDIGENE AUTOTEMCEL, PER TX (WASKYRA)	Limit to once per lifetime
1/1/2026	Transplants/Gene Therapy	J3387	INJECTION ELIVALDOGENE AUTOTEMCEL (SKYSONA), PER TREATMENT	Limit to once per lifetime
7/1/2025	Transplants/Gene Therapy	J3391	INJ, ATIDARSAGENE AUTOTEMCEL (LENMELDY), PER TREATMENT	Limit to once per lifetime
1/1/2025	Transplants/Gene Therapy	J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	
7/1/2026	Transplants/Gene Therapy	J3405	INJECTION ONASEMNOGENE ABEPARVOVEC-BRVE PER TX (ITVISMA)	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	
Prior to 01/01/2025	Transplants/Gene Therapy	Q2053	BREXUCABTAGENE CAR POST	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Limit to once per lifetime
Prior to 01/01/2025	Transplants/Gene Therapy	Q2057	AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE	Limit to once per lifetime
7/1/2025	Transplants/Gene Therapy	Q2058	OBECABTAGENE CAR POS T (AUCATZYL)	Limited to once per lifetime Administered in two doses: the first dose on day one and a second dose on day ten (+/- 2
Prior to 01/01/2025	Transplants/Gene Therapy	S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	

Prior to 01/01/2025	Transplants/Gene Therapy	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	
Prior to 01/01/2025	Transplants/Gene Therapy	S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	S2060	LOBAR LUNG TRANSPLANTATION	
Prior to 01/01/2025	Transplants/Gene Therapy	S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	
Prior to 01/01/2025	Transplants/Gene Therapy	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	
Prior to 01/01/2025	Transplants/Gene Therapy	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	
Prior to 01/01/2025	Transplants/Gene Therapy	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	
Prior to 01/01/2025	Transplants/Gene Therapy	S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	
Prior to 01/01/2025	Transplants/Gene Therapy	S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	
Prior to 01/01/2025	Transplants/Gene Therapy	S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	
7/1/2026	Transportation Services	A0430	AMB SRVC CONV AIR SRVC TRANS 1 WAY FIXED WING	No prior authorization required in an emergency situation. Planned flights require authoriz
7/1/2026	Transportation Services	A0431	AMB SRVC CONV AIR SRVC TRANS 1 WAY ROTARY WING	No prior authorization required in an emergency situation. Planned flights require authoriz
Prior to 01/01/2025	Transportation Services	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	
Prior to 01/01/2025	Transportation Services	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	
Prior to 01/01/2025	Unlisted/Miscellaneous	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	
Prior to 01/01/2025	Unlisted/Miscellaneous	19499	UNLISTED PROCEDURE BREAST	
Prior to 01/01/2025	Unlisted/Miscellaneous	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	22899	UNLISTED PROCEDURE SPINE	
Prior to 01/01/2025	Unlisted/Miscellaneous	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	23929	UNLISTED PROCEDURE SHOULDER	
Prior to 01/01/2025	Unlisted/Miscellaneous	26989	UNLISTED PROCEDURE HANDS FINGERS	
Prior to 01/01/2025	Unlisted/Miscellaneous	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	

Prior to 01/01/2025	Unlisted/Miscellaneous	29999	UNLISTED PROCEDURE ARTHROSCOPY	
Prior to 01/01/2025	Unlisted/Miscellaneous	30999	UNLISTED PROCEDURE NOSE	
Prior to 01/01/2025	Unlisted/Miscellaneous	37799	UNLISTED PROCEDURE VASCULAR SURGERY	
Prior to 01/01/2025	Unlisted/Miscellaneous	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	
Prior to 01/01/2025	Unlisted/Miscellaneous	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	39499	UNLISTED PROCEDURE MEDIASTINUM	
Prior to 01/01/2025	Unlisted/Miscellaneous	39599	UNLISTED PROCEDURE DIAPHRAGM	
Prior to 01/01/2025	Unlisted/Miscellaneous	40799	UNLISTED PROCEDURE LIPS	
Prior to 01/01/2025	Unlisted/Miscellaneous	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	
Prior to 01/01/2025	Unlisted/Miscellaneous	42299	UNLISTED PROCEDURE PALATE UVULA	
Prior to 01/01/2025	Unlisted/Miscellaneous	43499	UNLISTED PROCEDURE ESOPHAGUS	
Prior to 01/01/2025	Unlisted/Miscellaneous	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	
Prior to 01/01/2025	Unlisted/Miscellaneous	43999	UNLISTED PROCEDURE STOMACH	
Prior to 01/01/2025	Unlisted/Miscellaneous	45399	UNLISTED PROCEDURE COLON	
Prior to 01/01/2025	Unlisted/Miscellaneous	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	
Prior to 01/01/2025	Unlisted/Miscellaneous	47999	UNLISTED PROCEDURE BILIARY TRACT	
Prior to 01/01/2025	Unlisted/Miscellaneous	49999	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	
Prior to 01/01/2025	Unlisted/Miscellaneous	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	
Prior to 01/01/2025	Unlisted/Miscellaneous	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	
Prior to 01/01/2025	Unlisted/Miscellaneous	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	
Prior to 01/01/2025	Unlisted/Miscellaneous	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	
Prior to 01/01/2025	Unlisted/Miscellaneous	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	

Prior to 01/01/2025	Unlisted/Miscellaneous	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	
Prior to 01/01/2025	Unlisted/Miscellaneous	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	
Prior to 01/01/2025	Unlisted/Miscellaneous	77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	
Prior to 01/01/2025	Unlisted/Miscellaneous	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	
Prior to 01/01/2025	Unlisted/Miscellaneous	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	
Prior to 01/01/2025	Unlisted/Miscellaneous	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	
Prior to 01/01/2025	Unlisted/Miscellaneous	88299	UNLISTED CYTOGENETIC STUDY	
Prior to 01/01/2025	Unlisted/Miscellaneous	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	
Prior to 01/01/2025	Unlisted/Miscellaneous	96549	UNLISTED CHEMOTHERAPY PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Unlisted/Miscellaneous	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	PA Required after 12 visits per calendar year for PT/OT/ST.
Prior to 01/01/2025	Unlisted/Miscellaneous	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	
Prior to 01/01/2025	Unlisted/Miscellaneous	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	
Prior to 01/01/2025	Unlisted/Miscellaneous	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	
Prior to 01/01/2025	Unlisted/Miscellaneous	0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30	
Prior to 01/01/2025	Unlisted/Miscellaneous	0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	
Prior to 01/01/2025	Unlisted/Miscellaneous	0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	
Prior to 01/01/2025	Unlisted/Miscellaneous	A0999	UNLISTED AMBULANCE SERVICE	
Prior to 01/01/2025	Unlisted/Miscellaneous	A4421	OSTOMY SUPPLY; MISCELLANEOUS	
Prior to 01/01/2025	Unlisted/Miscellaneous	A4649	SURGICAL SUPPLY; MISCELLANEOUS	

Prior to 01/01/2025	Unlisted/Miscellaneous	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	
Prior to 01/01/2025	Unlisted/Miscellaneous	A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	
Prior to 01/01/2025	Unlisted/Miscellaneous	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	
Prior to 01/01/2025	Unlisted/Miscellaneous	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	
Prior to 01/01/2025	Unlisted/Miscellaneous	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	
Prior to 01/01/2025	Unlisted/Miscellaneous	B9998	NOC FOR ENTERAL SUPPLIES	
Prior to 01/01/2025	Unlisted/Miscellaneous	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	
Prior to 01/01/2025	Unlisted/Miscellaneous	E0770	FES TRANSQ STIM NERV AND MUSC GRP Cmpl SYS NOS	
Prior to 01/01/2025	Unlisted/Miscellaneous	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	
1/1/2025	Unlisted/Miscellaneous	G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	
1/1/2025	Unlisted/Miscellaneous	G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	
Prior to 01/01/2025	Unlisted/Miscellaneous	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	
Prior to 01/01/2025	Unlisted/Miscellaneous	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	
Prior to 01/01/2025	Unlisted/Miscellaneous	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	
Prior to 01/01/2025	Unlisted/Miscellaneous	Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	
Prior to 01/01/2025	Unlisted/Miscellaneous	Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	
Prior to 01/01/2025	Unlisted/Miscellaneous	S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	
Prior to 01/01/2025	Unlisted/Miscellaneous	S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	
Prior to 01/01/2025	Unlisted/Miscellaneous	S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	
Prior to 01/01/2025	Unlisted/Miscellaneous	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	

Prior to 01/01/2025	Unlisted/Miscellaneous	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	
Prior to 01/01/2025	Unlisted/Miscellaneous	T5999	SUPPLY NOT OTHERWISE SPECIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	
Prior to 01/01/2025	Unlisted/Miscellaneous	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	
Prior to 01/01/2025	Unlisted/Miscellaneous	V5298	HEARING AID NOT OTHERWISE CLASSIFIED	
Prior to 01/01/2025	Unlisted/Miscellaneous	V5299	HEARING SERVICE MISCELLANEOUS	