



# Marketplace Enrollment ( ) Code Matrix

Effective Q1, 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. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

This Matrix is for Outpatient services.

All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (A/R), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.

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

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services, as delineated in the Prior Authorization guides, or as required by law.

Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

Code	Description	Service Category	MH PA Required?	MH Code Notes
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	Hyperbaric/Wound Therapy	Y	
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Hyperbaric/Wound Therapy	Y	
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Hyperbaric/Wound Therapy	Y	
15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	Hyperbaric/Wound Therapy	Y	
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	Hyperbaric/Wound Therapy	Y	
15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	Hyperbaric/Wound Therapy	Y	
15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	Hyperbaric/Wound Therapy	Y	
15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	Hyperbaric/Wound Therapy	Y	
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y	
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y	
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15786	ABRASION 1 LESION	OP Hosp/Amb Surgery Center (ASC) procedures	Y	
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y	
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	

15823	BLEPHAROLYTHIC EYELID W EXCESSIVE SKIN	Cosmeti , lasti & e onstru tive ro edures	Y	
15824	YTIDECT MY F E E D	Cosmeti , lasti & e onstru tive ro edures	Y	
15825	YTIDECT MY NECK W L TYSM L TIG TENING	Cosmeti , lasti & e onstru tive ro edures	Y	
15826	YTIDECT MY GL BELL F WN LINES	Cosmeti , lasti & e onstru tive ro edures	Y	
15828	YTIDECT MY C EEK C IN ND NECK	Cosmeti , lasti & e onstru tive ro edures	Y	
15829	YTIDECT MY SM S FL	Cosmeti , lasti & e onstru tive ro edures	Y	
15830	EXCISI N SKIN BD INF UMBILIC L NNICULECT MY	osp/ mb Surgery Center ( SC) pro edures	Y	
15832	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE T I	Cosmeti , lasti & e onstru tive ro edures	Y	
15833	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE LEG	Cosmeti , lasti & e onstru tive ro edures	Y	
15834	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE I	Cosmeti , lasti & e onstru tive ro edures	Y	
15835	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE BUTT CK	Cosmeti , lasti & e onstru tive ro edures	Y	
15836	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE M	Cosmeti , lasti & e onstru tive ro edures	Y	
15837	EXC EXCESSIVE SKIN ND SUBQ TISSUE F E M ND	Cosmeti , lasti & e onstru tive ro edures	Y	
15838	EXC EXCSV SKIN ND SUBQ TISSUE SUBMENT L F T D	Cosmeti , lasti & e onstru tive ro edures	Y	
15839	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE T E E	Cosmeti , lasti & e onstru tive ro edures	Y	
15847	EXCISI N EXCESSIVE SKIN ND SUBQ TISSUE BD MEN	Cosmeti , lasti & e onstru tive ro edures	Y	
15876	SUCTI N SSISTED LI ECT MY E D ND NECK	Cosmeti , lasti & e onstru tive ro edures	Y	
15877	SUCTI N SSISTED LI ECT MY T UNK	Cosmeti , lasti & e onstru tive ro edures	Y	
15878	SUCTI N SSISTED LI ECT MY U E EXT EMITY	Cosmeti , lasti & e onstru tive ro edures	Y	
15879	SUCTI N SSISTED LI ECT MY L WE EXT EMITY	Cosmeti , lasti & e onstru tive ro edures	Y	
17360	C EMIC L EXF LI TI N CNE	osp/ mb Surgery Center ( SC) pro edures	Y	
17380	ELECT LYSIS E IL TI N E C 30 MINUTES	Cosmeti , lasti & e onstru tive ro edures	Y	
17999	UNLISTED X SKIN MUC MEMB NE ND SUBQ TISSUE	Unlisted/Mis ellaneous	Y	
19300	M STECT MY YNEC M STI	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19303	M STECT MY SIM LE C M LETE	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19316	M ST EXY	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19318	EDUCTI N M MM L STY	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19325	M MM L STY UGMENT TI N W ST ETIC IM L NT	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19328	EM V L INT CT M MM YIM L NT	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19330	EM V L M MM YIM L NT M TE I L	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19340	IMMT INSJ B ST ST FLWG M ST EXY M ST CNSTJ	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19342	DLYD INSJ B ST ST FLWG M ST EXY M ST CNSTJ	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19350	NI LE E L EC NST UCTI N	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19355	C ECTI N INVE TED NI LES	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19396	E TI N M UL GE CUST M B E ST IM L NT	Cosmeti , lasti & e onstru tive ro edures	Y	No required when asso iated with breast an er diagnoses.
19499	UNLISTED CEDU E B E ST	Unlisted/Mis ellaneous	Y	
20560	NEEDLE INSE TI N(S) WIT UT INJ, 1 2 MUSCLES	osp/ mb Surgery Center ( SC) ro edures	Y	
20561	NEEDLE INSE TI N(S) WIT UT INJ, 3 M E MUSCLES	osp/ mb Surgery Center ( SC) ro edures	Y	
21073	M NI UL TI N TMJT E EUTIC EQUI E NEST ESI	osp/ mb Surgery Center ( SC) pro edures	Y	
21089	UNLISTED M XILL F CI L ST ETIC CEDU E	Unlisted/Mis ellaneous	Y	
21120	GENI L STY UGMENT TI N	osp/ mb Surgery Center ( SC) pro edures	Y	
21121	GENI L STY SLIDING STE T MY SINGLE IECE	osp/ mb Surgery Center ( SC) pro edures	Y	
21122	GENI L STY 2 G T SLIDING STE T MIES	osp/ mb Surgery Center ( SC) pro edures	Y	
21123	GENI SLIDING GMNTJ W INTE S L B NE G FTS	osp/ mb Surgery Center ( SC) pro edures	Y	
21125	GMNTJ MNDBL B DY NGL E ST ETIC M TE I L	osp/ mb Surgery Center ( SC) pro edures	Y	
21127	GMNTJ MNDBL BDY NGL W G F NL Y INTE S L	osp/ mb Surgery Center ( SC) pro edures	Y	
21137	EDUCTI N F E E D C NT U ING NLY	osp/ mb Surgery Center ( SC) pro edures	Y	
21138	DCTJ F D CNT G ND ST ETIC M T L B NE G FT	osp/ mb Surgery Center ( SC) pro edures	Y	
21139	DCTJ F D CNT G ND SETB CK NT F NT L SINUS W LL	osp/ mb Surgery Center ( SC) pro edures	Y	
21141	CNSTJ MIDF CE LEF T I 1 IECE W B NE G FT	osp/ mb Surgery Center ( SC) pro edures	Y	

21142	RCNSTN	CE LE ORT 2 P ECES W O BONE GR T	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21143	RCNSTN	CE LE ORT 3 OR GRT P ECE W O BONE GR T	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21145	RCNSTJ	CE LE ORT 1 P ECE W BONE GR TS	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21146	RCNSTJ	CE LE ORT 2 P ECES W BONE GR TS	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21147	RCNSTJ	CE LE ORT 3 OR GRT P ECE W BONE GR TS	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21150	RCNSTJ	CE LE ORT NTER OR NTRUS ON	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21151	RCNSTJ	CE LE ORT W BONE GR TS	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21154	RCNSTJ	CE LE ORT W O LE ORT	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21155	RCNSTJ	CE LE ORT W LE ORT	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21159	RCNSTJ	CE LE ORT W H W O LE ORT	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21160	RCNSTJ	CE LE ORT W H W LE ORT	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21172	RCNSTJ SUPER OR-L	TER L ORB T L R N LOWER H	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21175	RCNSTJ B RONT L	SUPER OR-L T ORB R S N LWR H	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21240	RTHRP TE PORO	N BUL R JO NT W WO UTOGR T	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21242	RTHROPL STY TE	PORO N BUL R JT W LLOGR T	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21243	RTHRP T PR N	JO NT W PROSTHET C REPL CE ENT	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21270	L R UG ENT T	ON PROSTHET C TER L	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21280	E L C NTHOPEXY	SEP R TE PROCE URE	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21282	L TER L C	NTHOPEXY	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21295	RE UCT ON SSETER	USCLE N BONE EXTR OR L	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21296	RE UCT ON SSETER	USCLE N BONE NTR OR L	OP Hosp/ mb Surger Center ( SC) procedures	Y	
21299	UNL STE CR NO	C L N X LLO C L PROCE URE	Unlisted/ iscellaneous	Y	
21602	EXC S ON CH W	L TU W/R B W/O E STNL LY PH EC	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
21603	EXC S ON CH W	L TU W/R B W/ E STNL LY PH EC	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
21620	OSTECTO Y	STERNU P RT L	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
21627	STERN L	EBR E ENT	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
21630	R C L RESECT	ON STERNU	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
21750	CLOSE E N	STERNOTO Y SEP W/WO EBR E ENT SPX	OP Hosp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
22100	PRTL EXC PST	RT NTRNSC B1 LES 1 RT SG CR	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22101	PRTL EXC PST	VRT NTRNSC B1Y LES 1 VRT SG THRC	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22102	PRTL EXC PST	VRT NTRNSC B1Y LES 1 VRT SG L BR	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22110	PRTL EXC RT B	B1 LES W O SP COR 1 SG CR	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22112	PRTL EXC VRT B	Y B1Y LES W O SP COR 1 SG THRC	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22114	PRTL EXC VRT B	Y B1Y LES W O SP COR 1 SG L BR	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22206	OSTEOTO Y	SP NE POSTER OR 3 COLU N THOR C C	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22207	OSTEOTO Y	SP NE POSTER OR 3 COLU N LU B R	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22210	OSTEOTO	SP NE PST PSTL T PPR 1 RT SG CR	OP Hosp/ mb Surger Center ( SC) procedures	Y	
22212	OSTEOTO	Y SP NE PST PSTL T PPR 1 VRT SG THRC	OP Hosp/ mb Surger Center ( SC) procedures	Y	

22214	OSTEOTOM S E ST ST ATA R1VRTSGM MBR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22220	OSTEOTOM S E DSKC A T A R1VRTSGM CRV	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22222	OSTEOTOM S E W DSKC A T A R1VRTSGM THRC	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22224	OSTEOTOM S E W DSKC A T A R1VRTSGM MBR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22526	ERQ TRDSC E ECTROTHRM A U O AST 1 EVE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22527	ERQ TRDSC E ECTROTHRM A U O AST ADD V	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22532	ARTHRODES S ATERA EXTRACAV TAR THORAC C	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22533	ARTHRODES S ATERA EXTRACAV TAR UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22548	ARTHRD A T TRA SOR XTRORA C1-C2 W WO EXC OD TD	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22551	ARTHRD A T TERBOD DECOM RESS CERV CA BE W C2	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22552	ARTHRD A T TERD CERV BE W C2 EA ADD TRS C	O Hosp/Amb Surgery Ce ter (ASC) rocedures		
22554	ARTHRD A T M D SCECT TERBOD CERV BE OW C2	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22556	ARTHRD A T M D SCECTOM TERBOD THORAC C	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22558	ARTHRODES S A TER OR TERBOD UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22586	ARTHRODES S RESACRA TRBD W STRUME T 5-S1	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22590	ARTHRODES S OSTER OR CRA OCERV CA	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22595	ARTHRODES S OSTER OR AT AS-AX S C1-C2	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22600	ARTHRODES S ST ST AT CERV CA BE W C2 SGM	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22610	ARTHRODES S OSTER OR OSTERO ATERA THORAC C	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22612	ARTHRODES S OSTER OR OSTERO ATERA UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22630	ARTHRODES S OSTER OR TERBOD UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22633	ARTHDS S OST OSTERO ATR OST TERBOD UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22800	ARTHRODES S OSTER OR S A DFRM U 6 VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22802	ARTHRODES S OSTER OR S A DFRM 7-12 VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22804	ARTHRODES S OSTER OR S A DFRM 13 OR GRT VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22808	ARTHRODES S A TER OR S A DFRM 2-3 VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22810	ARTHRODES S A TER OR S A DFRM 4-7 VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22812	ARTHRODES S A TER OR S A DFRM 8 OR GRT VRT SEG	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22818	K HECTOM S G E OR TWO SEGME TS	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22819	K HECTOM 3 OR MORE SEGME TS	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22849	RE SERT O S A FXAT O DEV CE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22850	REMOVA OSTER OR O SEGME TA STRUME TAT O	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22852	REMOVA OSTER OR SEGME TA STRUME TAT O	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22855	REMOVA A TER OR STRUME TAT O	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22856	TOT D SC ARTHR ART D SCA T A RO 1 TRS C CRV	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22857	TOT D SC ARTHR ART D SCA T A RO 1 TRS C MBR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22860	TT DSC ARTHR ST (ARTFC D SC), A TRR A RCH, C D G DSCECTM TO R RE TRS CE (OTHR THA FOR DCM RSS O ); SC D TRS CE, MBR	O Hosp/Amb Surgery Ce ter (ASC) rocedures		
22861	REVJ R CMT D SC ARTHRO AST A T1 TRS C CRV	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22862	REV R CMT D SC ARTHRO AST A T1 TRS C MBR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22864	RMV D SC ARTHRO AST A T1 TERS ACE CERV CA	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22865	RMV D SC ARTHRO AST A T1 TERS ACE UMBAR	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22867	SJ STAB J DEV W DCM R UMBAR S G E EVE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22868	SJ STAB J DEV W DCM R UMBAR SECO D EVE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22869	SJ STAB J DEV W O DCM R UMBAR S G E EVE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22870	SJ STAB J DEV W O DCM R UMBAR SECO D EVE	O Hosp/Amb Surgery Ce ter (ASC) procedures		
22899	U STED ROCEDURE S E	U listed/Miscella eous		
22999	U STED X ABDOME MUSCU OSKE ETA S STEM	U listed/Miscella eous		
23470	ARTHRO AST G E OHUMR JT HEM ARTHRO AST	O Hosp/Amb Surgery Ce ter (ASC) procedures		

23472	ARTHR A T G EN HUMERA J INTT TA H U DER	Hosp/Amb urger Center (A C) rocedures	
23473	REVI H U DER ARTHR T HUMERA /G EN IDC M NT	Hosp/Amb urger Center (A C) rocedures	
23474	REVI H U DER ARTHR T HUMERA AND G EN IDC M NT	Hosp/Amb urger Center (A C) rocedures	
23700	MANJ W/ANE H U DER J INT W/FIXATI NA ARATU	Hosp/Amb urger Center (A C) rocedures	
23929	UN I TED R CEDURE H U DER	Unlisted/Miscellaneous	
25447	ARTHR INTER INTERCAR A METACAR A J INT	Hosp/Amb urger Center (A C) procedures	
26989	UN I TED R CEDURE HAND FINGER	Unlisted/Miscellaneous	
27125	HEMIARTH R A T HI ARTIA	Hosp/Amb urger Center (A C) procedures	
27130	ARTHR ACETB R R X FEM R TC AGRFT A GRFT	Hosp/Amb urger Center (A C) procedures	
27132	C NV REV HI T THI ARTHR WW AGRFT A GRFT	Hosp/Amb urger Center (A C) procedures	
27134	REVJ T THI ARTHR BTH WW AGRFT A GRFT	Hosp/Amb urger Center (A C) procedures	
27137	REVNT THI ARTHR ACTB R WW AGRFT A GRFT	Hosp/Amb urger Center (A C) procedures	
27138	REVJ T THI ARTHR FEM N WW A GRFT	Hosp/Amb urger Center (A C) procedures	
27278	ARTHRD IJT ERQ IMG GDN INC MT IARTIC IM T W/ CMNT F TRNFXTN DVCE	ain Management rocedures	
27279	ARTHR DE I ACR I IACJ INT ERCUTANE U	ain Management rocedures	
27299	UN I TED R CEDURE E VI HI J INT	Unlisted/Miscellaneous	
27412	AUT G U CH NDR C TEIM ANTATI N KNEE	Experime tal/I vesti atio al	
27415	TE CH NDRA A GRAFT KNEE EN	Experime tal/I vesti atio al	
27438	ARTHR A T ATE AW R THE I	Hosp/Amb urger Center (A C) procedures	
27440	ARTHR A T KNEE TIBIA ATEAU	Hosp/Amb urger Center (A C) procedures	
27441	ARTHR KNEE TIBIA ATEAU DBRDMT AND RT NVCT	Hosp/Amb urger Center (A C) procedures	
27442	ARTHR A T FEM C ND E TIBIA ATEAU KNEE	Hosp/Amb urger Center (A C) procedures	
27443	ARTHR FEM C ND E TIB ATU KNE DBRDMT AND RT	Hosp/Amb urger Center (A C) procedures	
27446	ARTHR KNEE C ND E AND ATEAU MEDIA AT CM RT	Hosp/Amb urger Center (A C) procedures	
27447	ARTHR KNE C ND E AND ATU MEDIA AND AT C M ARTMENT	Hosp/Amb urger Center (A C) procedures	
27486	REVJ T TA KNEE ARTHR WW A GRFT 1 C M NENT	Hosp/Amb urger Center (A C) procedures	
27487	REVJ T T KNEE ARTHR FEM AND ENTIRE TIBIA C M NE	Hosp/Amb urger Center (A C) procedures	
28005	INCI I NB NEC RTEF T	Hosp/Amb urger Center (A C) procedures	
28035	RE EA E TAR A TUNNE	Hosp/Amb urger Center (A C) procedures	
28060	FA CIECT M ANTAR FA CIA ARTIA X	Hosp/Amb urger Center (A C) procedures	
28062	FA CI T M ANTAR FA CIA RADICA X	Hosp/Amb urger Center (A C) procedures	
28080	EXCI I N INTERDIGITA M RT N NEUR MA ING E EACH	Hosp/Amb urger Center (A C) procedures	
28090	EXC E I N TEND N HEATH/CA U E W/ NVCT F T	Hosp/Amb urger Center (A C) procedures	
28092	EXC E I N TEND N HEATH/CA U E W/ NVCT T E EA	Hosp/Amb urger Center (A C) procedures	
28104	EXC/CURTG B NE C T/B9 TUM RTAR A /METATAR A	Hosp/Amb urger Center (A C) procedures	
28108	EXC CURTG C T B9 TUM HA ANGE F T	Hosp/Amb urger Center (A C) procedures	
28110	TECT M RT 5TH METAR HEAD X	Hosp/Amb urger Center (A C) procedures	
28111	TECT M C M ETE 1 T METATAR A HEAD	Hosp/Amb urger Center (A C) procedures	
28112	TECT M C M ETE THER METATAR A HEAD 2 3 4	Hosp/Amb urger Center (A C) procedures	
28113	TECT M C M ETE 5TH METATAR A HEAD	Hosp/Amb urger Center (A C) procedures	
28118	TECT M CA CANEU	Hosp/Amb urger Center (A C) procedures	
28119	TECT M CA CANEU UR WW NTAR FA CIA R	Hosp/Amb urger Center (A C) procedures	
28120	ARTIA EXCI I NB NE TA U CA CANEU	Hosp/Amb urger Center (A C) procedures	
28122	RT EXCB1 TAR A METAR B1 XC TA U CA CANEU	Hosp/Amb urger Center (A C) procedures	
28124	ARTIA EXCI I NB NE HA ANX T E	Hosp/Amb urger Center (A C) procedures	
28200	R R TDN F XRF T 1 2 W FREE GRAFG EACH TEND N	Hosp/Amb urger Center (A C) procedures	
28202	R R TEND N F XRF T EC W FREE GRAFT EA TEND N	Hosp/Amb urger Center (A C) procedures	
28208	RE AIR TEND N EXTEN R F T 1 2 EACH TEND N	Hosp/Amb urger Center (A C) procedures	
28210	R R TEND N XTN R F T EC W FREE GRAFT EA TEND N	Hosp/Amb urger Center (A C) procedures	

28234	TENOTO O EN E TEN OR FOOT TOE EACH TENDON	O Hosp/Amb urgery Cen er (A C) procedures		
28270	CA UL TTAR HNLGJT W WO TENORRHA H EA JT	O Hosp/Amb urgery Cen er (A C) procedures		
28285	CORRECTION HA ERTOE	O Hosp/Amb urgery Cen er (A C) procedures		
28286	CORRECTION COCK-U 5TH TOE W LA TIC CLO URE	O Hosp/Amb urgery Cen er (A C) procedures		
28288	O TC RTLE O TC COND LC ETAR HEAD	O Hosp/Amb urgery Cen er (A C) procedures		
28289	HALLU RIGIDU W CHEILECTO 1 T JT W O I LT	O Hosp/Amb urgery Cen er (A C) procedures		
28291	HALLU RIGIDU W CHEILECTO 1 T JT W I LT	O Hosp/Amb urgery Cen er (A C) procedures		
28292	CORR HALLU VALGU W/ E DC W/RE CJ RO HAL	O Hosp/Amb urgery Cen er (A C) procedures		
28295	CORR HALLU VALGU W E DC W RO ETAR O TEOT	O Hosp/Amb urgery Cen er (A C) procedures		
28296	CORR HALLU VALGU W E DC W DI T ETAR O TEOT	O Hosp/Amb urgery Cen er (A C) procedures		
28297	CORR HALLU VALGU W E DC W 1 ETAR EDIAL CNF	O Hosp/Amb urgery Cen er (A C) procedures		
28298	CORR HALLU VALGU W E DC W RO HLN O TEOT	O Hosp/Amb urgery Cen er (A C) procedures		
28299	CORR HALLU VALGU W E DC W 2 O TEOT	O Hosp/Amb urgery Cen er (A C) procedures		
28300	O TEOTO CALCANEU W WO INTERNAL FI ATION	O Hosp/Amb urgery Cen er (A C) procedures		
28304	O TEOTO TAR AL BONE OTH/THN CALCANEU /TALU	O Hosp/Amb urgery Cen er (A C) procedures		
28306	O TEOT W/WO LENGTH HRT/CORR 1 T ETAR	O Hosp/Amb urgery Cen er (A C) procedures		
28307	O TEOT W/WO LENGTH HRT CORR ETAR C 1 T TOE	O Hosp/Amb urgery Cen er (A C) procedures		
28308	O TEOT W/WO LENGTH HRT/CORR ETAR C 1 T EA	O Hosp/Amb urgery Cen er (A C) procedures		
28309	O TEOT W/WO LENGTH HRT ANGULAR CORR ETAR LT	O Hosp/Amb urgery Cen er (A C) procedures		
28310	O TEOT HRT CORR RO HALAN 1 T TOE	O Hosp/Amb urgery Cen er (A C) procedures		
28312	O TEOT HRT CORR OTH HALANGE AN TOE	O Hosp/Amb urgery Cen er (A C) procedures		
28313	RCN TJ ANGULAR DFR TOE OFT TI ONL	O Hosp/Amb urgery Cen er (A C) procedures		
28315	E A OIDECTO FIR T TOE	O Hosp/Amb urgery Cen er (A C) procedures		
28320	RE AIR NONUNION ALUNION TAR AL BONE	O Hosp/Amb urgery Cen er (A C) procedures		
28322	R R NON ALUNION ETAR AL W WO BONE GRAFT	O Hosp/Amb urgery Cen er (A C) procedures		
28345	RCN TJ TOE NDACT L W WO KIN GRAFT EACH WEB	O Hosp/Amb urgery Cen er (A C) procedures		
28705	ARTHRODE I ANTALAR	O Hosp/Amb urgery Cen er (A C) procedures		
28715	ARTHRODE I TRI LE	O Hosp/Amb urgery Cen er (A C) procedures		
28725	ARTHRODE I UBTALAR	O Hosp/Amb urgery Cen er (A C) procedures		
28730	ARTHROD IDTAR L TAR O ETATAR AL ULT TRAN VR	O Hosp/Amb urgery Cen er (A C) procedures		
28735	ARTHROD IDTAR L TAR LT TRAN VR W O TEOT	O Hosp/Amb urgery Cen er (A C) procedures		
28737	ARTHROD W TDN LENGTH AND ADV NT TAR L NVCLR-CUNEIFOR	O Hosp/Amb urgery Cen er (A C) procedures		
28740	ARTHRODE I IDTAR O ETATAR AL INGLE JOINT	O Hosp/Amb urgery Cen er (A C) procedures		
28750	ARTHRODE I GREAT TOE ETATAR O HALANGEAL JOINT	O Hosp/Amb urgery Cen er (A C) procedures		
28755	ARTHRODE I GREAT TOE INTER HALANGEAL JOINT	O Hosp/Amb urgery Cen er (A C) procedures		
28760	ARTHROD W TN R HALLUCI LONGU TR 1 T ETAR NCK	O Hosp/Amb urgery Cen er (A C) procedures		
28890	E WT H NRG H QH W GDN NVG LNTAR FA CA	O Hosp/Amb urgery Cen er (A C) procedures		
29805	ARTHRO CO HOULDER D W/WO NOVIAL BIO	O Hosp/Amb urgery Cen er (A C) rocedures		
29806	ARTHRO CO HOULDER URGICAL CA ULORRHA H	O Hosp/Amb urgery Cen er (A C) procedures		
29807	ARTHRO CO HOULDER URGICAL RE AIR LA LE ION	O Hosp/Amb urgery Cen er (A C) procedures		
29819	ARTHRO CO HOULDER URGICAL RE OVAL LOO E FB	O Hosp/Amb urgery Cen er (A C) procedures		
29820	ARTHRO CO HOULDER URG NOVECTO ARTIAL	O Hosp/Amb urgery Cen er (A C) procedures		
29821	ARTHRO CO HOULDER URG NOVECTO CO LETE	O Hosp/Amb urgery Cen er (A C) procedures		
29822	ARTHRO CO HOULDER URG DEBRIDE ENT LI ITED	O Hosp/Amb urgery Cen er (A C) procedures		
29823	ARTHRO CO HOULDER URG DEBRIDE ENT E TEN IVE	O Hosp/Amb urgery Cen er (A C) procedures		
29824	ARTHRO CO HOULDER DI TAL CLAVICULECTO	O Hosp/Amb urgery Cen er (A C) procedures		
29825	ARTHRO CO HOULDER AHE IOL I W WO ANI J	O Hosp/Amb urgery Cen er (A C) procedures		
29827	ARTHRO CO HOULDER ROTATOR CUFF RE AIR	O Hosp/Amb urgery Cen er (A C) procedures		
29828	ARTHRO CO HOULDER BICE TENODE I	O Hosp/Amb urgery Cen er (A C) procedures		
29860	ARTHRO CO HI DIAGNO TIC W/WO NOVIAL B	O Hosp/Amb urgery Cen er (A C) rocedures		

29862	ARTHRO H BR M NT/ HAV NG ART CULAR CRTLG	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29863	ARTHRO CO Y H URG CAL W/ YNOV CTOMY	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29866	ARTHRO CO Y KN O T OCHON RAL AGRFT MO A C LA T	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29867	ARTHRO CO Y KN O T OCHON RAL ALLOGRAFT	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29868	ARTHRO CO Y KN M N CAL TRN LJM /LAT	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29870	ARTHRO CO Y KN AGNO T C W/WO YNOV AL BX X	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
29873	ARTHRO CO Y KN LAT RAL R L A	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29874	ARTHRO CO Y KN R MOVAL LOO FOR GN BO Y	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29875	ARTHRO CO Y KN YNOV CTOMY L M T X	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29876	ARTHRO CO Y KN YNOV CTOMY 2 OR GRT COM ARTM NT	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29877	ARTHRO KN BR M NT HAV NG ARTCLR CRTLG	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29879	ARTHRO KN ABRA ON ARTHR MLT RLG M CROFX	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29880	ARTHRO KN WM N C CTOMY M AN LAT W HAV NG	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29881	ARTHRO KN URG W M N C CTOMY M LAT W HVG	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29882	ARTHRO CO Y KN WM N CU R R M ALLAT RAL	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29883	ARTHRO CO Y KN WM N CU R R M ALAN LAT RAL	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29884	ARTHRO CO Y KN WLY A H ON WWO MANJ X	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29885	ARTHRO KN R LLO T OCHON RT CAN GRFG	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29886	ARTHRO KN R L L NG O T OCHON CAN L ON	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29887	ARTHRO KN RLG O T OCHON CAN NT F XJ	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29888	ARTHRO A ANT CRUC AT L GM R R AGMNTJ RCN TJ	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29889	ARTHRO A T CRUC AT L GM R R AGMNTJ RCN TJ	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29891	ARTHRO ANKL XCO TCHN RL FCT W RLG FCT	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29892	ARTHRO A R RL TALAR OM FXT BL LAFON FX	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29893	N O CO C LANTAR FA CTOMY	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29894	ARTHRO CO Y ANKL WR MOVAL LOO FOR GN BO Y	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29895	ARTHRO CO Y ANKL URG CAL YNOV CTOMY ART AL	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29897	ARTHRO CO Y ANKL URG CAL BR M NT L M T	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29898	ARTHRO CO Y ANKL URG CAL BR M NT XT N V	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29899	ARTHRO CO Y ANKL URG CAL W ANKL ARTHRO	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29914	ARTHRO CO Y H W F MORO LA TY	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29915	ARTHRO CO Y H W AC TABULO LA TY	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29916	ARTHRO CO Y H W LABRAL R A R	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
29999	UNL T ROC UR ARTHRO CO Y	Unlist d/Misc llan ous	Y	
30400	RH N R M LAT AN ALAR CRTLG AN LVTN NA AL T	Cosm tic, lastic & R constructiv roc dur s	Y	
30410	RH N R M COM L T XTRNL ART	Cosm tic, lastic & R constructiv roc dur s	Y	
30420	RH NO LA TY R MARY W MAJOR TALR A R	Cosm tic, lastic & R constructiv roc dur s	Y	
30430	RH NO LA TY CON ARY M NOR R V ON	Cosm tic, lastic & R constructiv roc dur s	Y	
30435	RH NO LA TY CON ARY NT RM AT R V ON	Cosm tic, lastic & R constructiv roc dur s	Y	
30450	RH NO LA TY CON ARY MAJOR R V ON	Cosm tic, lastic & R constructiv roc dur s	Y	
30460	RH N FRM W COLUM LGTH T ONLY	Cosm tic, lastic & R constructiv roc dur s	Y	
30462	RH N FRM COLUM LGTH T TUM O T OT	Cosm tic, lastic & R constructiv roc dur s	Y	
30465	R A R NA ALV T BULAR T NO	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	
30468	R R N L VLV COLLA UBQ/ BMC L LAT WALL M LT	Cosm tic, lastic & R constructiv roc dur s	Y	
30469	R R OF N L VLV CLL WITH LOW NRGY, TM RTUR -CNTRLL ( , R FRQNCY) BCTN OU / UBMC L RM LNG	O Hosp/Amb urg ryC nt r(A C) roc dur s	Y	
30999	UNL T ROC UR NO	Unlist d/Misc llan ous	Y	
31242	NA AL/ NU N C TRJ RF ABLAT ON TN LNRV	xp im tal/ v stigatio al	Y	
31243	NA AL/ NU N C TRJ CRYO ABLAT ON TN LNRV	xp im tal/ v stigatio al	Y	
31253	NA AL NU N C TOT WFRNT N X LT RMVL	O Hosp/Amb urg ryC nt r(A C) proc dur s	Y	

31257	NASA S N S N S TOTA W TH SPHENO OTOMY	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31259	NASA S N S N S TOT W SPHEN T W SPHEN T SS RMV	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31295	NASA S N S N S S RG W AT MAX ARY S N S	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31296	NASA S N S N S S RG W AT ON FRONTA S N S	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31297	NASA S N S N S S RG W AT ON SPHENO S N S	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31298	NASA S N S N S W FRONTA AN SPHEN S NS AT ON	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31660	BRON HOS OP THERMOP ASTY ONE OBE	OP Hosp/Amb Surger enter (AS ) procedures	Y	
31661	BRON HOS OP THERMOP ASTY 2 OR GRT OBES	OP Hosp/Amb Surger enter (AS ) procedures	Y	
32035	THORA OSTOMY W/R B RESE T ON EMPYEMA	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32036	THORA OSTOMY OPEN F AP RA NAGE EMPYEMA	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32096	THORA TOMY W/ X BX NG NF TRATE N ATERA	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32097	THORA TOMY W/ X BX NG NO E/MASS N ATERA	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32098	THORA OTOMY W/B OPSY OF P E RA	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32100	THORA OTOMY W TH EXP ORAT ON	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32110	THOR OM TR TRA MT HEMRRG AN /RPR NG TEAR	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32120	THORA OTOMY POSTOPERAT VE OMP AT ONS	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32124	THORA OTOMY OPN NTRAP E RA PNE MONO YS S	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32140	THOR OM W/REMOVA OF YST	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32141	THORA OTOMY W/RESE T ON B AE	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32150	THOR OM W/RMV NTRAP E RA FB/F BR N EP	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32151	THOR OM W/RMV P FB	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32160	THORA OTOMY W/ AR A MASSAGE	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.

32200	PNEUM N M / PEN DRAINAGE AB CE /C	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32215	PLEURAL CARIFICA I N REPEA PNEUM H RAX	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32220	DEC R ICA I N PULM NAR AL EPARA E PR CEDURE	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32225	DEC R ICA I N PULM NAR PAR IAL EPARA E PR C	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32440	REM VAL F LUNG PNEUM NEC M	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32442	REM VAL LUNG PNEUM NEC M RE XN GMN RACHEA	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32445	REM VAL LUNG PNEUM NEC M EX RAPLEURAL	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32480	RMVL LUNG HER HAN PNEUM NEC M 1 L BE L BEC	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32482	RMVL LUNG HER HAN PNEUM NEC 2 L BE BIL BEC	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32484	RMVL LUNG HER HAN PNEUM NEC 1 EGMEN EC M	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32486	RMVL LUNG XCP PNEUM NEC M LEEVE L BEC M	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32488	RMVL LUNG HER/ HAN PNUMEC C MPLE I N PNUMEC	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32491	RMVL LUNG H/ HN PNUMEC RE XN-PLC J EMPH LUNG	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32501	RE CJ AND BR NCH PLA PFRMD M L BEC/ GMEC M	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32503	RE CJ APICAL LUNG UM R / CHE ALL RCN J	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
32504	RE CJ APICAL LUNG UM R /CHE ALL RCN J	P Hosp/Amb urger Center (A C) Procedures	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.

32505	THOR OTO /THER PEUTI EDGE RESEXN INITI L	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32506	THOR OTO /THER P EDGE RESEXN DDL IPSIL TR L	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32507	THOR OTO /DX EDGE RESEXN ND NTO LUNG RESE	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32540	EXTR PLEUR LENU LE TION E P E E P E E TO	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32650	THOR OS OP /PLEURODESIS	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32651	THOR OS OP /P RTI LPUL ON R DE ORTI TION	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32652	THRS TOT PUL D RT TJ INTR PLEUR LPNEU ONOLSS	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32653	THOR OS OP R VL INTR PLEUR LFB/FIBRIN DEPOSIT	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32654	THOR OS OP ONTROL TR U TI HE ORRH GE	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32655	THOR OS OP /RESE TION BULL E / O PLEUR L PX	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32656	THOR OS OP /P RIET L PLEURE TO	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32658	THOR OS OP /R VL LOT/FB FRO PERI RDI LS	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32659	THRS RTJ PR RD INDO /PRTL RES J PR RD S	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32661	THOR OS OP /EX PERI RDI L ST TU OR/ SS	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32662	THOR OS OP /EX EDI STIN L ST TU OR/ SS	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.
32663	THOR OS OP /LOBE TO SINGLE LOBE	OP Hosp/ mb Sur ery enter ( S ) Procedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). Send to Evolent for members ≥18. Send to healthplan for members under 18.

32664	THOR O O W/THOR I M THE TOM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32665	THOR O O W/E O H GOM OTOM HELLERT E	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32666	THOR O O W/THER WEDGE RE EXN INITI L UNIL T	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32667	THOR O O W/THER WEDGE RE EXN DDLI IL TRL	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32668	THOR O O W/DX WEDGE RE EXN N TO LUNG RE EXN	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32669	THOR O O W/ EGMENTE TOM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32670	THOR O O W/BILLOBE TOM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32671	THOR O O W/ NEUMONE TOM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32672	THOR O O W/RE EXN- LI JEM H EM LUNG UNIL	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32673	THOR O O RE EXN TH MU UNI/BIL TER L	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32674	THOR O W/MEDI TINL ND REGIONLL M HDENE TOM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32800	RE IR LUNG HERNI THROUGH HE T W LL	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32810	L R H W LL FLWG O N FL DRG EM EM	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32815	O EN LO URE M JOR BRON HI LFI TUL	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32820	M JOR RE ON TRU TION HE T W LL O TTR UM TI	O Hosp/ mb urgery enter ( rocedures	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right . end to Evolent for members ≥18. end to healthplan for members under 18.
32850	DONOR NEUMONE TOM ( , IN L OLD RE ERV, FROM D VER DONOR	Transplants/Gene Therapy	
32851	LUNG TR N L, INGLE, W O RDIO ULM B	Transplan s/Gene Therapy	
32852	LUNG TR N L, INGLE, W RDIO ULM B	Transplan s/Gene Therapy	
32853	LUNG TR N L NT 2 W O RDIO ULMON R B	Transplan s/Gene Therapy	

32854	LUN N PL N 2 WC DIOPULMON Y BYP	ransplants ene erapy	Y	
32855	BKBENCH P EPJ C D VE DONO LUN LLO F UNI	ransplants ene erapy	Y	
32856	BKBENCH P EPJ C D VE DONO LUN LLO F BI	ransplants ene erapy	Y	
32900	E EC ION IB EX PLEU L LL E	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
32905	HO COPL Y CHEDE YPE/EX PLEU L	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
32906	HO COP CHEDE YP/X PLEU LCL B NCPL F L	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
32940	PNEUMONOLY I X P IO E LW/FILLIN /P CKIN PX	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
32997	O LLUN L V E UNIL E L	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33017	PE QP C DD 6Y PLU W/O CON ENI LC NOM LY	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33018	PE QP C DD 0-5Y / NY E W/C ENC NOM LY	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33019	PE QPE IC DI LD W/IN JNDWELL C H W/C	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33020	PE IC DIO OMY EMOV L CLO /FO EI N BODY P IM Y	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33025	C JPE IC DI L WINDOW/P L E ECJ W/D /BX	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33030	P IC DIEC OMY O /COMPL W/O C DPULM BYP	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33031	P IC DIEC OMY O /COMPL W/C DPULM BYP	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33050	E EC ION PE IC DI L CY / UMO	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33120	EXC IN C DI C UMO E CJ C DIOPULMON Y BYP	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.
33130	E EC ION EX E N LC DI C UMO	OP Hosp/ mb urgery Center ( C) Procedures	Y	~ pplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). end to Evolent for members ≥18. end to ealt plan for members under 18.

33206	INS NE CMT M ACEMAK T ANS E T D AT IA	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33207	INS NE C M ACEMAKE T ANSV E T D VENT	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33208	INS NE CMT M M T ANSV E T D AT IA & VENT	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33210	INSJ CMT TEM T ANSVNS 1CHMB E T D M CATH	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33211	INSJ CMT TEM T ANSVNS 2CHMB ACG E T DS S X	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33212	INS M S GEN EXIST SING E EAD	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33213	INS ACEMAKE U SE GEN ON Y EXIST DUA EADS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33214	U G ACEMAKE SYS CONVE T 1CHMB SYS 2CHMB SYS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33216	INSJ 1 T ANSVNS E T D E M ACEMAKE IM TB DFB	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33217	INSJ 2 T ANSVNS E T D E M ACEMAKE IM TB DFB	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33221	INS ACEMAKE U SE GEN ON Y EXIST MU T EADS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33224	INSJ E T D CA VEN SYS ATTCH EV M DFB S GEN	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33225	INSJ E T D CA VEN SYS TM INSJ DFB M S GEN	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33230	INSJ IM NTB DEFIB U SE GEN EXIST DUA EADS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33231	INSJ IM NTB DEFIB U SE GEN EXIST MU TI EADS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33236	MV M E ICA M AND E T DS THO COM 1 EAD SYS	O Hosp Amb Surgery Ce ter (ASC) rocedures	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.

33237	RMVL PRM P R PM D LTRDS THOR OM DU LL D SY	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33238	RMVL PRM TR SV OUS L TROD THOR OTOMY	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33240	SJ MPL TBL D F B PULS G W/1 X ST G LD	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33241	R MOV L MPL T BL D F B PULS G R TOR O LY	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33243	RMVL1/DU L H MB R D F B L TROD BYTHOR OM	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33244	RMVL1/DU L HMBR MPLTBL DFB LTRD TR SV S XTRJ	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33249	SJ/RPL MT P RM DFB W/TR SV S LDS 1/DU L HMBR	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33250	BL T O RRHYTHMOG FO /P THW YW/O BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33251	BL T O RRHYTHMOG FO /P THW YW/BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33254	BL T O D R O STRU T O TR L M T D	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33255	BL T O D R STJ TR XT SV W/O BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33256	BL T O D R STJ TR XT SV W/BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33257	TR BL T D R STJ W/OTH R PRO DUR L M T	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33258	TR BLTJ D R STJ W/OTH R PX XT S V W/O BYP	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33259	TR BLTJ D R STJ W/OTH R PX XT W/BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33261	OPR T V BLTJ V TR RRHYTHMOG FO W/BYP SS	OP Hosp/ mb Surgery e ter ( S ) Procedures	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.

33262	RMVL IM L L LSE GEN W/RE L LSE GEN 1 LEA	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33263	RMVL IM L L LSE GEN W/R LCM LSE GEN 2 L	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33264	RMVL IM L L LS GEN W/R LCM LS GEN ML L	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33265	N SCA LA ION AN RCNS J A RIA LIM I E W/O Y AS	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33266	N SCA LA ION AN RCNS J A RIA EX EN W/O Y ASS	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33267	EXCLUSION LE A RIAL A EN AGE O EN ANY ME HO	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33268	EXCLUSION LAA O EN M S RN / HRCM ANY ME HO	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33269	EXCLUSION LA RA EN AGE HORACOSCO IC ANY ME H	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33270	INS/R LCMN ERM SU Q IM L L W/SU Q EL R	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33271	INSJO SU Q IM LAN A LE E I RILLA OR ELEC RO E	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	~	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33272	RMVLO SU Q IM LAN A LE E I RILLA OR ELEC RO E	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	~	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33273	RE OS REVIOUSLY IM LAN E SU Q IM LAN A LE	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	~	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33274	CA INSI/R L ERM LEA LESS ACEMAKER RV W/IMG	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33275	CA REMOVAL ERM LEA LESS ACEMAKER R VEN R	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33285	INSER ION SU Q CAR IAC RHY HM MONI OR W/ RGRMG	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
33286	REMOVAL SU CU ANEOUS CAR IAC RHY HM MONI OR	O Hosp/Amb Surg ry C nt r (ASC) roc dur s	~	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

33289	TCAT I S -A T S SN -THE ODYN NT	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33300	E AI CA DIAC OUND /O BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33305	E AI CA DIAC OUND /CA DIO U ONA Y BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33310	CA DIOT EX / V FB AT /VENT TH B /O BY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33315	CA DIOT EX V FB AT /VENT TH B CA D BY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33320	SUT AO TA/G T VS /O SHUNT/CA D BY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33321	SUT AO TA/G EAT VESSE /SHUNT BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33322	SUTU E E AI AO TA/G EAT VESSE /BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33330	INSJ G AFT AO TA/G EAT VESSE /O SHUNT/BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33335	INSJ G AFT AO TA/G EAT VESSE /BY ASS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33340	E Q C S TCAT AT A NDGE /ENDOCA DIA I NT	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33361	E ACE AO TIC VA VE E Q FE O A A T YA OACH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33362	E ACE AO TIC VA VE O ENFE O A A TE YA OACH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33363	E ACE AO TIC VA VE O EN AXI YA T YA OACH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33364	E ACE AO TIC VA VE O EN I IACA TE YA OACH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
33365	E ACE AO TIC VA VE O ENT ANSAO TIC A OACH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.

33366	TRANSCAT T R TRANSA CA R AC MT AORT C VA V	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33367	R AC AORT C VA V W/BY RQ ART/V NOUS A RC	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33368	R AC AORT C VA V W/BY O N ART/V NOUS A RC	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33369	R AC AORTA VA V W/BY CNTR ART/V NOUS A RC	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33370	TRANSCAT T R AC M NT AND SBSQ R MOVA C D RQ	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33390	VA VU O ASTY AORT C VA V O N CARD BY S M	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33391	VA VU O ASTY AORT C VA V O N CARD BY COM X	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33404	CONSTRUCT ON A CA -AORT C CONDU T	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33405	R CMT ROST AORT C VA V O N XC OMOGRF/ST NT	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33406	R CMT AORT C VA V O N A OGRAFT VA V FR AND	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33410	R CMT AORT C VA V O N W/ST NT SST SSU VA V	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33411	R CMT AORT C VA V ANNU US N GM NT NONC S NUS	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33412	R AC M NT AORT C VA V KONNO ROC DUR	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33413	R AC M NT AORT C AND U MON VA V S ROSS ROC DUR	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33414	R R V NTR O/F TRC OBSTR CJ ATC N GM NT O/F TRC	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
33415	R S CT ON/ NC S ON SUBVA VU AR T SSU	O osp/Amb Surgery Center (ASC) ro edures	Y	~Applies only to plans partnered with volent (see healthplan s ope in lusion list in olumns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.

33416	VENT OMYOTOMY-MYE TOMY	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33417	AO TOP ASTY S P AVA V A STENOS S	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33418	T AT M T A VA VE EPA N T A P OSTHES S	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33419	T AT M T A VA VE EPA ADD P OSTHES S	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33420	VA VOTOMY M T A VA VE OSED HEA T	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33422	VA VOTOMY M T A VA VE OPEN HEA T W/BYPASS	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33425	VA V OP ASTY M T A VA VE W/ A D A BYPASS	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33426	V VP M T A VA VE W/ A D BYP W/P OST NG	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33427	V VP M T A VA VE W/BYPASS AD NSTJ W/WO NG	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33430	EP A EMENT M T A VA VE W/ A D OP MONA Y BYP	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33440	P MT AO T VA VE BY T J A TO P M VA VE	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33460	VA VE TOMY T SP D VA VE W/ A D OP MONA Y BYP	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33463	VA V OP ASTY T SP D VA VE W/O NG NSE T ON	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33464	VA V OP ASTY T SP D VA VE W/ NG NSE T ON	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33465	EP A EMENT T SP D VA VE W/ A D BYPASS	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33468	T SP D VA VE PSG AND P TJ EBSTE N ANOMA Y	OP Hosp/Amb Surger enter (AS ) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.

33474	VALVOTO L O AR VALVE O E HEART W/B ASS	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33475	RE LACE E T L O AR VALVE	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33476	R VE TRIC RESCJ I F D STE W/WO CO ISS ROTO	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33477	TCAT L O AR VALVE I LA TATIO RQA ROACH	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33478	O TFLOW TRACT AG TJ W/WO CO ISS R/I F D RESCJ	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33496	R R O -STR CT ROSTC VALVE D SF CTIO W/B ASS	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33500	R R CORO AR AV/ARTERIOCAR CH BR FSTL W/B ASS	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33501	R R CORO AR AV/ARTERIOCAR CH BR FSTL W/O B ASS	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33502	R R A O CORO AR ART L ART ORIGI LIGATIO	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33503	R R A O CORO AR ARTER L ART ORIGI GRAFT	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33504	R R A O CORO AR ART L ART ORIGI GRF W/B	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33505	R R A O CORO ART W/CO STJ I TRA L ART T EL	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33506	R R A O CORO AR ART FRO L ART TO AORTA	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33507	R R A O AORTIC ORIGI CORO AR ART ROOF/TLCJ	O Hosp/Amb Surgery Ce ter (ASC) rocedures		~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33508	DSC S RG W/VIDEO-ASSISTED HARVEST VEI CABG	O Hosp/Amb Surgery Ce ter (ASC) rocedures	~	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.
33509	E DOSCO IC HARVEST XTR ARTER 1 SEG E T CAB X	O Hosp/Amb Surgery Ce ter (ASC) rocedures	~	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members ≥18. Se d to healthpla for members u der 18.

33510	CORON R R R P SS 1 CORON R V NOUS GR F	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33511	CORON R R R P SS 2 CORON R V NOUS GR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33512	CORON R R R P SS 3 CORON R V NOUS GR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33513	CORON R R R P SS 4 CORON R V NOUS GR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33514	CORON R R R P SS 5 CORON R V NOUS GR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33516	CORON R R R P SS 6/ PLUS CORON R V NOUS GR F	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33517	CORON R R R P W/V IN ND R R GR F 1 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33518	CORON R R R P W/V IN ND R R GR F 2 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33519	CORON R R R P W/V IN ND R R GR F 3 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33521	CORON R R R P W/V IN ND R R GR F 4 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33522	CORON R R R P W/V IN ND R R GR F 5 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33523	CORON R R R P W/V IN ND R R GR F 6 V IN	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33530	ROPR J C /V LV PX G 1 MO F R ORIGIN L OP RJ	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33533	C G W/ R RI LGR F SINGL R RI LGR F	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33534	C G W/ R RI LGR F WO R RI LGR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
33535	C G W/ R RI LGR F HR R RI LGR F S	OP Hosp/ mb Surgery Ce ter ( SC) Procedures	~ pplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.

33536	CABG W A ALG AF FOU O G A ALG AF S	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33542	MYOCA D AL S C ON	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33545	P POS NF CJ V N CULA S P ALD F C	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33548	SU G V N CULA S J PX W P OS C PA CH PF MD	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33572	CO ONA Y NDA COMY OP N ANY M HOD	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33600	CLOSU A OV N CULA VALV SU U PA CH	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33602	CLOSU S M LUNA VALV AO C PULM SU U PA CH	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33606	ANAS PULMONA YA AO A DAMUS-KAY -S ANS L PX	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33608	P CA ANOMAL XCP PULM A S AV N S P L DFC	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33610	P CA ANOMAL SU G NLGM N V N S P L DFC	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33611	P 2 OU L VN C W N AV N UNN L P	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33612	P 2 OU L VN C P V N O F C OBS CJ	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33615	P CA ANOMAL CLS S P L DFC SMPL FON AN PX	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33617	P COMPL X CA D AC ANOMALY MOD F D FON AN PX	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33619	P 1 VN C W O F OBS CJ AND AO C A CH HYPOPLAS	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.
33620	APPL CA ON GH AND L F PULMONA YA Y BAND	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members ≥18. Send o heal hplan for members under 18.

33621	TRAN T RA AT ETER N ERT N F R TENT PLMT	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33622	RE N TRU T N MPLEX ARD A AN MALY	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33641	RPR ATR AL EPTAL DF T E UNDUM W/BYP W/W PAT	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33645	D R/PT L NU VEN U W/W AN M PUL VEN DRG	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33647	RPR ATR AL AND VENTR EPTAL DF T D R/PAT L	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33660	RPR N PLT/PRTL AV ANAL W/W AV VALVE RPR	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33665	RPR NTRM/TRAN J AV ANAL W/W AV VALVE RPR	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33670	RPR MPL AV ANAL W/W PR T VALVE	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33675	L URE MULT PLE VENTR ULAR EPTAL DEFE T	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33676	L URE MULT PLE V D W/RE E T N	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33677	L URE MULT PLE V D W/REM VAL ARTERY BAND	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33681	L R 1 VENTR ULAR EPTAL DEFE T W/W PAT	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33684	L R V- EPTL DF T W/PULM VLV T/ NFUND RE J	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33688	L R V- EPTAL DF T W/RMVL P-ART BAND W/W GU ET	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33690	BAND NG PULM NARY ARTERY	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.
33692	MPL RPR TETRAL GY FALL T W/ PULM ATRE A	P osp/Amb urgery enter A )Procedures	Y	~Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns to the right). end to Evolent for members ≥18. end to healthplan for members under 18.

33694	COMP P A O W/O PU MA ESIA ANU PA CH	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33697	COMP P A O W/PU MA ESIA	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33702	P SINUS VA SA VA IS U A	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33710	P SINUS VA SA VA IS U A W/ P V SEP A DE EC	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33720	P SINUS VA SA VA ANEY YSM	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33724	EPAI ISO A ED PA IA PU M VENOUS E U N	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33726	EPAI PU MONA Y VENOUS S ENOSIS	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33730	COMP E E P ANOMA OUS PU MONA Y VENOUS E U N	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33732	P CO IA M/SUPVA V ING ESCJ A IA MEMB	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33735	A IA SEP EC OMY/SEP OS OMY C OSED HEA	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33736	A IA SEP EC OMY/SEP OS OMY OPEN HEA W/BYPASS	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33750	SHUN SUBC AVIAN PU MONA YA E Y	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33755	SHUN ASCENDING AO A PU MONA YA E Y	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33762	SHUN DESCENDING AO A PU MONA YA E Y	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33764	SHUN CEN A W/P OS HE IC G A	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33766	SHUN SUPE IO VENA CAVA PU MONA YA 1 UNG	OP Hosp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.

33767	SHUNT SU V NA CAVA ULM A T Y B TH LUNGS	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33768	ANAST M S S CAV ULMA Y 2ND SU V NA CAVA	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33770	T S G AT VSLS W/ NLGMNT V-S TL DFCT	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33771	T S G AT VSLS W/ NLGMNT V-S TL DFCT	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33774	T S G AT VSLS AT AL BAFFL X W/BY ASS	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33775	T S G AT VSLS AT BAFFL W/ MVL ULM BAND	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33776	T S G TVSLAT BAFFL W/CLS V-S TL DFCT	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33777	T S G TVSLAT BAFFL W/BY SB ULM BST C	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33778	T S G TV SS LA TC ULM NA YA T CNSTJ	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33779	TGV A TC ULM A T CNSTJ W/ MVL ULM BAND	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33780	TGV A TC -A T CNSTJ W/CLS V-S TL DFCT	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33781	TGV A TC -A T CNSTJ SB ULMC BST CJ	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33782	A- T TLCJ VSD ULM STNS W/ C ST M LTJ	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33783	A- T TLCJ VSD ULM STNS W/ M LTJ C ST A	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33786	T TAL A T UNCUS A T SUS	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.
33788	M LANTAT NAN MAL US ULM NA YA T Y	Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members $\geq 18$ . Send to healthplan for members under 18.

33800	AORTI N ION TRA H ALD OM R ION X	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33802	DIVI ION AB RRANT V L VA LAR RING	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33803	DIVI ION AB RRANT V L W/R ANA TOMO I	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33814	OBLTRJ AORTO LMONARY TAL D F T W/BY A	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33820	R AIR AT NT D T ART RIO LIGATION	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33824	R R AT NT D X ART RIO DIV 18 YR AND OLD R	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33840	X OAR JAORTA W/WO DA W/DIR T ANA TOMO I	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33845	X I ION OAR TATION AORTA W/WO DA W/GRAFT	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33851	X OAR JAORTA W/L B LAVART/ RO T G T	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33852	R R HY O L T A-AR H W/AGRFT/ RO T W/O BY A	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33853	R R HY O L T A-AR H W/AGRFT/ RO T W/BY A	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33858	A -AORT GRF W/ ARD BY F/AORTI DI TION	O Hosp/Amb urgery en er (A ) rocedures	~	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33859	A -AORT GRF W/ ARD BY F/AORTI D OTH/THN D J	O Hosp/Amb urgery en er (A ) rocedures	~	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33863	A -AORT GRF W/ ARD BY AND AORTI ROOT R L MT	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33864	A NDING AORTA GRF VALV AR ROOT R MOD L	O Hosp/Amb urgery en er (A ) rocedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.
33871	TRAN VR A-AR H GRF W/ ARD BY RFD HY OTH RMIA	O Hosp/Amb urgery en er (A ) rocedures	~	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). end o volen for members ≥18. end o heal hplan for members under 18.

33875	DESCE D ORAC C AOR A RAF W/WO BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33877	RPR ORACOABDOM AL AOR C A EURYS W/WO BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33880	EVASC RPR D A COVERA E AR OR 1S E DOPROS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33881	EVASC RPR D A EXP COVERA E W/O AR OR	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33883	PLM PROX X PROS EVASC RPR D A 1S X	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33886	PLM DS L X PROS DLYD AF ER EVASC RPR D A	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33910	PULMO ARY AR ERY EMBOLEC OMY W/CARD BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33915	PULMO ARY AR ERY EMBOLEC OMY W/O CARD BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33916	PULMO ARY E DAR ERCOMY W/WO EMBOLEC OMY W/BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33917	RPR PULMO ARY AR S E OS S RC S J W/PA C / RAF	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33920	RPR PULMO ARY A RES A W/CO S J/RPLCM CO DU	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33922	RA SEC O PULMO ARY AR ERY W/CARD BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33924	L A D KD SYS C- O-PULMAR S U W/C E EAR	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33925	RPR P-AR ARBOR ZJ A OMAL U FCL ZJ W/O BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33926	RPR P-AR ARBOR ZJ A OMAL U FCL ZJ W/BYPASS	OP osp/Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
33929	REMOVAL O AL RPLCM EAR SYS FOR EAR R SPL	r nspl n s/ ene her p	Y	
33930	DO OR CARD EC OMY - P EUMO EC OMY	r nspl n s/ ene her p	Y	
33933	BKBE C PREPJ CADAVER DO OR EAR LU ALLO RAF	r nspl n s/ ene her p	Y	
33935	EAR -LU R SPL W/REC P E CARD EC OMY-P UMEC	r nspl n s/ ene her p	Y	
33940	DO OR CARD EC OMY	r nspl n s/ ene her p	Y	

33944	BKBENC E C D VE DONO E T LLOG FT	Transplants/Gene T erapy		
33945	E T T NS L NT W/WO ECI IENT C DIECTOM	Transplants/Gene T erapy		
33975	INS VENT IC SSIST DEV XT CO SINGLE VENT ICLE	O osp/ mb Surgery Center ( SC) rocedures		
33976	INS VENT IC SSIST DEV XT CO BIVENT ICUL	O osp/ mb Surgery Center ( SC) rocedures		
33979	INS VENT SSIST DEV IM LT BLE ICO 1 VNT C	O osp/ mb Surgery Center ( SC) rocedures		
33995	INS E Q V D W/ S ND I E T VENOUS CCESS ONL	Transplants/Gene T erapy		
34001	EMBLC/T MBC C T C TD SUBCL /INNOMIN TE T	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34051	EMBLC/T MBC INNOMIN TE SUBCL VI N TE	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34101	EMBLC/T MBC X B C INNOMIN TE SUBCL T	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34111	EMBLC/T MBC W/WO C T DI L/ULN T M INC	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34151	EMBLC/T MBC NL CELI C MESENT O TO-ILI C T	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34201	EMBLC/T MBC FEMO L O LITE L O TO-ILI C T	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34203	EMBLC/T MBC O LITE L-TIBIO- ONE L T LEG INC	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34401	T MBC DI /W/C T VEN C V ILI C VEIN BDL INC	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34421	T MBC DI /W/C T V/C ILI C FEM O VEIN LEG INC	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34451	T MBC DI /W/C T V/C ILI C FEM O VEIN BDL & LEG	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34471	T MBC DI /W/C T SUBCL VI N VEIN NECK INC	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34490	T MBC DI /W/C T XILL&SUBCL VI N VEIN M IN	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34501	V LVULO L ST FEMO L VEIN	O osp/ mb Surgery Center ( SC) rocedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
34502	ECONST UCTION VEN C V N MET OD	O osp/ mb Surgery Center ( SC) rocedures		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.

34510	VEN V VE TR N P ITI N NY VEIN D N R	P Hosp/ mb urgery enter ( )Procedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34520	R - VER VEIN GR FT VEN Y TEM	P Hosp/ mb urgery enter ( )Procedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34530	PHEN P P ITE VEIN N T M I	P Hosp/ mb urgery enter ( )Procedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34701	EV RPR DP MNT RT - RTI NDGFT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34702	EV RPR DP MNT RT - RTI NDGFT RPT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34703	V RPR DP MNT RT - N-I I NDGFT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34704	EV RPR DP MNT RT - N-I I NDGFT RPT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34705	EV RPR DP MNT RT -BI-I I NDGFT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34706	EV RPR DP MNT RT -BI-I I NDGFT RPT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34707	EV RPR DP MNT I I -I I NDGFT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34708	EV RPR DP MNT I I -I I NDGFT RPT	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34709	P EMENT XTN PR TH F R END V R RPR	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34710	THRMB DIR/W/ TH XI ND B VI N VEIN RM IN	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34711	D YD P EMENT XTN PR TH F R EV RPR E DD	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34712	TR N THETER D VR ENHN D FIX TI N DEVI E R ND I	P Hosp/ mb urgery enter ( )Procedures	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
34713	PERQ E ND RE FEM RT F R DE IVERY NDGFT	P Hosp/ mb urgery enter ( )Procedures	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.

34714	OPN F XPOS W/CND C J DLV V SC P OS H	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	~	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34715	OPN X/SUBCL XPOS DLV V SC P OS H UNI	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	~	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34716	OPN XILL Y/SUBCL VI N XPOS W/CND C J	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	~	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34717	V SC P ILI C OF -ILI C NDGF UNI	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34718	V SC P DPL N O O-UN-ILI C NDGF	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34808	V SC PL C N ILI C YOCLUSION D VIC	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34812	OPN F XPOS DLV V SC P OS H UNI	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34813	PL F -F P OS CG F V SC O IC YS P	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34820	OPN ILI C XPOS P OS H/ILI COCLLS V SC UNI	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34830	OPN P YS P L U UB P OS H	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34831	OPN P YS P L O OBIILI C P OS H	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34832	DLYD PL C N X NP OS H FO V SC P 1S VSL	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34833	OPN ILI C XPOS C J P OS H S C D BYP	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34834	OPN B CHI L Y XPOS DLV V SC P OS H UNI	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34839	PLNNING P SP CF N S VISC L O ICG F	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
34841	NDOV SC VISC O P I F N S 1 NDOG F	OP Hosp/ mb Surg ry C nt r( SC) Proc dur s	Y	~ ppli s only to plans partn r d with vol nt(s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

34842	ENDO ER ORT REP R FENE T 2 ENDOGR FT	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34843	ENDO ER ORT REP R FENE T 3 ENDOGR FT	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34844	ENDO ER ORT REPR FENE T 4 PLU ENDOGR FT	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34845	E RPR L RT N/ - L RT NDGFT UN	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34846	ER ND NFR REN L BDOM ORT 2 PRO THE	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34847	ER ND NFR REN L BDOM ORT 3 PRO THE	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
34848	ER ND NFR REN L BDOM ORT 4 PLU PRO THE	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35001	D R RPR NEURY M ROT D- UB L N RTERY	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35002	D R RPR RUPTD NEURY M ROT D- UB L N RTERY	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35005	D R RPR NEURY M ERTEBR L RTERY	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35013	D R RPR RUPTD NEURY M X L-BR H L RM N	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35021	D R RPR NEURY M NNOM N TE/ UB L N RTERY	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35022	D R RPR RUPTD NEURY M NNOM N TE/ UB L N	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35081	D R RPR NEURY M BDOM N L ORT	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35082	D R RPR RUPTD NEURY M BDOM N L ORT	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.
35091	D R RPR NEURY M BDOM ORT W/ ER L E EL	OP Hosp/ mb urgery en er ( ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). end o Evolen for members $\geq$ 18. end o heal hplan for members under 18.

35092	VIS	DI	F	L	BDOM	O	T	1	P	OSTH	SIS	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35102	DI	P	U	YSM	BDOM	O	T	W/ILI	V	SS	LS	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35103	DI	P	UPTD	U	YSM	BDOM	O	T	W/ILI	V	SS	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35111	DI	P	U	YSM	SPL	I	T	Y				OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35112	DI	P	UPTD	U	YSM	SPL	I	T	Y			OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35121	DI	P	U	YSM	H	P	TI	/	LI	/	L/M	S	T	I	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
35122	DI	P	UPTD	U	S	M	H	P	TI	/	LI	/	L/M	S	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
35131	DI	P	U	YSM	XIL-B	HI	L	M	I	ISIO		OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35132	DI	P	UPTD	U	YSM	D	G	FT	ILI	T	Y	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35141	DI	P	U	YSM	D	G	FT	OMMO	F	MO	L	T	Y	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.	
35142	DI	P	UPTD	U	YSM	D	G	F	OMMO	F	MO	L	T	Y	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
35151	DI	P	UPTD	U	YSM	DI	L/UL	T	Y			OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			
35152	DI	P	UPTD	U	YSM	D	G	F	POPLIT	L	T	Y	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.		
35182	P	O	G	I	T	L	V	FISTUL	THO	X	D	BDOM	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.		
35189	P	/T	U	M	T	I	V	FISTUL	THO	X	&	BDOM	OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.		
35211	DI	P	U	YSM	D	G	FT	ILI	T	Y		OP Hosp/ mb Sur ery enter ( S ) Procedures	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.			

35216	RPR B	SS	IR CT INTRATH RACIC W/ BYPASS	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35221	RPR B	SS	IR CT INTRA-AB MINA	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35241	RPR B	SS	IN GRAFT INTRATH RACIC W/BYP	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35246	RPR B	SS	IN GRF INTRATH RACIC W/ BYP	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35251	R PAIR B	SS	IN GRAFT INTRA-AB MINA	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35271	RPR B	S GRF TH/THN	IN INTRATHRC W/BYP	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35276	RPR B	S GRF TH/THN	IN INTRATHRC W/ BYP	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35281	RPR B	S W/GRFT TH R/THAN	IN INTRA-AB MINA	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35301	T A C W/PATCH GRF CAR TI	RTB SUBC A N CK INC		P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35302	T A C W/GRAFT SUP RFICIA F M RA ART RY			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35303	T A C W/GRAFT P P IT A ART RY			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35304	T A C W/GRAFT TIBI P R N A TRUNK ART RY			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35305	T A C W/GRAFT TIBIA /P R N A ART 1ST SS			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35306	T A C W/GRAFT A A TIBIA /P R N A ART			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35311	T A C W/W PATCH GRF SUBC A INN M TH RACIC INC			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35321	T A C W/W PATCH GRF AXI ARY-BRACHIA			P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

35331	TEAEC W W ATC RAFT ABD MINAL A RTA	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35341	TEAEC W W ATC RAFT MESENTERIC CELIAC RENAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35351	TEAEC W W ATC RAFT ILIAC	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35355	TEAEC W W ATC RAFT ILI FEM RAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35361	TEAEC W W ATC RAFT C MBINED A RT ILIAC	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35363	TEAEC W W ATC RAFT C MBINED A RT ILI FEM RAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35371	TEAEC W W ATC RAFT C MM N FEM RAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35372	TEAEC W W ATC RAFT DEE R FUNDA FEM RAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35390	R RTJ CRTD TEAEC T 1 M AFTER RI INAL RATI	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35400	AN I SC Y N N-C R NARY VESSEL RAFTS T ER IVNTJ	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35500	ARVEST UXTR VEIN 1 S M L WER EXTREMITY CAB X	osp Amb Surger Center (ASC) rocedures	~	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35501	BY ASS W VEIN C MM N-I SILATERAL CAR TID	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35506	BY ASS W VEIN CAR TID-SUBCLV SUBCLAVIAN CAR TID	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35508	BY ASS W VEIN CAR TID-VERTEBRAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35509	BY ASS W VEIN CAR TID-C NTRALATERAL CAR TID	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
35510	BY ASS W VEIN CAR TID-BRAC IAL	osp Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.

35511	BYPASS	N SUBCLA AN-SUBCLA AN	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35512	BYPASS	N SUBCLA AN-BRACH AL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35515	BYPASS	N SUBCLA AN- RT BRAL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35516	BYPASS	N SUBCLA AN-AX LLARY	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35518	BYPASS	N AX LLARY-AX LLARY	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35521	BYPASS	N AX LLARY-F MORAL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35522	BYPASS	N AX LLARY-BRACH AL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35523	BYPASS	N BRACH AL-ULNAR -RAD AL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35525	BYPASS	N BRACH AL-BRACH AL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35526	BYPASS	N AORTOSUBCLA CAROT D NNOM NAT	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35531	BYPASS	N AORTOC L AC AORTOM S NT R C	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35533	BYPASS	N AX LLARY-F MORAL-F MORAL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35535	BYPASS	N H PATOR NAL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35536	BYPASS	N SPL NOR NAL	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35537	BYPASS	N AORTO L AC	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.
35538	BYPASS	N AORTOB - L AC	OP Hosp Amb Surgery Cen er (ASC) Procedures	Y	~Applies only o plans par nered wi h volen (see heal hplan scope inclusion lis in columns o he righ ). Send o volen for members $\geq$ 18. Send o heal hplan for members under 18.

35539	BYPASS	N AORTOF MORAL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35540	BYPASS	N AORTOF MORAL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35556	BYPASS	N F MORAL-POPL T AL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35558	BYPASS	N F MORAL-F MORAL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35560	BYPASS	N AORTOR NAL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35563	BYPASS	N L O L A	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35565	BYPASS	N L OF MORAL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35566	BYP F	M-ANT T BL PST T BL PRON AL ART OTH DSTL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35570	BYP T	BL-T BL PRON AL-T BL T BL PRON AL TRK-T BL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35571	BYP	N POP-T BL-PRON AL ART OTH DSTL SL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35572	HAR	ST F MPOP N 1 SGM AS R NSTJ PX	OP Hosp Amb Surgery enter (AS ) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35583	N-S TU	N BYPASS F MORAL-POPL T AL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35585	N-S TU F	M-ANT T BL PST T BL PRON AL ART	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35587	N-S TU	N BYP POP-T BL PRON AL	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35600	OP N HAR	ST UPP R XTR M TY ART 1 S GM NT AB	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.
35601	BYP OTH THN	N OMMON- PS LAT RAL AROT D	OP Hosp Amb Surgery enter (AS ) Procedures	Y	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). Send to volent for members ≥18. Send to healthplan for members under 18.

35606	BYP O	EI CARO ID-SUBCLA IA	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35612	BYP O	EI SUBCLA IA -SUBCLA IA	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35616	BYP O	EI SUBCLA IA -AXILLARY	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35621	BYP O	EI AXILLARY-FEMORAL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35623	BYP O	EI AXILLARY-POPLI EAL - IBIAL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35626	BYPASS O	EI AOR OSUBCLA CARO ID I OMI A E	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35631	BYP O	EI AOR OCELIAC AOR OMS AOR OR L	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35632	BYPASS GRAF W O ER A	EI ILIO-CELIAC	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35633	BYPASS GRAF W O ER A	EI ILIO-MESE ERIC	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35634	BYPASS GRAF W O ER A	EI ILIORE AL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35636	BYP O	EI SPLE ORE AL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35637	BYP O	EI AOR OILIAC	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35638	BYP O	EI AOR OBI-ILIAC	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35642	BYP O	EI CARO ID- ER EBRAL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35645	BYP O	EI SUBCLA IA - ER EBRAL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
35646	BYP O	EI AOR OBI-FEMORAL	OP osp Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with Evol nt (s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

35647	BYP	VEI A R FEM RAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35650	BYP	VEI AXILLARY-AXILLARY	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35654	BYP	VEI AXILLARY-FEM RAL-FEM RAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35656	BYP	VEI FEM RAL-P PLI EAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35661	BYP	VEI FEM RAL-FEM RAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35663	BYP	VEI ILI ILIAC	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35665	BYP	VEI ILI FEM RAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35666	BYP	VEI FEM-A IBL PS IBL PR EAL	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35671	BYP	VEI P PLI EAL- IBIAL -PER EAL AR	P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35681	BYPASS C MP SI E GRAF PR S E ICA D VEI		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35682	BYP AU G C MP SI 2 SEG VEI S FR M 2 L CA I S		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35683	BYP AU G C MP SI 3 R G SEG FR M 2 R G L CA I		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35691	RP S A D RIMPL J VER EBRAL CAR ID AR		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35693	RP S A D RIMPL J VER EBRAL SUBCLAVIA AR		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35694	RP S A D RIMPL J SUBCLAVIA CAR ID AR		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35695	RP S A D RIMPL J CAR ID SUBCLAVIA AR		P osp Amb Surger Center (ASC) Procedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.

35697	RIM ISC AR INFRARN AOR IC ROS H EA AR	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35700	RO R G 1 MO AF ER ORIGINA O RA ION	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35701	EX ORA ION N/F WD SURG NECK AR ERY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35702	EX ORA ION N/F WD SURG U ER EX REMI Y AR ERY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35703	EX ORA ION N/F WD SURG OWER EX REMI Y AR ERY	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35800	EX O HEMRRG HROMBOSIS/INFC NCK	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35820	EX O HEMRRG HROMBOSIS/INFC CH	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35840	EX O HEMRRG HROMBOSIS/INFC ABD	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35870	R R GRF-EN ERIC FS	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35901	EXCISION INFEC ED NECK GRAF	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35905	EXCISION INFEC ED GRAF HORAX	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
35907	EXCISION INFEC ED GRAF ABDOMEN	O Hosp/Amb Surger Center (ASC) rocedures	Y	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
36000	IN RODUC ION NEED E/IN RACA HE ER EIN	O Hosp/Amb Surger Center (ASC) rocedures	~	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
36005	N X X X R NGR H W/IN RO ND /IN RACA H	O Hosp/Amb Surger Center (ASC) rocedures	~	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
36010	IN RO CA HE ER SU ERIOR/INFERIOR ENA CA A	O Hosp/Amb Surger Center (ASC) rocedures	~	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
36011	S C CA H M EN SYS 1S ORDER BRANCH	O Hosp/Amb Surger Center (ASC) rocedures	~	~Applies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.

36140	INT N /INT ACATH UP / W XT MTY A T Y	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36200	INT UCTI N CATH T A TA	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36215	S CTV CATHJ A 1ST TH C/B CH/CPH C B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36216	S CTV CATHJ 1ST 2N TH C/B CH/CPH C B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36217	S CTV CATHT P CMNT 3 + S CTV TH C/B CHCPH C B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36221	N NS CTV CATH TH A TA ANGI INT /XT C AN A T	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36222	S CTV CATH CA TI /INN M A T ANGI XT C AN A T	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36223	S CTV CATH CA TI /INN M A T ANGI INT C AN A T	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36224	S CTV CATH INT N CA TI A T ANGI INT C N A T	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36225	S CTV CATH SUBC AVIAN A T ANGI V T B A A T Y	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36226	S CTV CATH V T B A A T ANGI V T B A A T Y	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36245	S CTV CATHJ A 1ST AB P / XT A T B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36246	S CTV CATHJ 2N AB P / XT A T B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36247	S CTV CATHT P CMNT 3 + S CTV AB P VC W XT MTY B NCH	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36251	S CTV CATH 1ST W/W A T PUNCT/F U /S&I UN	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.
36252	S CTV CATH 1ST W/W A T PUNCT/F U /S&I BI	P Hosp/Amb Sur ery Center (ASC) Procedures	~	~Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). Send to volent for members ≥18. Send to healthplan for members under 18.

36253	SUPSL 2ND PLUS ORD REN L ND ESSORY R ERY/S UNI	OP osp/ mb Surgery e ter ( S )Procedures	~	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36254	SUPSL 2ND PLUS ORD REN L ND ESSORY R ERY/S BIL	OP osp/ mb Surgery e ter ( S )Procedures	~	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36465	NJX NON MPND S LEROS N SINGLE IN MP N EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36466	NJX NON MPND S LEROS N MUL IPLE IN MP N EINS	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36468	INJE IONS S LEROS N FOR SPIDER EINS LIM RNK	OP osp/ mb Surgery e ter ( S )procedures	Y	
36470	INJXN S LRSN SINGLE IN MP N EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36471	INJXN S LRSN ML PLE IN MP N EINS, S ME LEG	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36473	ENDO EN BL J IN MP N EIN M N EM 1S EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36474	ENDO EN BL J IN MP N EIN M N EM SBSQ EINS	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36475	ENDO EN BL J IN MP N EIN X R RF 1S EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36476	ENDO EN BL J IN MP N EIN X R RF 2ND PLUS EINS	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36478	ENDO EN BL J IN MP N EIN X R L SER 1S EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36479	ENDO EN BL J IN MP N EIN X R L SER 2ND PLUS EINS	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36482	ENDO EN BL I ER EM D ESI E 1S EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36483	ENDO EN BL I ER EM D ESI E SBSQ EIN	OP osp/ mb Surgery e ter ( S )Procedures	Y	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36800	INSJ NNUL EMO O PURPOSE SPX EIN EIN	OP osp/ mb Surgery e ter ( S )Procedures	~	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.
36810	INSJ NNUL EMO O PURPOSE SPX R EN X RNL	OP osp/ mb Surgery e ter ( S )Procedures	~	~ pplies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). Se d to Evole t for members $\geq$ 18. Se d to healthpla for members u der 18.

36815	INS NN HEMO OTH SPX RVEN XTRN REV / SR	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36835	INSERTION THOM S SH NT SEP R TE PRO ED RE	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36836	PERQ V FIST RE TION XTR SING E ESS	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36837	PERQ V FIST RE TION XTR SEP ESS SITES	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36838	DST REVS &INTERV IG XTR HEMO ESS	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36860	XTRN NN DE TNG SPX W/O B O TH	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
36861	XTRN NN DE TNG SPX W/B O TH	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37184	PRIM PRQ TR M M HN THRMB N- OR N-I R 1ST	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37187	PRQ TR NS MIN ME H NI THROMBE TOMY VEIN	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37188	PRQ TR M M HN THRMB VEIN REPE TTX	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37215	T TIV STENT RV RTD RT EMBO I PROTE	OP Hosp/ mb Surg ry nt r( S )Proc dur s	Y	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37216	T TIV STENT RV RTD RT W/O EMBO I PROTE	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37217	T TH STENT P EMT RETROGR D ROTID/INNOMIN TE	OP Hosp/ mb Surg ry nt r( S )Proc dur s	Y	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37218	T TH STENT P EMT NTEGR DE ROTID/INNOMIN TE	OP Hosp/ mb Surg ry nt r( S )Proc dur s	Y	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37236	OPEN/PERQ P EMENT INTR V S R STENT INITI	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
37238	OPEN/PERQ P EMENT INTR V S R STENT S ME 1ST	OP Hosp/ mb Surg ry nt r( S )Proc dur s	~	~ ppli s only to plans partn r d with Evol nt( s h althplan scop inclusion list in columns to th right). S nd to Evol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

37242	VASC A BO IZATION OCC SION A T IA S&I	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq 18$ . S nd to h althplan for m mb rs und r 18.
37243	VASC A BO IZ /OCC D O GANT O INFA CT	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq 18$ . S nd to h althplan for m mb rs und r 18.
37246	T BA O ANGIOP OP N/P QI G S&I 1ST A T	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq 18$ . S nd to h althplan for m mb rs und r 18.
37248	T BA O ANGIOP OP N/P Q W/I G S&I 1ST V IN	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq 18$ . S nd to h althplan for m mb rs und r 18.
37254	VSC ZTN, NDVSC ,OPN O P CTNS, I C VSC T T Y, WTH T NS N ANGP STY, IINC DNG A NV S NCSS Y AACSSNG S CTV Y CTHT ZNG A T Y C SSNG SN, IINC DNG A I GNG GDNC AD GC SP VSN INT P TTN NCSS Y P F A ANGP STY WTHN S A T Y, N T ST GHTE W D SN, IINT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.
37256	VSC ZTN, NDVSC ,PN P CTNS, C VSC T T Y, WTH T NS N ANGP STY, INC DNG NV S NCSS Y F ACCSSNG ND S CTV Y CTHT ZNG TH T Y ND C SSNG TH SN, INC DNG GNG GDNC ND D GC SP VSN ND NT P TTN NCSS Y T P F TH ANGP STY WTHN TH S T Y, N T C P X SN, INT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.
37258	VSC ZTN, NDVSC ,PN P CTNS, C VSC T T Y, WTH T NS N STNT P C NT, INC DNG T NS N ANGP STY WHN P F D, INC DNG NV S NCSS Y F ACCSSNG ND S CTV Y CTHT ZNG TH T Y ND C SSNG TH SN, INC DNG GNG GDNC ND D GC SP VSN ND NT P TTN NCSS Y T P F TH STNT P C NT ND ANGP STY WHN P F D, WTHN TH S T Y, N T ; ST GHTE W D SN, INT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.
37260	VSC ZTN, NDVSC ,PN P CTNS, C VSC T T Y, WTH T NS N STNT P C NT, INC DNG T NS N ANGP STY WHN P F D, INC DNG NV S NCSS Y F ACCSSNG ND S CTV Y CTHT ZNG TH T Y ND C SSNG TH SN, INC DNG GNG GDNC ND D GC SP VSN ND NT P TTN NCSS Y T P F TH STNT P C NT ND ANGP STY WHN P F D, WTHN TH S T Y, N T ; C P X SN, INT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.
37263	VSC ZTN, NDVSC ,PN P CTNS, F ND PP T VSC T T Y, WTH T NS N ANGP STY, INC DNG NV S NCSS Y F ACCSSNG ND S CTV Y CTHT ZNG TH T Y ND C SSNG TH SN, INC DNG GNG GDNC ND D GC SP VSN ND NT P TTN NCSS Y T P F TH ANGP STY WTHN TH S T Y, N T ST GHTE W D SN, INT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.
37265	VSC ZTN, NDVSC ,PN P CTNS, F ND PP T VSC T T Y, WTH T NS N ANGP STY, INC DNG NV S NCSS Y F ACCSSNG ND S CTV Y CTHT ZNG TH T Y ND C SSNG TH SN, INC DNG GNG GDNC ND D GC SP VSN ND NT P TTN NCSS Y T P F TH ANGP STY WTHN TH S T Y, N T C P X SN, INT VSS	OP Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $> 18$ . S nd to h althplan for m mb rs und r 18.

37267	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M S P CM I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H S P CM D A GP S YWH PRFRMD W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37269	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M S P CM I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H S P CM D A GP S YWH PRFRMD W H HSM R RY R ;CMP X S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37271	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M HRC MY I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H HRC MY D A GP S YWH PRFRMD W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37273	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M HRC MY I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H HRC MY D A GP S YWH PRFRMD W H HSM R RY R ;CMP X S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37275	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M S P CM W H R S M HRC MY I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H S P CM HRC MY D A GP S YWH PRFRMD W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37277	RVSC R E DVSC R P RPRC S FMR DPP VSC R RR RY W H R S M S P CM W H R S M HRC MY I C D G R S M A GP S YWH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM H S P CM HRC MY D A GP S YWH PRFRMD W H HSM R RY R ;CMP X S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.
37280	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M A GP S Y I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG G GD C D RD GC SPRVS D RPR CSSRY PRFRM H A GP S Y W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp/Am Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for mem ers >18. Send to healthplan for mem ers under 18.

37282	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M A GP S Y I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG G GD C DRD GC SPRVS D RPR CSSRY PRFRM HA GP S Y W H HSM R RY R ;CMP X S I VSS	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members >18. Send to healthplan for members under 18.
37284	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M S P CM I C D G R S M A GP S Y WH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM HS P CM D A GP S Y WH PRFRMD W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members >18. Send to healthplan for members under 18.
37286	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M S P CM I C D G R S M A GP S Y WH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G HR RY DCRSS G H S I C D G MG GGD C D RD GC SPRVS D RPR CSSRY PRFRM HS P CM D A GP S Y WH PRFRMD W H HSM R RY R ;CMP X S I VSS	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members >18. Send to healthplan for members under 18.
37288	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M HRC MY I C D G R S M A GP S Y WH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G H R RY DCRSS G H S I C D G MG GGD C DRD GC SPRVS D RPR CSSRY PRFRM H HRC MY DA GP S Y WH PRFRMD W H HSM R RY R ;S RGH FRWRD S I VSS	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members >18. Send to healthplan for members under 18.
37290	RVSC R E DVSC R P RPRC S B DPR VSC R RR RY W H R S M HRC MY I C D G R S M A GP S Y WH PRFRMD I C D G M VRS CSSRY FR ACCSS G D S C V Y C H R G H R RY DCRSS G H S I C D G MG GGD C DRD GC SPRVS D RPR CSSRY PRFRM H HRC MY DA GP S Y WH PRFRMD W H HSM R RY R ;CMP X S I VSS	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members >18. Send to healthplan for members under 18.
37618	IGA IO MAJOR AR ERY EX REMI Y	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
37660	IGA IO OF COMMO I IAC VEI	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
37700	IG &DIVS O G SAPH VEI SAPHFEM JU C DS A I ERRUP	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
37718	IG DIVS A DS RIPPI G SHOR SAPH E OUS VEI	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.
37722	IG DIVS A DS RIP G O G SAPH SAPHFEM JU C K E BE W	OP Hosp Amb Surgery Center (ASC) Procedures	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq$ 18. Send to healthplan for members under 18.

37735	LIGTN N I N LST IPNG LONG SHO T S PHENOUS	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37760	LIG P F T EIN SUBFS L IN LSKN G F 1 LEG	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37761	LIG P F T EIN SUBFS L OPEN IN L US GI 1 LEG	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37765	ST B PHLEBT I OSE EINS 1 XT 10-20 ST B IN S	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37766	ST B PHLEBT I OSE EINS 1 XT >20 IN S	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37780	LIGTN & I SN SHO T S PH EINS PHENOPPLTL JUN T SPX	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37785	LIGTN I SN N EX SN I OSE EIN LUSTE 1 LEG	OP Hosp/ mb Surgery en er ( S ) Procedures	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq 18$ . Send o heal hplan for members under 18.
37799	UNLISTE P O E U E S UL SU GE Y	Unlis ed/Miscellaneous	Y	
38204	MGMT P HEM TOP P OGENITO ELL ONO N QUISJ	Transp an s/Gene Therap	Y	
38205	BL - HEM TOP P OGEN ELL H GT NSPLJ LGN	Transp an s/Gene Therap	Y	
38206	BL - HEM TOPT P OGEN ELL H STG T NSPL UTO	Transp an s/Gene Therap	Y	
38207	T NSPL P EPJ HEM TOP P OGEN ELLS YOP S STO	Transp an s/Gene Therap	Y	
38208	T NSPL P EP HEM TOP P OGEN TH W P E H PE N	Transp an s/Gene Therap	Y	
38209	T NSP P EP HM TOP P OG TH W P E H WSH PE N	Transp an s/Gene Therap	Y	
38210	T NSPL P EPJ HEM TOP P OGEN EPLJ IN H T- ELL	Transp an s/Gene Therap	Y	
38211	T NSPL P EPJ HEM TOP P OGEN TUM ELL EPLJ	Transp an s/Gene Therap	Y	
38212	T NSPL P EPJ HEM TOP P OGEN E BL ELL M L	Transp an s/Gene Therap	Y	
38213	T NSPL P EPJ HEM TOP P OGEN PLTLT EPLJ	Transp an s/Gene Therap	Y	
38214	T NSPL P EPJ HEM TOP P OGEN PLSM OL EPLJ	Transp an s/Gene Therap	Y	
38215	T NSPL P EPJ HEM TOP P OGEN ON ENT TION PLSM	Transp an s/Gene Therap	Y	
38225	-T THE PY H G BL T LMPH YT P Y	Transplan s/Gene Therapy	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). For dul s $\geq 18$ wi h cancer diagnosis, direc reques o Evolen . For Pedia rics and non cancer diagnosis direc reques o he heal hplan.
38226	-T THE PY P EPJ BL T LMPH YT F/T NS	Transplan s/Gene Therapy	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). For dul s $\geq 18$ wi h cancer diagnosis, direc reques o Evolen . For Pedia rics and non cancer diagnosis direc reques o he heal hplan.
38227	-T THE PY E EIPT and P EP -T ELLS F/ MN	Transplan s/Gene Therapy	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). For dul s $\geq 18$ wi h cancer diagnosis, direc reques o Evolen . For Pedia rics and non cancer diagnosis direc reques o he heal hplan.
38228	-T THE PY UTOLOGOUS ELL MINIST TION	Transplan s/Gene Therapy	Y	~ pplies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). For dul s $\geq 18$ wi h cancer diagnosis, direc reques o Evolen . For Pedia rics and non cancer diagnosis direc reques o he heal hplan.

38230	BONE O VEST T NSPL NT TION LLOGENEIC	Transplants/G n Th rap	Y	
38232	BONE O VEST T NSPL NT TION UTOLOGOUS	Transplants/G n Th rap	Y	
38240	T NSPLJ LLOGENEIC E TOPOIETIC CELLS PE DONO	Transplants/G n Th rap	Y	
38241	T NSPLJ UTOLOGOUS E TOPOIETIC CELLS PE DONO	Transplants/G n Th rap	Y	
38242	LLOGENEIC LY P OCYTE INFUSIONS	Transplants/G n Th rap	Y	
38243	T NSPLJ E TOPOIETIC CELL BOOST	Transplants/G n Th rap	Y	
38746	T O CO T C / EDSTNL ND EGION LL P DEC	OP osp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
38999	UNLISTED P OCEDU E E IC O LY P TIC SYSTE	Unlisted/ iscellaneous	Y	
39000	EDI ST /EXPL D G VL FB/BX C V PP	OP osp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
39010	EDI ST /EXPL D G VL FB/BX TT C PP	OP osp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
39200	ESECTION OF EDI STIN L CYST	OP osp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
39220	ESECTION EDI STIN L TU O	OP osp/ mb Surger Center ( SC) Procedures	Y	~ pplies onl to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Send to Evolent for members $\geq 18$ . Send to healthplan for members under 18.
39499	UNLISTED P OCEDU E EDI STINU	Unlisted/ iscellaneous	Y	
39599	UNLISTED P OCEDU E DI P G	Unlisted/ iscellaneous	Y	
40799	UNLISTED P OCEDU E LIPS	Unlisted/ iscellaneous	Y	
41599	NLISTED P OCED E TONG E LOO O T	Unlisted/ iscellaneous	Y	
42299	NLISTED P OCED E P L TE V L	Unlisted/ iscellaneous	Y	
43290	ESP GGST DUDNSCPY, FLXIBL, T NSO L; IT DPLY NT OF INT G ST IC B I T IC B LLON	Experimental/Investigational	Y	
43291	ESP GGST DUDNSCPY, FLXIBLE, T NSO L; IT VL OF INT G ST IC B I T IC B LLON(S)	OP osp/ mb Surger Center ( SC) Procedures	Y	
43499	UNLISTED P OCEDU E ESOP GUS	Unlisted/ iscellaneous	Y	
43644	L PS GST STCV PX BYP OUX-EN-Y LI B UNDE 150 C	OP osp/ mb Surger Center ( SC) procedures	Y	
43645	L PS GST STCV PX BYP ND S INT CNSTN	OP osp/ mb Surger Center ( SC) procedures	Y	
43647	L PS I PLTN/PLC TG ST IC NEU OSTI LT ELCT DS NT U	OP osp/ mb Surger Center ( SC) procedures	Y	
43648	L PS EVISION/ VLG ST IC NEUSTI LT ELCT DS NT U	OP osp/ mb Surger Center ( SC) procedures	Y	
43659	NLISTED L P OSCOPIC P OCED E STO C	Unlisted/ iscellaneous	Y	
43770	L PS G ST IC EST ICTIVE P OCEDU E PL CE DEVICE	OP osp/ mb Surger Center ( SC) procedures	Y	
43771	L PS G ST IC EST ICTIVE PX VSN DEVICE	OP osp/ mb Surger Center ( SC) procedures	Y	
43772	L PS G ST IC EST ICTIVE PX E OVE DEVICE	OP osp/ mb Surger Center ( SC) procedures	Y	
43773	L PS G ST IC EST ICTIVE PX E OVE ND PLC T DEVICE	OP osp/ mb Surger Center ( SC) procedures	Y	
43774	L PS G ST IC EST ICTIVE PX E OVE DVCE ND PO T	OP osp/ mb Surger Center ( SC) procedures	Y	
43775	L PS GST C ST ICTIV PX LONGITUDIN LG ST ECTO Y	OP osp/ mb Surger Center ( SC) procedures	Y	
43843	GST STCV O BYP OT T N VE -B NDED GSTP	OP osp/ mb Surger Center ( SC) procedures	Y	
43845	G ST IC STCV P TLG ST ECTO Y 50-100 C	OP osp/ mb Surger Center ( SC) procedures	Y	
43846	G ST IC STCV BYP S O T LI B 150 C O LESS	OP osp/ mb Surger Center ( SC) procedures	Y	
43847	G ST IC STCV BYP S L INTSTN CNSTN LI IT BS PN	OP osp/ mb Surger Center ( SC) procedures	Y	
43848	EVISION OPEN G ST IC EST ICTIVE PX NOT DEVICE	OP osp/ mb Surger Center ( SC) procedures	Y	
43881	I PLTN/ PLC TG ST IC N STI LT ELCT DS NT U OPEN	OP osp/ mb Surger Center ( SC) procedures	Y	
43882	VSN/ VLG ST IC N STI LT ELCT DES NT U OPEN	OP osp/ mb Surger Center ( SC) procedures	Y	

43886	GSTR RST N RE J SUBQ RT M NENT NLY	Hosp/Amb Su ge y ente (AS ) p ocedu es	Y	
43888	GSTR RST N RM L AND R L MT SUBQ RT	Hosp/Amb Su ge y ente (AS ) p ocedu es	Y	
43999	UNLISTE R E URE ST MA H	Unlisted/Miscellaneous	Y	
44132	D N R ENTERE T MY EN ADA ER D N R	T ansp ants/G n Th apy	Y	
44133	D N R ENTERE T MY EN LI ING D N R	T ansp ants/G n Th apy	Y	
44135	INTESTINAL ALL TRANS LANTATI N; ADA ER D N R	T ansp ants/G n Th apy	Y	
44136	INTESTINAL ALL TRANS LANTATI N; LI ING D N R	T ansp ants/G n Th apy	Y	
44137	RM L TRNS LED INTESTINAL ALL GRAFT M L	T ansp ants/G n Th apy	Y	
44715	BKBEN H RE ADA ER LI ING D N R INTESTINE	T ansp ants/G n Th apy	Y	
44720	BKBEN H R NSTJ INT ALGRFT EN ANAST EA	T ansp ants/G n Th apy	Y	
44721	BKBEN H R NSTJ INT ALGRFT ARTL ANAST EA	T ansp ants/G n Th apy	Y	
45399	UNLISTED R EDURE L N	Unlisted/Miscellaneous	Y	
47133	D N R HE ATE T MY ADA ER D N R	T ansp ants/G n Th apy	Y	
47135	L R ALTRNS LJ RTH T I RTL WHL D N ANY AGE	T ansp ants/G n Th apy	Y	
47140	D N R HE ATE T MY LI ING D N R SEG II AND III	T ansp ants/G n Th apy	Y	
47141	N R HE ATE T MY LI ING N R SEG II III AN I	T ansp ants/G n Th apy	Y	
47142	D N R HE ATE T MY LI ING D N R SEG I II AND I	T ansp ants/G n Th apy	Y	
47143	BKBEN H RE ADA ER D N R	T ansp ants/G n Th apy	Y	
47144	BKBEN H RE J ADA ER WH LE LI ER GRF I AND I II	T ansp ants/G n Th apy	Y	
47145	BKBEN H RE N ADA ER D N R WHL L R GRF I AND I	T ansp ants/G n Th apy	Y	
47146	BKBEN H R NSTJ L R GRF EN US ANAST EA	T ansp ants/G n Th apy	Y	
47147	BKBEN H R NSTJ L R GRF ARTL ANAST EA	T ansp ants/G n Th apy	Y	
47379	UNLIS LA AR S I R EDURE LI ER	Unlisted/Miscellaneous	Y	
47999	UNLISTED R EDURE BILIARY TRA T	Unlisted/Miscellaneous	Y	
48160	AN REATE T MY W TRNS LJ AN REAS ISLET ELLS	T ansp ants/G n Th apy	Y	
48550	D N R AN REATE T MY DU DENAL SGM TRANS LANT	T ansp ants/G n Th apy	Y	
48551	BKBEN H RE J ADA ER D N R AN REAS ALL GRAFT	T ansp ants/G n Th apy	Y	
48552	BKBEN H R NSTN R N RS ALGRFT EN ANAST EA	T ansp ants/G n Th apy	Y	
48554	TRANS LANTATI N AN REATI ALL GRAFT	T ansp ants/G n Th apy	Y	
48556	RM L TRANS LANTED AN REATI ALL GRAFT	T ansp ants/G n Th apy	Y	
49999	UNLISTD R EDURE ABD MEN ERIT NEUM & MENTUM	Unlisted/Miscellaneous	Y	
50300	D N R NE HRE T MY ADA ER D N R UNI BILATERAL	T ansp ants/G n Th apy	Y	
50320	D N R NE HRE T MY EN LI ING D N R	T ansp ants/G n Th apy	Y	
50323	BKBEN H RE J ADA ER D N R RENAL ALL GRAFT	T ansp ants/G n Th apy	Y	
50325	BKBEN H RE J LI ING RENAL D N R ALL GRAFT	T ansp ants/G n Th apy	Y	
50327	BKBEN H R NSTJ RENAL ALGRFT EN US ANAST EA	T ansp ants/G n Th apy	Y	
50328	BKBEN H R NSTJ RENAL ALL GRAFT ARTERIAL ANAST EA	T ansp ants/G n Th apy	Y	
50329	BKBEN H R NSTJ ALGRFT URETERAL ANAST EA	T ansp ants/G n Th apy	Y	
50340	RE I ENT NE HRE T MY SE ARATE R EDURE	T ansp ants/G n Th apy	Y	
50360	RENAL ALTRNS LJ IM LTJ GRF W R NE HRE T MY	T ansp ants/G n Th apy	Y	
50365	RENAL ALTRNS LJ IM LTJ GRF W R NE HRE T MY	T ansp ants/G n Th apy	Y	
50370	RM L TRNS LED RENAL ALL GRAFT	T ansp ants/G n Th apy	Y	
50380	RENAL AUT TRNS LJ REIM LANTATI N KIDNEY	T ansp ants/G n Th apy	Y	
50590	LITH TRI SY TR R SH K WA E	Hosp/Amb Su ge y ente (AS ) p ocedu es	Y	
52441	YST INSERTI N TRANS R STATI IM LANT SINGLE	Hosp/Amb Su ge y ente (AS ) p ocedu es	Y	
52649	LASER ENU LEATI N R STATE W M R ELLATI N	Hosp/Amb Su ge y ente (AS ) p ocedu es	Y	
53410	URETHR LASTY 1 STG RE NST MALE ANTERI R URETHRA	Hosp/Amb Su ge y ente (AS ) ocedu es	Y	No p io auth equi ed fo se vice when associated with a cance diagnosis.
53420	URT 2-STG R NSTJ/R R R STAT/URETHRA 1ST STAGE	Hosp/Amb Su ge y ente (AS ) ocedu es	Y	No p io auth equi ed fo se vice when associated with a cance diagnosis.
53425	URT 2-STG R NSTJ/R R R STAT/URETHRA 2ND STAGE	Hosp/Amb Su ge y ente (AS ) ocedu es	Y	No p io auth equi ed fo se vice when associated with a cance diagnosis.
53430	URETHR LASTY R NSTN FEMALE URETHRA	Hosp/Amb Su ge y ente (AS ) ocedu es	Y	No p io auth equi ed fo se vice when associated with a cance diagnosis.

53850	TRURL TR R T T E TI MICROW VE THERMOTH	O Hosp/ mb urger Center ( C) procedures	Y	
53852	TRURL TR R T T E TI RF THERMOTH	O Hosp/ mb urger Center ( C) procedures	Y	
53854	TRURL TR RO T T E TI RF WV THERMOTHER Y	O Hosp/ mb urger Center ( C) procedures	Y	
53865	CY TOURETHRO CO Y IN TEM RO IM L/ TENT	O Hosp/ mb urger Center ( C) rocedures	Y	
54125	M UT TION ENI COM LETE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54401	IN RTN ENILE RO THE INFL T BLE ELF-CONT INE	O Hosp/ mb urger Center ( C) procedures	Y	
54405	IN RTN MULTI-COM ONENT INFL T BLE ENILE RO TH	O Hosp/ mb urger Center ( C) procedures	Y	
54410	RMVL N R LCMT INFL T BLE ENILE RO TH ME E N	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54411	RMVL N R LCMT LL CM NNT INFLTBL ENILE RO TH INFECTE FIEL	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54416	RMVL & R LCMT NON-NFLTBL NFLTBL ENILE RO THE I	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54417	RMVL N R LCMT ENILE RO THE I INFECTE FIEL	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54520	ORCHIECTOM IM LE CROT L/INGUIN L RO CH	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54690	L RO CO Y URGIC L ORCHIECTOMY	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
54699	UNLI TE L RO CO Y ROCE URE TE TI	Unlisted/Miscellaneous	Y	
55559	UNLI TE L RO CO Y ROCE URE ERM TIC COR	Unlisted/Miscellaneous	Y	
55866	L RO TECT RETRO UBICR W/NRV RING ROBOT	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
55867	L R CO Y, RGCL R TTECTOMY, M LE UBTOTL (NCL NG CTRL OF TO RTVE BLEE ING, V CTOMY, ME TOTMY, URTHRL C LBRTN N /OR LTION, N NTERNL URTHROTOMY), NCLU RBTC I TNCE, WHN RFRM	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
55874	TR N ERINE L LCMNT BIO EGR BLE M TRL 1 MLT N X	O Hosp/ mb urger Center ( C) procedures	Y	
55880	TR N RECT L BLTN M L R TRTE TI UE HIFU W/U	O Hosp/ mb urger Center ( C) rocedures	Y	
55899	UNLI TE ROCE URE M LE GENIT L Y TEM	Unlisted/Miscellaneous	Y	
55970	INTER EX URG M LE FEM LE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
55980	INTER EX URG FEM LE M LE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56625	VULVECTOMY IM LE COM LETE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56800	L TIC RE IR INTROITU	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
56805	CLITORO L TY INTER EX T TE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57106	V GINECTOMY RTI L REMOV LV GIN LW LL	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57110	V GINECTOMY COM LETE REMOV LV GIN LW LL	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57291	CON TRUCTION RTIFICI LV GIN W/O GR FT	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57292	CON TRUCTION RTIFICI LV GIN W/GR FT	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57296	REVN W RMVL RO THETIC V GIN LGR FT O EN B ML RCH	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57335	V GINO L TY INTER EX T TE	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
57426	REVI ION RO THETIC V GIN LGR FT L RO CO IC	O Hosp/ mb urger Center ( C) rocedures	Y	No prior auth required for service when associated with a cancer diagnosis.
58150	TOT L B OMIN L HY TERECT W WO RMVL TUBE OV RY	O Hosp/ mb urger Center ( C) procedures	Y	
58152	TOT B HY T W WO RMVL TUBE OV RY W COL URETHRYX	O Hosp/ mb urger Center ( C) procedures	Y	
58180	U R CERVIC L B L HY TER W WO RMVL TUBE OV RY	O Hosp/ mb urger Center ( C) procedures	Y	
58200	TOT B HY T W R ORTIC N ELVIC LYM H NO E M	O Hosp/ mb urger Center ( C) procedures	Y	
58210	R B L HY TERECTOMY W BI ELVIC LM H ENECTOMY	O Hosp/ mb urger Center ( C) procedures	Y	
58260	V GIN L HY TERECTOMY UTERU 250 GM OR LE	O Hosp/ mb urger Center ( C) procedures	Y	
58262	V G HY T 250 GM OR LE W RMVL TUBE N OV RY	O Hosp/ mb urger Center ( C) procedures	Y	
58263	V G HY T 250 GM OR LE W RMVL TUBE OV RY W R R NTRCL	O Hosp/ mb urger Center ( C) procedures	Y	
58267	V G HY T 250 GM OR LE W COL O-URTC TO EXY	O Hosp/ mb urger Center ( C) procedures	Y	
58270	V GIN L HY TERECTOMY 250 GM OR LE W R R ENTEROCELE	O Hosp/ mb urger Center ( C) procedures	Y	
58285	V GIN L HY TERECTOMY R IC L CH UT O ER TION	O Hosp/ mb urger Center ( C) procedures	Y	
58290	V GIN L HY TERECTOMY UTERU OVER 250 GM	O Hosp/ mb urger Center ( C) procedures	Y	
58291	V G HY T OVER 250 GM RMVL TUBE N OV RY	O Hosp/ mb urger Center ( C) procedures	Y	
58292	V G HY T OVER 250 GM RMVL TUBE N OV RY W R R ENTRCLE	O Hosp/ mb urger Center ( C) procedures	Y	

58294	VAG A STERECTOM OVER 250 GM RPR E TEROCE E	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58321	ART F C A SEM AT O TRA-CERV CA	OP osp/Amb Surg ry C nt r(ASC) proc dur s	C	
58322	ART F C A SEM AT O TRA-UTER E	OP osp/Amb Surg ry C nt r(ASC) proc dur s	C	
58323	SPERM WAS GART F C A SEM AT O	OP osp/Amb Surg ry C nt r(ASC) proc dur s	C	
58345	TRA SCERV FA OP A TUBE CAT W WO STOSA P G	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58350	C ROMOTUBAT O OV DUCT W MATER A S	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58356	E DOMETRA CR QAB AT O W US A DE DOMETRA CR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58540	STEROP AST RPR UTER E A OMA	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58541	APAROSCOP SUPRACERV CA STERECTOM 250 GM OR ESS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58542	APS SUPRACRV STERECT 250 GM OR ESS RMV TUBE OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58543	APS SUPRACRV CA STERECTOM OVER 250	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58544	APS SUPRACRV STEREC OVER 250 G RMV TUBE OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58545	APS M OMECTOM EXC 1-4 M OMAS 250 GM OR ESS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58546	APS M OMECTOM EXC 5 OR GRT M OMAS OVER 250 GRAMS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58550	APS VAG A STERECTOM UTERUS 250 GM OR ESS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58552	APS W VAG STERECT 250 GM A D RMV TUBE A D OVAR ES	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58553	APS W VAG A STERECTOM OVER 250 GRAMS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58554	APS VAG A STERECT OVER 250 GM RMV TUBE A D OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58570	APAROSCOP W TOTA STERECTOM UTERUS 250 GM OR ESS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58571	APS TOTA STERECT 250 GM OR ESS W RMV TUBE OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58572	APAROSCOP TOTA STERECTOM UTERUS OVER 250 GM	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58573	APAROSCOP TOT STERECTOM OVER 250 G W TUBE OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58578	U STED APAROSCOP PROCEDURE UTERUS	Unlist d/Misc llan ous		
58660	APAROSCOP W S S OF AD ES O S	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58661	APAROSCOP W RMV AD EXA STRUCTURES	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58662	APS FU G EXC OVAR V SCERA PER TO EA SURFACE	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58672	APAROSCOP F MBR OP AST	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58673	APAROSCOP SA P GOSTOM	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58679	U STED APAROSCOP PROCEDURE OV DUCT OVAR	Unlist d/Misc llan ous		
58720	SA P GO-OOP ORECTOM COMP PRT U B SPX	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58740	S S OF AD ES O S SA P X OVAR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58750	TUBOTUBA A ASTATOMOS S	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58752	TUBOUTER E MP A TAT O	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58760	F MBR OP AST	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58770	SA P GOSTOM	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58940	OOP ORECTOM PART A TOTA U B	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58970	FO C E PU CTURE OOC TE RETR EVA A MET OD	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58974	EMBR O TRA SFER TRAUTER E	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58976	GAMETE Z GOTE EMBR O FA OP A TRA SFER A MET D	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
58999	U STED PX FEMA E GE TA S STEM O OBSTETR CA	Unlist d/Misc llan ous		
60699	U STED PROCEDURE E DOCR ES STEM	Unlist d/Misc llan ous		
61863	STRTCTC MP TJ ST M E TRD W O RECORD 1ST ARRA	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
61867	STRTCTC MP TJ ST M E TRD W RECORD 1ST ARRA	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
61885	SJ RP CMT CRA A EUROST M PU SE GE ERATOR	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
61886	SJ RP CMT CRA A EUROST M GE ER 2 OR GRT E TRDS	OP osp/Amb Surg ry C nt r(ASC) proc dur s		
62263	PRQ S S EP DURA AD ES O S MU T SESS 2 OR GRT DA S	Pain Manag m nt Proc dur s		
62264	PRQ S S EP DURA AD ES O S MU T SESS O S 1 DA	Pain Manag m nt Proc dur s		
62320	JX DX/T ER SBST TR M R CRV/T RC W/O MG GD	Pain Manag m nt Proc dur s		
62321	JX DX/T ER SBST TR M R CRV/T RC W/ MG GD	Pain Manag m nt Proc dur s		
62322	JX DX T ER SBST TR M R MBR SAC W O MG GD	Pain Manag m nt Proc dur s		

62323	NJX DX T INT LMN LM AC W IMG GDN	Pain Management Proce ures	Y	
62324	NJX CONTINUOU INFU ION O INT MITT NT OLU PLAC M NT DX/T INT LMN C V/T C W/O IMG GDN	OP osp/Amb urgery Center (A C) proce ures	Y	
62325	NJX CONTINUOU INFU ION O INT MITT NT OLU DX/T INT LMN C V/T C W/IMG GDN	OP osp/Amb urgery Center (A C) proce ures	Y	
62326	NJX CONTINUOU INFU ION O INT MITT NT OLU DX/T INT LMN LM / AC W/O IMG GDN	OP osp/Amb urgery Center (A C) proce ures	Y	
62327	NJX CONTINUOU INFU ION O INT MITT NT OLU DX T INT LMN LM AC W IMG GDN	OP osp/Amb urgery Center (A C) proce ures	Y	
62330	DCMP N, P CTN , WT P TL MVL LGMNTM FLVM, INCLDNG LMNTMY F ACC , PD G P Y, AND IMGNG GDNC (I. , CT FL CPY), LT L; ON INT PC, LM	OP osp/Amb urgery Center (A C) proce ures	Y	
62331	DCMP N, P CTN , WT P TL MVL LGMNTM FLVM, INCLDNG LMNTMY ACC , PD G P Y, AND IMGNG GDNC (I. , CT FL CPY), LT L; ADDTNL INT PC( ), LM (LI T PA AT LY IN ADDITION TO COD O P IMA Y P OC DU )	OP osp/Amb urgery Center (A C) proce ures	Y	
62351	IMPLTJ VJ P GIT CL D L CAT W LAM	Pain Management Proce ures	Y	
62360	IMPLTJ PLCMT IT CL D LD UG NF U Q V	Pain Management Proce ures	Y	
62361	IMPLTJ PLCMT F NON-P G L PUMP	Pain Management Proce ures	Y	
62362	IMPLTJ PLCMT IT CL D LD UG NF P G L PUMP	Pain Management Proce ures	Y	
62380	ND C DCM P N PINAL CO D 1 W LAMOT NT PC LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63001	LAM W O AC T C O AMOT D KC 1 2 V T G C V	OP osp/Amb urgery Center (A C) proce ures	Y	
63003	LAMIN CTOMY W O FFD 1 2 V T GT O ACIC	OP osp/Amb urgery Center (A C) proce ures	Y	
63005	LAMIN CTOMY W O FFD 1 2 V T G LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63011	LAMIN CTOMY W O FFD 1 2 V T G AC AL	OP osp/Amb urgery Center (A C) proce ures	Y	
63012	LAMIN CTOMY W MVLA NO MAL FAC T LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63015	LAMIN CTOMY W O FFD OV 2 V T G C VICAL	OP osp/Amb urgery Center (A C) proce ures	Y	
63016	LAMIN CTOMY W O FFD OV 2 V T GT O ACIC	OP osp/Amb urgery Center (A C) proce ures	Y	
63017	LAMIN CTOMY W O FFD OV 2 V T G LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63020	LAMNOTMY INCL W DCM P N N V OOT 1 INT PCC VC	OP osp/Amb urgery Center (A C) proce ures	Y	
63030	LAMNOTMY INCL W DCM P N N V OOT 1 INT PC LUM	OP osp/Amb urgery Center (A C) proce ures	Y	
63040	LAMOT P TL FFD XC DI C XPL 1 NT PCC VICAL	OP osp/Amb urgery Center (A C) proce ures	Y	
63042	LAMOT P TL FFD XC DI C XPL 1 NT PC LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63045	LAM FAC T CTOMY AND FO AMOTOMY 1 GM NT C VICAL	OP osp/Amb urgery Center (A C) proce ures	Y	
63046	LAM FAC T CTOMY AND FO AMOTOMY 1 GM NT T O ACIC	OP osp/Amb urgery Center (A C) proce ures	Y	
63047	LAM FAC T CTOMY AND FO AMOTOMY 1 GM NT LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63048	LAM FAC T CTOMY AND FO AMTOMY 1 GM AC V T C/LM	OP osp/Amb urgery Center (A C) Proce ures	Y	
63050	LAMOP C VICAL W DCM P N PI CO D 2 O G T V T G	OP osp/Amb urgery Center (A C) proce ures	Y	
63051	LAMOPLA TY C VICAL DCM P N CO D 2 O G T G CN TJ	OP osp/Amb urgery Center (A C) proce ures	Y	
63052	LAM FAC T C/FO AMOT D GA T D LUM A 1 V T GM	OP osp/Amb urgery Center (A C) Proce ures	Y	
63053	LAM FAC T C/FO AMOT D GA T D LM A ADDL GM	OP osp/Amb urgery Center (A C) Proce ures	Y	
63055	T AN P DICULA DCM P N PINAL CO D 1 G T O ACIC	OP osp/Amb urgery Center (A C) proce ures	Y	
63056	T AN P DICULA DCM P N PINAL CO D 1 G LUM A	OP osp/Amb urgery Center (A C) proce ures	Y	
63057	T AN P DICULA DCM P N 1 G AT O ACIC/LUM A	OP osp/Amb urgery Center (A C) Proce ures	Y	
63064	CO TOV T AL DCM P N PINAL CO DT O ACIC 1 G	OP osp/Amb urgery Center (A C) proce ures	Y	
63075	DI C CTOMY ANT DCM P N CO DC VICAL 1 NT PC	OP osp/Amb urgery Center (A C) proce ures	Y	
63076	DI C CTOMY ANT DCM P N CO DC VICAL A NT PC	OP osp/Amb urgery Center (A C) Proce ures	Y	
63077	DI C CTOMY ANT DCM P N CO DT O ACIC 1 NT PC	OP osp/Amb urgery Center (A C) proce ures	Y	
63081	V T AL CO P CTOMY ANT DCM P N C VICAL 1 G	OP osp/Amb urgery Center (A C) proce ures	Y	
63087	VC P CT O ACOLM DCM P N LW T CLM 1 G	OP osp/Amb urgery Center (A C) proce ures	Y	

63090	VCPR C R PR LRPRDCMPR HRC LM BR C 1 G	OP Hosp/ mb urger Center ( C) procedures	Y	
63300	VCPR CL 1 GM XDRLC RVIC L	OP Hosp/ mb urger Center ( C) Procedures	Y	
63304	V R BR LCORP C OMY XCL 1 GIDRLC RVIC L	OP Hosp/ mb urger Center ( C) Procedures	Y	
63308	V R BR LCORP C OMY XC I DRL L CH G	OP Hosp/ mb urger Center ( C) Procedures	Y	
63650	PRQIMPL J IM L C ROD RR Y PIDUR L	Pain Management Procedures	Y	
63655	L MIMPL J IM L RD PL P DDL DRL	Pain Management Procedures	Y	
63663	R VJ I CL RPLCM IM L RD PRQR I CL FLUOR	Pain Management Procedures	Y	
63664	R VJ I CL RPLCM IM L RD PL PDL I CL FLUOR	Pain Management Procedures	Y	
63685	I J RPLCM PI PGR DIRI DUXIV COUPLI G	Pain Management Procedures	Y	
63688	R VJ RMVLIMPL D PI L URO IM G R OR	Pain Management Procedures	Y	
64450	I J C IO O H R P RIPH R L RV BR CH	Pain Management Procedures	Y	o P required in office or C setting. P required if done in hospital setting outside of another procedure. o P required if combined with another surgical procedure.
64451	I J C IO D RD RV RV G IJOI W IMG	Pain Management Procedures	Y	
64454	I J C IO D RD G ICUL R RV BR CH W IMG	Pain Management Procedures	Y	
64479	JX D RD W IMG FRML DRL CRV HRC 1 LVL	Pain Management Procedures	Y	
64480	JX D RD W IMG FRML DRL CRV HRC LV	Pain Management Procedures	Y	
64483	JX D RD W IMG FRML DRL LMBR C 1 LVL	Pain Management Procedures	Y	
64484	JX D RD W IMG FRML DRL LMBR C LV	Pain Management Procedures	Y	
64490	JX DX H R G PVR F C J CRV HRC 1 L V L	Pain Management Procedures	Y	
64491	JX DX H R G PVR F C J CRV HRC 2 D L V L	Pain Management Procedures	Y	
64492	JX DX H R G PVR F C J CRV HRC 3 PLU L V L	Pain Management Procedures	Y	
64493	JX DX H R G PVR F C J LMBR C 1 L V L	Pain Management Procedures	Y	
64494	JX DX H R G PVR F C J LMBR C 2 D L V L	Pain Management Procedures	Y	
64495	JX DX H R G PVR F C J LMBR C 3 PLU L V L	Pain Management Procedures	Y	
64553	PRQIMPL J URO IMUL OR L RD CR I L RV	OP Hosp/ mb urger Center ( C) procedures	Y	
64568	I C IMPL J CR L RV IM L RD DPUL G R	OP Hosp/ mb urger Center ( C) procedures	Y	
64569	R VI IO R PLM URO IML OR L RD CR I L RV	OP Hosp/ mb urger Center ( C) procedures	Y	
64570	R MOV LCR L RV IM L RD DPUL G R O	OP Hosp/ mb urger Center ( C) procedures	Y	
64582	OP IMPL JHPGL L RV IM R PG DR PIR OR	OP Hosp/ mb urger Center ( C) Procedures	Y	
64590	I R IO RPLCM P RIPH R LG RIC PGR	OP Hosp/ mb urger Center ( C) procedures	Y	
64624	D RUC IO UROLY IC G ICUL R RV W IMG	Pain Management Procedures	Y	
64625	R DIOFR QU CY BL J RV RV G IJ W IMG GD	Pain Management Procedures	Y	
64628	H RM LD RJI R O OU BV 1 2 LMBR/ C	Pain Management Procedures	Y	
64633	D R ROL C G P RV R BFC GL CRVCL HOR	Pain Management Procedures	Y	
64634	D R ROL C G P RV R BFC DDL CRVCL HOR	Pain Management Procedures	Y	
64635	D R ROLY C G P RV R BFC GL LMBR CR L	Pain Management Procedures	Y	
64636	D R ROLY C G P RV R BFC DDL LMBR CR L	Pain Management Procedures	Y	
64640	D RJ UROLY IC G O H R P RIPH R L RV	Pain Management Procedures	Y	
64912	RV R P IRW RV LLOGR F FIR R D	OP Hosp/ mb urger Center ( C) procedures	Y	
64999	U LI DPROC DUR RVOU Y M	Unlisted/Miscellaneous	Y	
65771	R DI LK R O OMY	OP Hosp/ mb urger Center ( C) procedures	Y	
67299	U LI DPROC DUR PO RIOR GM	Unlisted/Miscellaneous	Y	
67900	R P IRBROW P O I	Cosmetic, Plastic & Reconstructive Procedures	Y	
67901	RPR BL PH ROP O I FRO LI MU C U RO HM RL	Cosmetic, Plastic & Reconstructive Procedures	Y	
67902	RPR BL PH ROP FRO LI MU C U OLF C L LI G	Cosmetic, Plastic & Reconstructive Procedures	Y	
67903	RPR BL PH ROP O I L V ORR CJ DVM I R L	Cosmetic, Plastic & Reconstructive Procedures	Y	
67904	RPR BL PH ROP O I L V ORR CJ DVM X R L	Cosmetic, Plastic & Reconstructive Procedures	Y	
67906	RPR BL PH ROP O I UP RIOR R C U F CI L LI G	Cosmetic, Plastic & Reconstructive Procedures	Y	
67908	RPR BLPO CO JU C IVO- R O-MU C-L V ORR CJ	Cosmetic, Plastic & Reconstructive Procedures	Y	

67909	REDU VER RRE P S S	osmetic, Plastic & Reconstructive Proce ures	Y	
67950	A H PLAS Y	osmetic, Plastic & Reconstructive Proce ures	Y	
68899	U L S ED PR EDURE LA R MAL SYS EM	Unliste /Miscellaneous	Y	
69300	PLAS Y PR RUD G EAR W/W S ZE RD	osmetic, Plastic & Reconstructive Proce ures	Y	
69714	MPL J SSE EGRA ED EMP RAL B E W MAS D	P Hosp/Amb Surgery enter (AS ) proce ures	Y	
69716	MPL J MPL SKULL MAG A A HME ESP	P Hosp/Amb Surgery enter (AS ) Proce ures	Y	
69729	MPL MPL SKULL MAG A A HME ESP G or equal to 1	P Hosp/Amb Surgery enter (AS ) Proce ures	Y	
69730	RPL PL SKULL A A A H E ESP or eq al to	P Hosp/Amb Surgery enter (AS ) Proce ures	Y	
69930	HLEAR DEV E MPLA A W W MAS DE MY	P Hosp/Amb Surgery enter (AS ) proce ures	Y	
70336	MR EMP R MA D BULAR J	maging & Special ests	Y	
70450	HEAD BRA W RAS MA ER AL	maging & Special ests	Y	
70460	HEAD BRA W RAS MA ER AL	maging & Special ests	Y	
70470	HEAD BRA W A D W RAS MA ER AL	maging & Special ests	Y	
70496	A G GRAPHY HEAD W RAS RAS	maging & Special ests	Y	
70498	A G GRAPHY E K W RAS RAS	maging & Special ests	Y	
70540	MR RB FA EA D E K W RAS	maging & Special ests	Y	
70542	MR RB FA EA D E K W RAS MA ER AL	maging & Special ests	Y	
70543	MR RB FA EA D E K W A D W RAS MA RL	maging & Special ests	Y	
70544	MRA HEAD W RS MA ER AL	maging & Special ests	Y	
70545	MRA HEAD W RAS MA ER AL	maging & Special ests	Y	
70546	MRA HEAD W A D W RAS MA ER AL	maging & Special ests	Y	
70547	MRA E K W RS MA ER AL	maging & Special ests	Y	
70548	MRA E K W RAS MA ER AL	maging & Special ests	Y	
70549	MRA E K W A D W RAS MA ER AL	maging & Special ests	Y	
70551	MR BRA BRA S EM W RAS MA ER AL	maging & Special ests	Y	
70552	MR BRA BRA S EM W RAS MA ER AL	maging & Special ests	Y	
70553	MR BRA BRA S EM W W RAS MA ER AL	maging & Special ests	Y	
70554	MR BRA FU AL W PHYS A ADM S RA	maging & Special ests	Y	
70555	MR BRA FU AL W PHYS A ADM S RA	maging & Special ests	Y	
71275	A G GRAPHY HES W RAS RAS	maging & Special ests	Y	
71550	MR HES W RAS MA ER AL	maging & Special ests	Y	
71551	MR HES W RAS MA ER AL	maging & Special ests	Y	
71552	MR HES W A D W RAS MA ER AL	maging & Special ests	Y	
71555	MRA HES W A D W RAS MA ER AL	maging & Special ests	Y	
72128	H RA SP E W RAS MA ER AL	maging & Special ests	Y	
72129	H RA SP E W RAS MA ER AL	maging & Special ests	Y	
72130	H RA SP E W A D W RAS M RL	maging & Special ests	Y	
72131	LUMBAR SP E W RAS MA ER AL	maging & Special ests	Y	
72132	LUMBAR SP E W RAS MA ER AL	maging & Special ests	Y	
72133	LUMBAR SP E W A D W RAS MA ER AL	maging & Special ests	Y	
72141	MR SP AL A AL ERV AL W RAS MA RL	maging & Special ests	Y	
72142	MR SP AL A AL ERV AL W RAS MA RL	maging & Special ests	Y	
72146	MR SP AL A AL H RA W RAS MA RL	maging & Special ests	Y	
72147	MR SP AL A AL H RA W RAS MA RL	maging & Special ests	Y	
72148	MR SP AL A AL LUMBAR W RAS MA ER AL	maging & Special ests	Y	
72149	MR SP AL A AL LUMBAR W RAS MA ER AL	maging & Special ests	Y	
72156	MR SP AL A AL ERV AL W A D W R M RL	maging & Special ests	Y	
72157	MR SP AL A AL H RA W FF BY W RS M RL	maging & Special ests	Y	
72158	MR SP AL A AL LUMBAR W FF BY W RS M RL	maging & Special ests	Y	
72159	MRA SP AL A AL W W RAS MA ER AL	maging & Special ests	Y	

72191	CT AN A HY ELV S W C NT AST N NC NT AST	maging & Special Tes s	Y	
72192	CT ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
72193	CT ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
72194	CT ELV S W AND W C NT AST MATE AL	maging & Special Tes s	Y	
72195	M ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
72196	M ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
72197	M ELV S W AND W C NT AST MATE AL	maging & Special Tes s	Y	
72198	M A ELV S W W C NT AST MATE AL	maging & Special Tes s	Y	
73218	M U E EXT EM TY TH THAN JT W C NT MAT L	maging & Special Tes s	Y	
73219	M U E EXT EM TY TH THAN JT W C NT MAT L	maging & Special Tes s	Y	
73220	M U E EXT EM THE THAN JT W AND W C NT AS	maging & Special Tes s	Y	
73221	M ANY JT U E EXT EM TY W C NT AST MAT L	maging & Special Tes s	Y	
73222	M ANY JT U E EXT EM TY W C NT AST MAT L	maging & Special Tes s	Y	
73223	M ANY JT U E EXT EM TY W AND W C NT MAT L	maging & Special Tes s	Y	
73225	M A U E EXT EM TY W W C NT AST MATE AL	maging & Special Tes s	Y	
73718	M L WE EXT EM TH THN JT W C NT MAT L	maging & Special Tes s	Y	
73719	M L WE EXT EM TH THN JT W C NT AST MAT L	maging & Special Tes s	Y	
73720	M L WE EXT EM TH THN JT W AND W C NT MAT	maging & Special Tes s	Y	
73721	M ANY JT L WE EXT EM W C NT AST MAT L	maging & Special Tes s	Y	
73722	M ANY JT L WE EXT EM W C NT AST MATE AL	maging & Special Tes s	Y	
73723	M ANY JT L WE EXT EM W AND W C NT AST MAT L	maging & Special Tes s	Y	
73725	M A L WE EXT EM TY W W C NT AST MATE AL	maging & Special Tes s	Y	
74150	CT ABD MEN W C NT AST MATE AL	maging & Special Tes s	Y	
74160	CT ABD MEN W C NT AST MATE AL	maging & Special Tes s	Y	
74170	CT ABD MEN W AND W C NT AST MATE AL	maging & Special Tes s	Y	
74174	CT AN ABD AND LV SCNT ST MT L W W CNT ST M	maging & Special Tes s	Y	
74175	CT AN A HY ABD MEN W C NT AST N NC NT AST	maging & Special Tes s	Y	
74176	CT ABD MEN AND ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
74177	CT ABD MEN AND ELV S W C NT AST MATE AL	maging & Special Tes s	Y	
74178	CT ABD MEN AND ELV S W C NT ST 1 T B DY E	maging & Special Tes s	Y	
74181	M ABD MEN W C NT AST MATE AL	maging & Special Tes s	Y	
74182	M ABD MEN W C NT AST MATE AL	maging & Special Tes s	Y	
74183	M ABD MEN W AND W C NT AST MATE AL	maging & Special Tes s	Y	
74185	M A ABD MEN W W C NT AST MATE AL	maging & Special Tes s	Y	
74261	CT C L N HY DX MA E ST CESS W C NT AST	maging & Special Tes s	Y	
74262	CT C L N HY DX MA E ST CESS W C NT AST	maging & Special Tes s	Y	
74263	CT C L N A HY SC EEN N MA E ST CESS N	maging & Special Tes s	Y	
75557	CA D AC M M H L Y & FUNCT N W/ C NT AST	maging & Special Tes s	Y	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
75559	CA D AC M W C NT AST W ST ESS MA N	maging & Special Tes s	Y	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
75561	CA D AC M W/W C NT AST & FU THE SEQ	maging & Special Tes s	Y	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
75563	CA D AC M W FF BY W CNT ST W ST ESS M N	maging & Special Tes s	Y	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.

75565	CARDIAC RI R L CITY L W APPING	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75571	CT H ART N C NTRAST QUANT ALC R NRY CALCIU	Imaging & Special Te t	Y	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75572	CT H ART C NTRAST AL CARDIAC STRUCTUR AND RPH	Imaging & Special Te t	Y	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75573	CT HRT C NTRST CARDIAC STRUCT& RPH C NG HRT D	Imaging & Special Te t	Y	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75574	CTA HRT C RNRY ART/BYPASS GR TS C NTRST 3D P ST	Imaging & Special Te t	Y	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75580	N-IN AS ST C R AUG NT SW ALYS CTA I AND R PHY/QHP	Imaging & Special Te t	Y	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75625	A RT GRAPHY ABD INAL S RIAL GRAPHY RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75630	A RT GRAPHY ABDL BI ILI L W XTR CATH RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75635	CTA ABDL A RTA AND BI ILI W C NTRAST AND P STP	Imaging & Special Te t	Y	
75710	ANGI GRAPHY XTR ITY UNILAT RAL RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75716	ANGI GRAPHY XTR ITY BILAT RAL RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75726	ANGI GRAPHY ISC RAL SLCT /SUPRASLCT RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75736	ANGI GRAPHY P L IC SLCT /SUPRASLCT RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75820	N GRAPHY XTR ITY UNILAT RAL RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75822	N GRAPHY XTR ITY BILAT RAL RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75825	N GRAPHY CA AL IN RI R S RIAL GRAPHY RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.
75827	N GRAPHY CA AL SUP RI R S RIAL GRAPHY RS&I	Imaging & Special Te t	~	~Applie only to plan partnered with volent ( ee healthplan cope inclu ion li t in column to the right). Send to volent for member ≥18. Send to healthplan for member under 18.

75860	VEN HY VEN US SINUS/JU UL C TH S&l	Imaging & Spe ial Tests	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
75898	N HC TH F-U STD TC T THE TH N TH MBYLSIS	Imaging & Spe ial Tests	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
76376	3D ENDE IN W INTE ND ST CESS SU E VISI N	Imaging & Spe ial Tests	Y	If requesting identified ode as a standalone ode, please fax request to the healthplan. If requesting ode with another imaging ode, please fax request to (877) 731-7218.
76377	3D ENDE IN W INTE ND ST C DIFF W K ST TI N	Imaging & Spe ial Tests	Y	If submitting this ode with another dvan ed Imaging ode, send request to dvan ed Imaging. therwise, send request to the Health lan. For advan ed imaging authorization requests - you may submit a request by fax at 877-731-7218 o in t e o tal
76390	M I S ECT SC Y	Imaging & Spe ial Tests	Y	
76391	M NETIC ES N NCE EL ST HY	Imaging & Spe ial Tests	Y	
76497	UNLISTED C M UTED T M HY CEDU E	Imaging & Spe ial Tests	Y	
76498	UNLISTED M NETIC ES N NCE CEDU E	Imaging & Spe ial Tests	Y	
76965	US UID NCE INTE STITI L DI ELMENT LIC TI N	adiation Therapy & adio Surgery	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). For dults ≥18 with an er diagnosis, dire t request to Evolent. For Inpatient, non an er diagnosis, and pediatri s send request to ealt lan.
76984	DX INT TH CIC T US	Hosp/ mb Surgery Center ( SC) pro edures	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
76987	DX INT E IC C US CHD	Hosp/ mb Surgery Center ( SC) pro edures	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
76988	DX NT E C US CHD IM CQ	Hosp/ mb Surgery Center ( SC) pro edures	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
76989	DX INT E C US CHD I&	Hosp/ mb Surgery Center ( SC) pro edures	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
77011	CT UID NCE STE E T CTIC L C LIZ TI N	adiation Therapy & adio Surgery	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). For dults ≥18 with an er diagnosis, dire t request to Evolent. For Inpatient, non an er diagnosis, and pediatri s send request to ealt lan.
77046	M I B E ST WITH UTC NT STM TE I L UNIL TE L	Imaging & Spe ial Tests	Y	
77047	M I B E ST WITH UTC NT STM TE I L BIL TE L	Imaging & Spe ial Tests	Y	
77048	M I B E ST W UT ND WITH C NT ST W C D UNIL TE L	Imaging & Spe ial Tests	Y	
77049	M I B E ST WITH UT ND WITH C NT ST W C D BIL TE L	Imaging & Spe ial Tests	Y	
77261	THE D TX LNNIN SM L	adiation Therapy & adio Surgery	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). For dults ≥18 with an er diagnosis, dire t request to Evolent. For Inpatient, non an er diagnosis, and pediatri s send request to ealt lan.
77262	THE D TX LNNIN INT M	adiation Therapy & adio Surgery	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). For dults ≥18 with an er diagnosis, dire t request to Evolent. For Inpatient, non an er diagnosis, and pediatri s send request to ealt lan.

77263	THER R T NNING C	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77280	THER R SIMU J- I E FIE SETTING SIM E	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77285	THER R SIMU J- I E FIE SETTING INTERME	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77290	THER R SIMU J- I E FIE SETTING COM E	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77293	RES IR TORY MOTION M N GEMENT SIMU TION	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77295	3- R IOTHER Y N OSE-VO UME HISTOGR MS	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77299	UN IST RC RE THR TC R GY C INIC T NNING	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77300	B SIC R I TION OSIMETRY C CU TION	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77301	NTSTY MO U R TH N OSE-VO HISTOS	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77306	TE ETH ISO OSE N SM W/ OSIMETRY C CU TION	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77307	TE ETH ISO OSE N C W/B SIC OSIMETRY	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an
77316	BR CHYT ISO OSE N SM W/ OSIMETRY C	Radiation Therapy & Radio Sur ery	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to hea thp an

77317	BRACH ODO E PLN N ERMED W/DO ME R CAL	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77318	BRACH ODO E PLN CPL W/DO ME R CAL	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77321	PEC ELE H POR PLN PAR HEM BD O BD	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77331	PEC DO M ONL PRE CR BED REA NG PH	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77332	DEV CE DE GN AND CON RUC ON MPLE	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77333	DEV CE DE GN AND CON RUC ON N ERMED A E	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77334	DEV CE DE GN AND CON RUC ON COMPLE	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77336	CON NU NG MED CAL PH C CON L J PR WK	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77338	MLC MR DE GN AND CON RUC ON PER MR PLAN	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77370	PEC MED CAL RADJ PH C CON L J	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77371	RAD A ON DEL VER EREO AC C CRAN AL COBAL	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.
77372	RAD A ON DEL VER EREO AC C CRAN AL L NEAR	Radiation hera y & Radio urgery	~	~A lies only to lans artnered with Evolent (see health lan sco e inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For n atient, non cancer diagnosis, and ediatrics send request to h alth lan.

77373	STEREOTA T O RA AT ON EL VER	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77387	GU AN E FOR LO LZJ TARGET VOL FOR RA J TX LVR	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77399	UNLS ME AL RA J OS M TX EV SPE SV S	Un isted/Misce aneous		~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77402	RA AT ON TREATMENT EL VER 1 MEV PLUS S MPLE	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77407	RA AT ON TX EL VER 1 MEV EQUAL TO GT NTERME ATE	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77412	RA AT ON TREATMENT EL VER 1 MEV EQ OVER OMPLEX	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77417	THERAPEUT RA OLOG PORT MAGES(S)	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77423	H ENRG NEUTRON RA TN TX LVR 1 OR GRT SO ENTER	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77427	RA AT ON TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77431	RA AT ON THERAP MGMT 1/2 FRA T ONS ONL	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77432	STERET T RA AT ON TX MANAGEMENT RAN AL LES ON	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.
77435	STEREOTA T O RA AT ON MANAGEMENT	Radiation Therapy & Radio Surgery	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For npatient, non cancer diagnosis, and pediatrics send request to hea thp an.

77436	SRFC R RPY; SPRFLOR OR VL G, RM PL G & SML -AI FL S G	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77437	SRFC R RPY; SPRFL, LVRY, =150 KV, P R FRC ( G, LC R C BRC Y RPY)	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77438	SRFC R RPY; OR VL G, LVRY, >150-500 KV, P R FRC	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77439	SRFC R RPY; SPRFLOR OR VL G, IMG G C , UL RS FOR PLCM OF R RPY FL S FOR RM OF CU OS MRS, P R CRS OF RM (LIS SPR LY I A O CO FOR PRI PRC R)	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77470	SP CIAL R A M PROC UR	Radiatio herapy & Radio Surgery	~	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77499	U LIS PROC UR RP C RA IOLOGY X MGM	Radiatio herapy & Radio Surgery	~	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77520	PRO O X LIV RY SIMPL W O COMP SA IO	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77522	PRO O X LIV RY SIMPL W COMP SA IO	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77523	PRO O X LIV RY I RM IA	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77525	PRO O X LIV RY COMPL X	Radiatio herapy & Radio Surgery	Y	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77750	FS/I S LJ RA IO LM SL 3 MO FOLLOW-UP CAR	Radiatio herapy & Radio Surgery	~	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .
77761	I RACAVI ARY RA IA IO SOURC APPLIC SIMPL	Radiatio herapy & Radio Surgery	~	~Applies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to vole t. For l patie t, o ca cer diag osis, a d pediatrics se d request to h al hpla .

77762	INTR A ITAR RA IATI N S UR E APPLI INTERME	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77763	INTR A ITAR RA IATI N S UR E APPLI MPLEX	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77767	H R R N L SKN SURF BRA H TX LES LT 2 M/1 HAN	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77768	H R R N L E SKN SRF E BR H TX LESI N >2 M & 2 HAN/MLTPLE LESI N	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77770	H R R N L NTRSTL/INTR A BRA H TX 1 HANNEL	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77771	H R R N L NTRSTL/INTR A BRA H TX 2-12 HANNEL	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77772	H R R N L NTRSTL/INTR A BRA H TX GT 12 HANNELS	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77778	INTERSTITIAL RA IATI N S UR E APPLI MPLEX	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77789	SURFA E APPLI L W SE RATE RA I NU LI E S UR E	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77790	SUPER ISI N HAN LING L A ING RA IATI N S UR E	Radiation Therapy & Radio S rger y	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
77799	UNLISTE PR E URE LINI AL BRA H THERAP	Unlisted/Miscellaneo s		~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to healthplan.
78414	AR - AS HEM NAM W W PHARM EXER 1 MLT ETERM	Imaging & Special Tests	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). Send to Evolent for members ≥18. Send to healthplan for members nder 18.
78428	AR IA SHUNT ETE TI N	Imaging & Special Tests	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). Send to Evolent for members ≥18. Send to healthplan for members nder 18.

78429	MYO M PET METAB EVAL S N LE STU Y N NT T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78430	MYO M PET P FUJ 1ST EST ST ESS N NT T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78431	MYO M PET P FUJ MLT ST ST AN ST S N NT T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78432	MYO M PET P FUJ W METAB UAL A OT A E	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78433	MYO M PET P FUJ W METAB 2 T A E N NT T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78451	MYO A AL SPE T S N LE STU Y AT EST O ST ESS	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78452	MYO A AL SPE T MULT PLE STU ES	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78453	MYO A AL PE FUS ON PLANA 1 STU Y EST/ST ESS	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78454	MYO A AL PE FUS ON PLANA MULT PLE STU ES	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78459	MYO A AL MA N PET METABOL EVALUAT ON	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78466	MYO A AL MA N NFA T AV PLANA QUAL/QUAN	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78468	MYO M NFA T AV PLN EJE FXJ 1ST PS TQ	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78469	MYO NFA T AV PLN TOMO SPE T W/WO QUANTJ	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78481	A BL POOL PLANA 1 ST Y WAL MOTN EJE T F A T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78483	A BL POOL PLN MLT ST Y WAL MOTN EJE T F A T	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.
78491	MYO MA E PET PE FUS S N LE STU Y EST/ST ESS	maging & Spe ial Tests	Y	~Applies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). Send to Evolent for members ≥18. Send to healthplan for members under 18.

78492	MYO M GE PET PE FUS MULTPL STU Y EST/ST ESS	maging & Specia Tests	Y	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members ≥18. Send to hea thp an for members under 18.
78499	UNL STE OV S UL PX XNU LE ME NE	maging & Specia Tests	Y	
78608	B N M G NG PET MET BOL EV LU T ON	maging & Specia Tests	Y	
78609	B N M G NG PET PE FUS ON EV LU T ON	maging & Specia Tests	Y	
78811	PET M G NGL M TE E HEST HE NE K	maging & Specia Tests	Y	
78812	PET M G NG SKULL B SE TO M -TH GH	maging & Specia Tests	Y	
78813	PET M G NG WHOLE BO Y	maging & Specia Tests	Y	
78814	PET M G NG T FO TTENU T ON L M TE E	maging & Specia Tests	Y	
78815	PET M G NG T TTENU T ON SKULL B SE M -TH GH	maging & Specia Tests	Y	
78816	PET M G NG FO T TTENU T ON WHOLE BO Y	maging & Specia Tests	Y	
80307	UG TEST P SMV NST MNT HEM N LYZE S P TE	Behaviora /Menta Hea th, coho - hemica p n ncy	Y	P required after 24 units per ca endar year.
81120	H1 OMMON V NTS	G n ic ouns ing & T s ing	Y	
81121	H2 OMMON V NTS	G n ic ouns ing & T s ing	Y	
81161	M UPL T ON ELET ON N LYS S	G n ic ouns ing & T s ing	Y	
81162	B 1 B 2 GENE LYS FULL SEQ FULL UP EL LYS	G n ic ouns ing & T s ing	Y	
81163	B 1 B 2 GENE N LYS S FULL SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81164	B 1 B 2 GENE N LYS S FULL UP EL N LYS S	G n ic ouns ing & T s ing	Y	
81165	B 1 GENE N LYS S FULL SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81166	B 1 GENE N LYS S FULL UP EL N LYS S	G n ic ouns ing & T s ing	Y	
81167	B 2 GENE N LYS S FULL UP EL N LYS S	G n ic ouns ing & T s ing	Y	
81173	GENE N LYS S FULL GENE SEQUEN E	G n ic ouns ing & T s ing	Y	
81175	SXL1 GENE N LYS S FULL GENE SEQUEN E	G n ic ouns ing & T s ing	Y	
81191	NT K1 T NSLO T ON N LYS S	G n ic ouns ing & T s ing	Y	
81194	NT KT NSLO T ON N LYS S	G n ic ouns ing & T s ing	Y	
81201	P GENE N LYS S FULL GENE SEQUEN E	G n ic ouns ing & T s ing	Y	
81203	P GENE N LYS S UPL T ON ELET ON V NTS	G n ic ouns ing & T s ing	Y	
81212	B 1 B 2 GEN LYS 185 EL G 5385 NS 6174 ELT	G n ic ouns ing & T s ing	Y	
81225	YP2 19 GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81226	YP2 6 GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81227	YP2 9 GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81228	YTOGENOM ONST M O Y OPY NUMBE V NTS	G n ic ouns ing & T s ing	Y	
81229	YTOGENOM ONST M O Y OPY NUMBE N SNP V	G n ic ouns ing & T s ing	Y	
81230	YP3 4 GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81231	YP3 5 GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81232	YP GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81233	BTK GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81235	EGF GENE N LYS S OMMON V NTS	G n ic ouns ing & T s ing	Y	
81236	EZH2 GENE N LYS S FULL GENE SEQUEN E	G n ic ouns ing & T s ing	Y	
81246	FLT3 GENE N LYS TY OS NE K N SE OM N V NTS	G n ic ouns ing & T s ing	Y	
81249	G6P GENE N LYS S FULL GENE SEQUEN E	G n ic ouns ing & T s ing	Y	
81272	KT GENE N LYS S T GETE SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81277	YTOGENOM NEOPL S M O Y N LYS S	G n ic ouns ing & T s ing	Y	
81292	MLH1 GENE N LYS S FULL SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81295	MSH2 GENE N LYS S FULL SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81298	MSH6 GENE N LYS S FULL SEQUEN E N LYS S	G n ic ouns ing & T s ing	Y	
81300	MSH6 GENE N LYS S UPL T ON ELET ON V	G n ic ouns ing & T s ing	Y	
81307	P LB2 GENE N LYS S (FULL GENE SEQ)	G n ic ouns ing & T s ing	Y	

81308	PALB	A AL SIS(K OW FAMILIALVARIA T)	eneti	C un eling & Te ting		
81309	PIK3CA	A AL SIS TAR T D S QU C A AL SIS	eneti	C un eling & Te ting		
81311	RAS	A AL SIS VARIA TSI XO A D 3	eneti	C un eling & Te ting		
81314	PD FRA	A AL STAR T D S QU C A AL S	eneti	C un eling & Te ting		
81317	PMS	A AL SIS FULL S QU C	eneti	C un eling & Te ting		
813 1	PT	A AL SIS FULL S QU C A AL SIS	eneti	C un eling & Te ting		
813 3	PT	A AL SIS DUPLICATIO D L TIO VARIA T	eneti	C un eling & Te ting		
81345	T RT	A AL SIS TAR T D S QU C A AL SIS	eneti	C un eling & Te ting		
81351	TP53	A AL SIS FULL S QU C	eneti	C un eling & Te ting		
81403	MOL CULAR PATHOLO	PROC DUR L V L 4	eneti	C un eling & Te ting		
81404	MOL CULAR PATHOLO	PROC DUR L V L 5	eneti	C un eling & Te ting		
81405	MOL CULAR PATHOLO	PROC DUR L V L 6	eneti	C un eling & Te ting		
81406	MOL CULAR PATHOLO	PROC DUR L V L 7	eneti	C un eling & Te ting		
81407	MOL CULAR PATHOLO	PROC DUR L V L 8	eneti	C un eling & Te ting		
81408	MOL CULAR PATHOLO	PROC DUR L V L 9	eneti	C un eling & Te ting		
81410	AORTIC D SFU CTIO DILATIO	OMIC S QA AL SIS	eneti	C un eling & Te ting		
81411	AORTIC D SFU CTIO DILATIO	DUP D LA AL SIS	eneti	C un eling & Te ting		
8141	ASHK AZI J WISH ASSOC DSRDRS	S QA AL 9	eneti	C un eling & Te ting		
81413	CAR IO CH LPATH	OMIC S QAL S I C 10 S	eneti	C un eling & Te ting		
81414	CAR IO CH LPATH	DUP D L AL SPA L S	eneti	C un eling & Te ting		
81415	XOM S QU C A AL SIS		eneti	C un eling & Te ting		
81416	XOM S QU C A AL SIS	ACH COMPARATOR XOM	eneti	C un eling & Te ting		
81418	DR MTBLSM ( , PHRMC OMCS)	OMIC SQ C A L SS PA L, MUST I CLD TST OF ATL AST 6 S, CLD C P C19, C P D6, D C P D6 DPLCT /D L T A L SS	enetic	C unseling & Testing		
81419	PIL PS	OMIC S QU C A AL SIS PA L	eneti	C un eling & Te ting		
814	F TAL CHROMOSOMAL MICROD LTJ	OMIC S QA AL S	eneti	C un eling & Te ting		
814 5	OM S QU C A AL SIS		eneti	C un eling & Te ting		
814 6	OM S QU C A AL SIS	ACH COMPARATOR OM	eneti	C un eling & Te ting		
814 7	OM R - VALUATIO	OF PR COBTAI D OM S Q	eneti	C un eling & Te ting		
81430	H ARI LOSS	OMIC S QU C A AL SIS 60 S	eneti	C un eling & Te ting		
81431	H ARI LOSS	DUP D LA AL SIS	eneti	C un eling & Te ting		
8143	H R DITAR BRST CA-R	LAT D S QA AL S 10	eneti	C un eling & Te ting		
81434	H R DITAR R TI	AL DSRDRS S QA AL S 15	eneti	C un eling & Te ting		
81435	H R DITAR COLO CA	DSRDRS S QA AL S 10	eneti	C un eling & Te ting		
81437	H R DTR URO DCR	TUM DSRDRS S QA AL 6	eneti	C un eling & Te ting		
81439	H R DITAR CARDIOM	OPATH S QA AL S 5	eneti	C un eling & Te ting		
81440	UCL AR MITOCHO	DRIAL 100 OMIC S Q	eneti	C un eling & Te ting		
81441	BMFS S QU C A AL SIS	PA LAT L AST 30 S	eneti	C un eling & Te ting		
81443	TIC T STI	FOR S V R I H RIT D CO DITIO S	eneti	C un eling & Te ting		
81445	S QA AL S	SOLID OR A OPLASM 5-50	eneti	C un eling & Te ting		
81448	H R DITAR P RIPH	RAL UROPATH S QP L	eneti	C un eling & Te ting		
81449	TR TD MIC SQ C A L SS	PA L, SOLID OR PLSM, 5-50 S ( , ALK, BRAF, CDK A, FR, RBB , KIT, KRAS, M T, RAS, PD FRA, PD FRB, P R, PIK3CA, PT , R T), I TRR TIO FOR SQ C VR TSA D COP MBR VR TS OR R ARR M TS, IF PRFRM ; R A A L SS	enetic	C unseling & Testing		
81450	S QA AL S	H MATOL MPHOID O 5-50	eneti	C un eling & Te ting		
81451	T SAP H MATOL MPHOID	O/DO 5-50 R A A AL SIS	eneti	C un eling & Te ting		
81455	S QA AL S	SOL OR H MTOLMPHOID O 51 OR RT	eneti	C un eling & Te ting		
81456	T SAP SO/H MATOL MPHOID	O/DO 51 OR LTR A A AL SIS	eneti	C un eling & Te ting		

81460	WHO OCHONDR A G NO	Genetic Counseling esting	Y	
8146	WHO OCHONDR A G NO ANA YS S PAN	Genetic Counseling esting	Y	
81470	X- NK D N C UA DB G NO CS Q ANA YS	Genetic Counseling esting	Y	
81471	X- NK D N C UA DB DUP D G N ANA YS	Genetic Counseling esting	Y	
81479	UN S D O CU AR PA HO OGY PROC DUR	Genetic Counseling esting	Y	
81 03	ONCO (OVAR AN) B OCH CA ASSAY F V PRO NS	Genetic Counseling esting	Y	
81 18	ONCO OGY BR AS RNA G N XPR SS ON 11 G N S	Genetic Counseling esting	Y	
81 19	ONCO OGY BR AS RNA G N XPR SS ON 21 G N S	Genetic Counseling esting	Y	
81 20	ONC BR AS RNA G N XPRSN PRF HYBRD 8 G N S	Genetic Counseling esting	Y	
81 21	ONC BR AS RNA CRORA G N XPRSN PRF 70 G N S	Genetic Counseling esting	Y	
81 22	ONCO OGY BR AS RNA G N XPRSN PRF 12 G N S	Genetic Counseling esting	Y	
81 23	ONC BRS RNA N X GNRJ S Q G N XPRSN 70 CN AND 31	Genetic Counseling esting	Y	
81 2	ONCO OGY CO ON RNA G N XPR SS ON 12 G N S	Genetic Counseling esting	Y	
81 29	ONC CU AN N A RNA G N XPRS PRF 31 G N SA G	Genetic Counseling esting	Y	
81 40	ONCO OGY U UNKNOWN OR G N RNA 92 G N S	Genetic Counseling esting	Y	
81 41	ONC PROS A RNA G N XPRSN PRF R -PCR 46 G N S	Genetic Counseling esting	Y	
81 42	ONC PROS A RNA CRORA G N XPRSN PRF 22 G N S	Genetic Counseling esting	Y	
81 46	ONC HYR RNA 10,196 G N S F N ND ASP RA A G	Genetic Counseling esting	Y	
81 1	ONC PROS A PR R HY A ON PRF R- PCR 3 G N S	Genetic Counseling esting	Y	
81 2	ONC UV A N A RNA G N XPRSN PRF 1 G N S	Genetic Counseling esting	Y	
81 4	PU DS PF RNA 190 G N RANSBRONCH A BX A G	Genetic Counseling esting	Y	
81 60	RNSP J P D VR AND BW S CD1 4 P US C WH PRPH B D	ransplants/Gene herapy	Y	
81 9	CARD O OGY HR RNSP RNA G N XPR SS 20 G N S	Genetic Counseling esting	Y	
81 99	UN S D U ANA Y ASSAY A GOR H C ANA YS S	Genetic Counseling esting	Y	
87797	ADNA NOS D R C PROB Q ACH ORGAN S	Unlisted/ iscellaneous	Y	
87798	ADNA NOS A P F D PROB Q ACH ORGAN S	Unlisted/ iscellaneous	Y	
88299	UN S DCY OG N CS UDY	Unlisted/ iscellaneous	Y	
90281	UN G OBU N G HU AN US	Healthcare Administered Drugs	Y	
90283	UN G OBU N G V HU AN V US	Healthcare Administered Drugs	Y	
90284	UN G OBU N HU AN SUBQ NFUS ON 100 G A	Healthcare Administered Drugs	Y	
90291	CY O GA O R S N G OB NH AN	Healthcare Administered Drugs	Y	
90371	H PA SB UN G OBU N HB G HU AN	Healthcare Administered Drugs	Y	
90378	R SP RA ORY SYNCY A V RUS G O G	Healthcare Administered Drugs	Y	
90 84	D NG ACC Q AD 2 DOS S BQ	Healthcare Administered Drugs	NC	
90867	HRP CRP V S X N W AP O R HR SH D D VRY AND NG N	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90868	H RAP R P V S X SUBS Q D V RY AND NG	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90869	R P S X SUBS Q O R HR SH D W D VRY AND NG N	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90870	C ROCONVU S V H ROPY ( C )	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
9087	ND V PSYCHOPHYS B OF D RA N W/PSY X 30 N	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90876	ND V PSYCHOPHYS B OF D RA N W/PSY X 4 N	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90901	B OF DBACK RA N NG ANY ODA Y	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	
90912	BFB RA NG W/ G AND/ ANO RY 1S 1 N CN C	Behavioral/ ental Health, Alcohol-Chemical Dependency	Y	

90913	BFB TR /EM D/M OMETRY E DDL 15 M C TCT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
92507	TX SPEECH L VO CE COMM D UD TORY PROC D	Physical Occupational Speech Therapy	Y	For ST, P required after initial evaluation + 6 visits/year.
92508	TX SPEECH L U E VO CE COMM UD TRY 2 OR MORE D VL	Physical Occupational Speech Therapy	Y	For ST, P required after initial evaluation + 6 visits/year.
92526	TX S LLO DYSFU CT O &/OR L FU CT FEED	Physical Occupational Speech Therapy	Y	
92920	PRQ TR L UML CORO RY OPL STY O E RT/BR CH	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92924	PRQ TR L UML CORO RY O/ THERECT O E RT/BR CH	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92928	PRQ TR L UML CORO RY STE T / O O E RT/BR CH	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92933	PRQ TR L UML CORO RY STE T/ TH/ O O E RT/BR CH	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92937	PRQ TR L UML CORO RY BYP RFT REV SC O E VESSEL	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92941	PRQ TR L UML CORO RY TOT OCCLUS REV SC M O E VSL	OP Hosp/ mb Surgery Center ( SC) Procedures	Y	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92943	PRQ TR L UML CORO RY CHRO C OCCLUS REV SC O E VSL	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92972	PERQ TR L UML CORO RY L THOTRP	OP Hosp/ mb Surgery Center ( SC) procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92973	PRQ TR SLUM L CORO RY MECH CL THROMBECTOMY	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92974	TC T PL CEME TR DJ DLVR DEV SBSQC V BR CHYTX	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92986	PRQ B L LOO V LVULOPL STY ORT CV LVE	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92987	PRQ B L LOO V LVULOPL STY M TR LV LVE	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
92990	PRQ B L LOO V LVULOPL STY PULMO RY V LVE	OP Hosp/ mb Surgery Center ( SC) Procedures	~	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
93025	M CROVOLT T- VE SSESS VE TR CUL R RRHYTHM S	OP Hosp/ mb Surgery Center ( SC) Procedures	Y	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.
93228	XTR L MOB LE CV TELEMETRY / &REPORT 30 D YS	OP Hosp/ mb Surgery Center ( SC) Procedures	Y	~ applies only to plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members ≥18. Send o heal hplan for members under 18.

93229	XTRNL L CVT L TRY W/T CHN CAL SUPP RT	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93241	XT RNAL CG R C GT 48HR LT 7D SCAN ALYS R P RT R AND	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93242	XT RNAL CG R C GT 48HR LT 7D R C RD NG	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93243	XT RNAL CG R C GT 48HR LT 7D SCANN NG ALYS W/R P RT	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93244	XT RNAL CG R C GT 48HR LT 7D R V W AND NT RPR TAT N	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93245	XT RNAL CG R C GT 7D LT 15D SCAN ALYS R P RT R AND	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93246	XT RNAL CG R C GT 7D LT 15D R C RD NG	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93247	XT RNAL CG R C GT 7D LT 15D SCANN NG ALYS W/R P RT	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93248	XT RNAL CG R C GT 7D LT 15D R V W AND NT RPR TAT N	maging & Sp cial T sts	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93264	R T NTR W R L SS P-ART PRS SNR UP T 30 D	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93268	XTRNL PT ACT V CG TRANS S W/R& </30 DAYS	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93270	XTRNL PT ACT VAT D CG R C RD NT R 30 DAYS	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93271	XTRNL PT ACT VAT D CG R C DWNLD 30 DAYS	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93272	XTRNL PT ACT VTD CG DWNLD W/R& </30 DAYS	P Hosp/Amb Surg ry C nt r (ASC) Proc dur s	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93303	C PL T TTHRC CH C NG N TAL CARD AC AN ALY	maging & Sp cial T sts	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.
93304	F-UP/L T D TTHRC CH C NG N TAL CAR AN ALY	maging & Sp cial T sts	~	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). S nd to vol nt for m mb rs $\geq$ 18. S nd to h althplan for m mb rs und r 18.

93306	ECHO H C W/WOM MO E COMPL SPEC&COL	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93307	ECHO ANS HO AC W/WO M MO E EC COMP	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93308	ECHO ANS HO C W/WO M MO E EC F UP/LM	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93319	3 ECHO IMG & PS PXESSING EE/ E CGEN CA ANOMAL	OP Hosp/Amb Surgery Cen er (ASC) Procedures	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
933 0	OPPLE ECHOCA PULSE WAVE W/SPEC AL ISPLAY	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
933 5	OP ECHOCA COLO FLOW VELOCI Y MAPPING	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93350	ECHO H C W M MO E COMPLE E ES AN S	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93351	ECHO H C W M MO E ES &S S CON ECG	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93451	IGH HEA CA HO SA U A ION & CA IAC OU PU	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
9345	LH CA H W/NJX L VEN ICULOG APHY IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93453	& LH CA H W/NJX L VEN CLG PY IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93454	CA H PLACEMEN & NJX CO ONA YA ANGIO IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93455	CA H PLM & NJX CO ONA YA /G F ANGIO IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93456	CA H PLM H & A S W/NJX & ANGIO IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93457	CA H PLM H /A S/G F S W/NJX& ANGIO IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.
93458	CA H PLM LH & A S W/NJX & ANGIO IMG S&I	Imaging & Special es s	~	~Applies only o plans par nered wi h Evolen (see heal hplan scope inclusion lis in columns o he righ ). Send o Evolen for members $\geq$ 18. Send o heal hplan for members under 18.

93459	CATH T H T A TS G FTS WJX & ANGIO I G S&I	Imaging & Specia Tests	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93460	& H T CATH WINJX H T A T& VENT I G	Imaging & Specia Tests	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93461	& H T CATH W INJEC H T A T G FT& VENT I	Imaging & Specia Tests	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93462	EFT HEA T CATH BY T ANSE TA UNCTU E	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93503	INSE TION F OW DI ECTED CATHETE FO ONITO ING	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93505	ENDO YOCA DIA BIO SY	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93568	NJX U ONA Y ANGIO H T CATH W S&I	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93584	VNG H CHD ANO E SIST SVC	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93585	VNG H CHD AZYGS HE IAZYGS	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93586	VNG H CHD CO ONA Y SINUS	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93587	VNG H CHD VNVN C T AT ABV	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93588	VNG H CHD VNVN C T BE OW	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93590	E QT ANSCATH C S A AVA V EAK 1 IT A VA VE	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93591	E QT ANSCATH C S A AVA V EAK 1 AO TIC VA VE	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93610	INT A-AT IA ACING	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.
93612	INT AVENT ICU A ACING	O Hosp Amb Surgery Center (ASC) rocedures	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). Send to Evo ent for members $\geq$ 18. Send to hea thp an for members under 18.

93613	INTR R I TROPHYSIO OGI 3 M PPING	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93619	OMPR TROPHYSIO OGI W/O RRHYT IN U TION	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93620	OMPR TROPHYSIO OGI RRHYTHMI IN U TION	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93623	PROGR MM STIMJ & P G FT R IV RUG NFS	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93644	PHYS V SUBQ IMP NT B FIBRI TOR	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93650	I R TH T R B TION TRIOV NTR NO FUN TION	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93653	PHYS V W/ B TION SUPR V NT RRHYTHMI	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93654	PHYS V W/ B TION V NTRI U RT HY R I	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93656	PHYS V TRNSPT TX TRI FIB ISO T PU M V IN	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93662	INTR R HO R W/TH R/ X IVNTJ IN IMG S & I	OP Hosp/ mb Surgery e ter ( S ) Procedures	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93702	BIS XTR U R F UI YS YMPH M SSMNT	xp rim ta /l v stigatio a	Y	
93797	OUTP TI NT R I R H B W/ ONT G MONITOR	Physical, Occupatio al, a d Speech Therapy	Y	llow first visit for cardiopulmo ary rehab without P . ll additio al visits will require P where covered.
93798	OUTP TI NT R I R H B W/O ONT G MONITOR	Physical, Occupatio al, a d Speech Therapy	Y	llow first visit for cardiopulmo ary rehab without P . ll additio al visits will require P where covered.
93799	UN IST R IOV S U RS RVI PRO UR	U listed/Miscella eous	Y	
93880	UP XS N XTR R NI RT OMP BI STU Y	Imagi g & Special Tests	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93882	UP XS N XTR R NI RT UNI/ MT STU Y	Imagi g & Special Tests	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93895	ROTI INTIM M I & ROTI TH ROM V BI	Imagi g & Special Tests	Y	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.
93925	UP-S N XTR RT/ RT BPGS OMP BI STU Y	Imagi g & Special Tests	~	~ ppplies o ly to pla s part ered with vole t (see healthpla scope i clusio list i colum s to the right). Se d to vole t for members ≥18. Se d to healthpla for members u der 18.

93926	DUP- XTR RT/ RT BPG U I/ MTD TUDY	Imaging & pecia Tests	~	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). end to Evo ent for members $\geq$ 18. end to hea thp an for members under 18.
93930	DUP- UXTR RT/ RT BPG OMP BI TUDY	Imaging & pecia Tests	~	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). end to Evo ent for members $\geq$ 18. end to hea thp an for members under 18.
93931	DUP- UXTR RT/ RT BPG U I/ MTD TUDY	Imaging & pecia Tests	~	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). end to Evo ent for members $\geq$ 18. end to hea thp an for members under 18.
93978	DUP- ORT IV I I V /BPG OMP ETE	Imaging & pecia Tests	~	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). end to Evo ent for members $\geq$ 18. end to hea thp an for members under 18.
93979	DUP- ORT IV I I V /BPG U I/ MTD	Imaging & pecia Tests	~	~ pp ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). end to Evo ent for members $\geq$ 18. end to hea thp an for members under 18.
94625	PHY /QHP V OP PU M REH B WO O T OXIMTRY M TR	Physica , Occupationa , and peech Therapy	Y	ow first visit for cardiopu monary rehab without P . additiona visits wi require P where covered.
94626	PHY /QHP V OP PU M REH B W/ O T OXIMTRY M TR	Physica , Occupationa , and peech Therapy	Y	ow first visit for cardiopu monary rehab without P . additiona visits wi require P where covered.
95700	EEG O T RE W VIDEO BY TE H MI 8 H E	europsychologica and Psychologica Tests	Y	
95708	EEG W O VID BY TE H E I R 12-26HR U MO ITORED	europsychologica and Psychologica Tests	Y	
95709	EEG W O VID BY TE H E I R 12-26 HR I TMT M TR	europsychologica and Psychologica Tests	Y	
95710	EEG W O VID TE H E I R 12-26 HR O T R-TM TR	europsychologica and Psychologica Tests	Y	
95711	VEEG BY TE H 2-12 HOUR U MO ITORED	europsychologica and Psychologica Tests	Y	
95712	VEEG BY TE H 2-12 HR I TERMITTE T MO ITORI G	europsychologica and Psychologica Tests	Y	
95713	VEEG BY TE H 2-12 HR O TI UOU R-T MO ITORI G	europsychologica and Psychologica Tests	Y	
95714	VEEG BY TE H E I R 12-26 HR U MO ITORED	europsychologica and Psychologica Tests	Y	
95715	VEEG BY TE H E I R 12-26 HR I TERMITTE T M TR	europsychologica and Psychologica Tests	Y	
95716	VEEG BY TE H E I R 12-26 HR O T R-TM TR	europsychologica and Psychologica Tests	Y	
95721	EEG OMP ETE TD PHY QHP OVER 36 HR U DER 60 HR W O VIDEO	europsychologica and Psychologica Tests	Y	
95722	EEG OMP ETE TD PHY QHP OVER 36 HR U DER 60 HR W VEEG	europsychologica and Psychologica Tests	Y	
95723	EEG OMP ETE TD PHY QHP OVER 60 HR U DER 84 HR W O VIDEO	europsychologica and Psychologica Tests	Y	
95724	EEG OMP ETE TD PHY QHP OVER 60 HR U DER 84 HR W VEEG	europsychologica and Psychologica Tests	Y	
95725	EEG OMP ETE TD PHY QHP OVER 84 HR W O VID	europsychologica and Psychologica Tests	Y	
95726	EEG OMP ETE TD PHY QHP OVER 84 HR W VEEG	europsychologica and Psychologica Tests	Y	
95805	M T EEP TE YM I T OF W KEFU E T TG	leep studies	Y	
95807	EEP TD RE V TJ RE PIRE G HRT R TE D O2 TT	leep studies	Y	
95808	PO Y OM Y GE EEP T GE 1-3 DD P R M TT D	leep studies	Y	
95810	PO Y OM 6 OR GRT YR EEP 4 OR GRT DD P R M TT D	leep studies	Y	
95811	PO Y OM 6 OR GRT YR EEP W P P 4 OR GRT DD P R M TT	leep studies	Y	
95999	U I EURO OGI EUROMU U R DX PX	Un isted/Misce aneous	Y	
96020	TE T E E T D DM FU T BR I M P PHY /QHP	Behaviora /Menta Hea th, coho - hemica D p n ncy	Y	
96125	T D RDIZED OG ITIVE PERFORM E TE TI G	europsychologica and Psychologica Tests	Y	
96130	P Y HO OGI T TE V V PHY /QHP FIR T HOUR	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.
96131	P Y HO OGI T TE V V PHY /QHP E DD HOUR	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.
96132	EUROP Y HO OGI T T EV PHY /QHP 1 T HOUR	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.
96133	EUROP Y HO OGI T T EV PHY /QHP E DD HR	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.
96136	P Y / RP Y T T PHY /QHP 2 P U T T 1 T 30 MI	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.
96137	P Y / RP Y T T PHY /QHP 2 P U T T E DD 30 MI	europsychologica and Psychologica Tests	Y	Prior uth required after initia 4 hours of testing per ca endar year.

96138	PSY PSY S E H 2 P US S 1S 30 MI	europsycholog cal and Psycholog cal ests	Y	Pr or Auth requ red after n t al 4 hours of test ng per calendar year.
96139	PSY PSY S E H 2 P US S EA ADD 30 MI	europsycholog cal and Psycholog cal ests	Y	Pr or Auth requ red after n t al 4 hours of test ng per calendar year.
96549	U IS ED HEMO HE APY P O EDU E	Unl sted/M scellaneous	Y	
96567	PD DS P M G ES SK I U M A IVJ PE DAY	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96573	PD DS P M G ES SK I U M A IVJ BY PHYS QHP	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96574	DEB IDEME P M G HYPE KE A O I ES W PD	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96900	A I O HE APY U AVIO E IGH	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96910	PHO O HEMO X A A D UVB PE O A UM UVB	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96912	PHO O HEMO X PSO A E S A D U AVIO E P UVA	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96913	PHO O HEMO HE APY DE MA OSES 4-8 H S SUPE VISIO	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96920	ASE SKI DISEASE PSO IASIS O A EA U DE 250 SQ M	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96921	ASE SKI DISEASE PSO IASIS 250-500 SQ M	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
96922	ASE SKI DISEASE PSO IASIS OVE 500 SQ M	OP Hosp/Amb Surgery enter (AS ) procedures	Y	
97039	U IS MODA I Y SPE YPE A D IME O S A A E D	Unl sted/M scellaneous	Y	
97110	HE APEU I PX 1/> A EAS EA H 15 MI EXE ISES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97112	HE PX 1/> A EAS EA H 15 MI EU OMUS EEDU A	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97113	HE PX 1 O MO EA EAS EA H 15 MI AQUA H PY W/EXE SS	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97116	HE PX 1 O MO EA EAS EA 15 MI GAI AI G W/S AI	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97129	HE IV J OG FU J 1S 15 MI U ES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97130	HE IV OG FU J EA ADD 15 MI U ES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97139	U IS ED HE APEU I P O EDU E SPE IFY	Unl sted/M scellaneous	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97140	MA UA HE APY QS 1/> EGIO S EA H 15 MI U ES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97150	HE APEU I P O EDU ES G OUP 2 O MO EI DV DUA S	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97153	ADAP IVE BEHAVIO X BY P O O O E H EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97154	G OUP ADAP IVE BHV X BY P O O O E H EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97155	ADAP BHV X P MODIFI AJ PHYS QHP EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97156	FAMI Y ADAP BHV X GD PHYS QHP EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97157	MU IP E FAM G OUP BHV X GD PHYS QHP EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97158	G P ADAP BHV P MODIF A PHYS QHP EA 15 MI	Behav oral/Mental Health, Alcohol- hem cal epe de cy	Y	PA requ red after 48 un ts per calendar year for ABA therapy (cumulat ve of 0373 , 97153, 97154, 97155, 97156, 97157, 97158).
97530	HE APEU A VI Y DI E P O A EA H 15 MI	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97533	SE SO YI EG A IVE E H IQUES EA H 15 MI U ES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).
97535	SE F- A E/HOME MGM AI I G EA H 15 MI U ES	Phys cal, Occupat onal, and Speech herapy	Y	For P /O , PA requ red after n t al evaluat on + 12 v s ts/year (12 v s ts allowed for each d sc pl ne).

97542	WHEEL MANAGEMENT 15 MN	Physical, Occupational, and Speech Therapy	Y	Required after initial evaluation + 12 visits/year (12 visits all weeks for each discipline).
97750	PHYSIOLOGY/MANAGEMENT/MENTAL/PT 15 MN	Physical, Occupational, and Speech Therapy	Y	Required after initial evaluation + 12 visits/year (12 visits all weeks for each discipline).
97755	SSVTEHNOSSMTDNTW/EPTE 15 MN	Physical, Occupational, and Speech Therapy	Y	Required after initial evaluation + 12 visits/year (12 visits all weeks for each discipline).
97763	ORTHOTOPIC/OSTHOMGMT&T/ENGENE 15 MN	Physical, Occupational, and Speech Therapy	Y	Required after initial evaluation + 12 visits/year (12 visits all weeks for each discipline).
97799	UNSTEDPHYSMEDNE/EHBASEVE/PO	Unlisted/Miscellaneous	Y	
99183	PHYSQHP/TINDSUPVJHYPBOXYGENTXSESSION	Hyperbaric/Wound Therapy	Y	
99499	UNSTEDEVUTONNDMNGEMENTSEVE	Unlisted/Miscellaneous	Y	
99600	UNSTEDHOMEVSTSEVE/POEDUE	Unlisted/Miscellaneous	Y	
0005U	ONOPOSTTEGENEXPSPF3GENEUGSKSO	Genetic Counseling & Testing	Y	
0006M	ONOGYHEPMN161GENESKSSFE	Genetic Counseling & Testing	Y	
0007M	ONOGYGSTO51GENESNOMOGMDSESEINDEX	Genetic Counseling & Testing	Y	
0022U	TGTGENSEQYSNONSMNGNEODNNDN23GENES	Genetic Counseling & Testing	Y	
0037U	TGTGENSEQYSSDOGNNEODN324GENES	Genetic Counseling & Testing	Y	
0047U	ONPOSTTEMNGENXPSPF17GENGSKSO	Genetic Counseling & Testing	Y	
0152U	NFTDSBTFGPSTEDNVDETJOVE1000OG	Genetic Counseling & Testing	Y	
0172U	ONSDTUMYSB1B2	Genetic Counseling & Testing	Y	
0175U	PSYGENYSPNE15GENES	Genetic Counseling & Testing	Y	
0214T	NJDXTHEPVEFTJTWUSETHO2NDV	Experimental/Investigational	Y	
0215T	NJXPVEBTJETJTWUSETHO3DNDOVEV	Experimental/Investigational	Y	
0215U	EDSXOMDNYSEOMP	Genetic Counseling & Testing	Y	
0216T	NJDXTHEPVEFTJTWUSEUMBS1V	Experimental/Investigational	Y	
0216U	NEUONHTXDN12OM	Genetic Counseling & Testing	Y	
0217T	NJDXTHEPVEFTJTWUSEUMBSV2	Experimental/Investigational	Y	
0217U	NEUONHTXDN51GENE	Genetic Counseling & Testing	Y	
0218T	NJXPVEBTJETJTWUSEUMBS3DNDOVEV	Experimental/Investigational	Y	
0239U	TGTGENSEQYSSDOGNNEO-FDN311PUS	Genetic Counseling & Testing	Y	
0274T	PEMNO-MNEMTOMYMGUDEEVTHO	Experimental/Investigational	Y	
0326U	TGTGENSEQYSSDOGNNEO-FDN83PUS	Genetic Counseling & Testing	Y	
0327U	FTNEUPDYTSMYDNSEQYSMTPSMSK	Genetic Counseling & Testing	Y	
0331T	MYODSYMPTHETNNEVJMGPNQU NDQU NT	Imaging & Special Tests	Y	
0332T	MYODSYMPNNEVJMGPNQU NDQU NTWSPET	Imaging & Special Tests	Y	
0373T	DPTBHVXPTMODFJE15MNTETHME	Behavioral/Mental Health, Psychological	Y	Required after 48 units per calendar year for Behavioral therapy (cumulative for 0373T, 97153, 97154, 97155, 97156, 97157, 97158).
0402T	OGENOSS-NKNGOFONEMEDSEPTE	Orthopedic/Surgical Procedures	Y	
0411U	PSYGENOMYSPNEVNTYS15GENES	Genetic Counseling & Testing	Y	
0419U	NEUOPSYHTYGENSEQYSPNVNTY13GEN	Genetic Counseling & Testing	Y	
0479T	FTONBSFENESTONFST100SQM	Orthopedic/Surgical Procedures	Y	
0480T	FTONBSFENESTONE DD100SQM	Orthopedic/Surgical Procedures	Y	
0483T	TMVWP OSTHETVVEPEUTNEOUS PPOH	Experimental/Investigational	Y	
0484T	TMVWP OSTHETVVE TNSTHO EXPOSUE	Experimental/Investigational	Y	
0488T	DBETESP EVONNEEETONPGMP30DYS	Experimental/Investigational	Y	
0569T	TTVPEUTNEOUS PPOHNTPOSTHES	Experimental/Investigational	Y	
0570T	TTVPEUTNEOUS PPOHEHDDPOSTHES	Experimental/Investigational	Y	
0584T	PEUTNEOUSSETETNSPNT	Transplants/Gene Therapy	Y	
0585T	POSOPSETETNSPNT	Transplants/Gene Therapy	Y	
0586T	OPENSETETNSPNT	Transplants/Gene Therapy	Y	

0609T	MRS D S QU SJ D T	maging & Special Tests	Y	
0610T	MRS D S TR SM S D T	maging & Special Tests	Y	
0611T	MRS D S L LYS D T	maging & Special Tests	Y	
0612T	MRS D S O E &R	maging & Special Tests	Y	
0633T	T BRE ST W/3D RE DER U W THOUT O TR ST	maging & Special Tests	Y	
0634T	T BRE ST W/3D RE DER U W TH O TR ST	maging & Special Tests	Y	
0635T	T BRST W/3D RE DER U WO TRST FLWD TRST	maging & Special Tests	Y	
0636T	T BRE ST W/3D RE DER B W THOUT O TR ST	maging & Special Tests	Y	
0637T	T BRE ST W/3D RE DER B W TH O TR ST	maging & Special Tests	Y	
0638T	T BRST W/3D RE DER B WO TRST FLWD TRST	maging & Special Tests	Y	
0674T	L S SJ EW/R L MT ERM SDSS M TJ RFU J	Experimental nvestigational	Y	
0675T	L S SJ EW/R L MT LE D ERM SDSS 1ST LE D	Experimental nvestigational	Y	
0676T	L S SJ EW/R L MT LE D ERM SDSS E DL LE D	Experimental nvestigational	Y	
0677T	L S RE OS LE D ERM SDSS 1ST RE OS T O ED LE D	Experimental nvestigational	Y	
0678T	L S RE OS LE D ERM SDSS E DDL RE OS LE D	Experimental nvestigational	Y	
0679T	L ROS O REMOV L LE D ERM SDSS	Experimental nvestigational	Y	
0680T	SJ/R L MT ULSE E ER TOR O LY SDSS	Experimental nvestigational	Y	
0681T	RELO T O ULSE E ER TOR O LY SDSS	Experimental nvestigational	Y	
0682T	REMOV L ULSE E ER TOR O LY SDSS	Experimental nvestigational	Y	
0683T	RO R MM DEV E EV LU T O ERSO SDSS	Experimental nvestigational	Y	
0684T	ER RO EDUR L DEV E EV LU T O ERSO SDSS	Experimental nvestigational	Y	
0685T	TERRO T O DEV E EV LU T O ERSO SDSS	Experimental nvestigational	Y	
0707T	JX BO E SUB M TRL TO SUB HO DR LBO E DEFE T	O Hosp/ mb Surgery enter ( S ) rocedures	Y	
0708T	TR DERM L ER MM TX RE D 1ST JE T O	Unlisted/Miscellaneous	Y	
0709T	TR DERM L ER MM TX E H DDL JE T O	Unlisted/Miscellaneous	Y	
0710T	- V S RTL L Q LYS D T R QU REV EW DR	maging & Special Tests	Y	
0711T	- V S RTL L Q LYS D T RE DTR SM SS O	maging & Special Tests	Y	
0712T	- V S RTL L Q LYS QU STRUX D OM OS VSL W L	maging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 77-73 -72 or in the portal
0713T	- V S RTL L Q LYS D T REV EW DR	maging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 77-73 -72 or in the portal
0714T	T R L LSR BLT B9 RST8 HY R	Experimental nvestigational		
0716T	R OUS W VFRM RE D RSK	Experimental nvestigational		
0719T	ST VERTEBR LJO T R L MT LUMB RS S LES M	Experimental nvestigational	Y	
0721T	QU TT SS H R W/O T	Experimental nvestigational		
0722T	QU TT SS H R W/ T	Experimental nvestigational		
0723T	QMR W/O DX MR SM T SE	Experimental nvestigational		
0724T	QMR W/DX MR S ME TOM	Experimental nvestigational		
0725T	VEST BUL R DEV M LTJU	Experimental nvestigational		
0726T	RMVL M LT VST BUL R DEV U	Experimental nvestigational		
0727T	RMVL&R L MT M LT VSTBLR DEV	Experimental nvestigational		
0728T	DX LYS VSTBLR M LT U 1ST	Experimental nvestigational		
0729T	DX LYS VSTBLR M LT U SBQ	Experimental nvestigational		
0730T	TR BE ULOTOMY LSR W/O T D	Experimental nvestigational		
0731T	U M T -B SED F L H T /R	Experimental nvestigational		
0732T	MM TX DM ELE TRO OR T M	Experimental nvestigational		
0733T	REM BDY&LMB K MT THER S LY	Experimental nvestigational		
0734T	REM BDY&LMB K MT TX M MT	Experimental nvestigational		
0735T	RE TUM V ORT R M R OT	Experimental nvestigational		
0736T	OLO L V E 35+L W TER	Experimental nvestigational		

0737T	XENO T MPLTJ TCL SU	Experimenta / n esti ationa	NC	
0795T	TC T NSJ PE M DU L CH MBE LDLS PM COMPL SYS	Experimenta / n esti ationa	Y	
0796T	TC T NSJ PE M 2CHMB LDLS PM T PM COMPNT D	Experimenta / n esti ationa	Y	
0797T	TC T NSJ PE M 2CHMB LDLS PM VENT PM COMPNT	Experimenta / n esti ationa	Y	
0805T	TC T SUP & VCP OSTC VLV MPLTJ PE Q EM VN PP D	Experimenta / n esti ationa	Y	
0806T	TC T SUP & VCP OSTC VLV MPLTJ OPEN EM VN PP	Experimenta / n esti ationa	Y	
0999	UNL STED MBUL NCE SE V CE	Unlisted/Miscellaneous	Y	
2001	NNOV M T X C PE SQ CM	yperbaric/Wound Therapy	Y	
2002	M EN DV NCED WOUND M T X PE SQ CM	yperbaric/Wound Therapy	Y	
2004	XCELL STEM, 1 M	yperbaric/Wound Therapy	Y	
2005	M C OLYTE M T X PE SQ CM	yperbaric/Wound Therapy	Y	
2006	NOVOSO B SYNTP TH PE SQ CM	yperbaric/Wound Therapy	Y	
2007	EST T , PE SQ CM	yperbaric/Wound Therapy	Y	
2008	THE ENES S, PE SQ CM	yperbaric/Wound Therapy	Y	
2009	SYMPHONY, PE SQ CM	yperbaric/Wound Therapy	Y	
2010	P S, PE SQU E CENT METE	yperbaric/Wound Therapy	Y	
2011	SUP SD M, PE SQ CM	yperbaric/Wound Therapy	Y	
2012	SUP THEL, PE SQ CM	yperbaric/Wound Therapy	Y	
2013	NNOV M T X S, PE SQ CM	yperbaric/Wound Therapy	Y	
2014	OMEZ COLL PE 100 M	yperbaric/Wound Therapy	Y	
2015	PHOEN X WND MT X, PE SQ CM	yperbaric/Wound Therapy	Y	
2016	PE ME DE M B, PE SQ CM	yperbaric/Wound Therapy	Y	
2017	PE ME DE M LOVE, E C	yperbaric/Wound Therapy	Y	
2018	PE ME DE M C, PE SQ CM	yperbaric/Wound Therapy	Y	
2019	KE EC S OME 3 M EN SH ELD PE SQ CM	yperbaric/Wound Therapy	Y	
2020	C5 DV NCED WOUND SYSTEM	yperbaric/Wound Therapy	Y	
2021	NEOM T X PE SQ CM	yperbaric/Wound Therapy	Y	
2022	NNOV B N/ NNOV M TX XL SQ CM	yperbaric/Wound Therapy	Y	
2023	NNOV M T X PD, 1 M	yperbaric/Wound Therapy	Y	
2024	ESOLVE O XENOP TCH SQ CM	yperbaric/Wound Therapy	Y	
2025	M O3D PE CUB C CM	yperbaric/Wound Therapy	Y	
2026	EST T M N M T X, 5 M	yperbaric/Wound Therapy	Y	
2027	M T DE M PE SQ CM	yperbaric/Wound Therapy	Y	
2028	M C OM T X LEX PE M	yperbaric/Wound Therapy	Y	
2029	M OT CT M T X SHEET	yperbaric/Wound Therapy	Y	
2030	M O3D BE S, PE M	yperbaric/Wound Therapy	Y	
2031	M OD Y, PE SQ CM	yperbaric/Wound Therapy	Y	
2032	MY D M T X, PE SQ CM	yperbaric/Wound Therapy	Y	
2033	MY D MO CELLS, 4 M	yperbaric/Wound Therapy	Y	
2034	OUND D S SOLO, PE SQ CM	yperbaric/Wound Therapy	Y	
2035	CO PL P THE C P LL C P M	yperbaric/Wound Therapy	Y	
2036	COHE LYX COL DML MX P SQ CM	yperbaric/Wound Therapy	Y	
2037	4DE M PLUS, PE ML	yperbaric/Wound Therapy	Y	
2038	M EN P CTO, PE SQ CM	yperbaric/Wound Therapy	Y	
2039	NNOV M T X D, PE SQ CM	yperbaric/Wound Therapy	Y	
4100	SK N SUB D CL D S DEV NOS	yperbaric/Wound Therapy	Y	
4238	SPL LW DJC M SPL ND CCESS 1 MO SPL EQU L TO 1 U S V	Durable Medical Equipment (DME)	Y	Ser ices co ered under pharmacy benefit.
4239	SPLY LW NON DJUNC NON MPL C M 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y	Ser ices co ered under pharmacy benefit.
4649	SU C L SUPPLY; M SCELL NEOUS	Unlisted/Miscellaneous	Y	
6262	WOUND LLE D Y O M PE NOT OTHE W SE SPEC	Unlisted/Miscellaneous	Y	

A9274	EXTE A A I SU I DE SYSTE DISPOSA E EA	Durable Medical Equipment (DME)	Y	
A9276	SE SO ;I VSV DISPS E I T ST CG 1U EQ S 1D SPP Y	Durable Medical Equipment (DME)	Y	Services covered under pharmacy benefit.
A9277	T A S ITTE ;EXTI TE STITIA CO TG U O SYS	Durable Medical Equipment (DME)	Y	Services covered under pharmacy benefit.
A9278	ECEIVE O ;EXTI TE STITIA CO TG U O SYS	Durable Medical Equipment (DME)	Y	Services covered under pharmacy benefit.
A9291	P ESC IPTIO DIGITA T FDA C EA ED PE C STX	Unlisted/ Miscellaneous	Y	
A9513	UTETIU U 177 DOTATATE THE APEUTIC 1 CI	radiation Therapy & Radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9543	YTT IU Y-90I ITU O A TIUXETA TX TO 40 CI	radiation Therapy & Radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9574	AI PO Y E -TYPE AI T AUTE I E FOA 0.1	Durable Medical Equipment (DME)	C	
A9590	IODI EI-131 I O E GUA E, THE APEUTIC, I I ICU E	radiation Therapy & Radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9596	GA IU GA -68GOZETOTIDE, DIAG OSTIC, (I UCCIX), 1 I ICU IE	Healthcare Administered Drugs	Y	
A9600	ST O TIU S -89 CH O ID THE APEUTIC PE CI	radiation Therapy & Radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9601	F O TAUCIPI -18I JECTIO , DIAG OSTIC, 1 I ICU IE	Healthcare Administered Drugs	Y	
A9604	SA A IU S -153 EXID O A TX DOSE TO 150 CI	radiation Therapy & Radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9606	ADIU A-223 DICH O IDE THE APEUTIC PE UCI	radiation Therapy & Radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9607	UTETIU U 177 VIPIVOTIDE TET AXETA THE 1 CI	Healthcare Administered Drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9699	ADIOPHA ACEUTICA THE APEUTIC OC	Unlisted/ Miscellaneous	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
A9900	D E SUP ACCESS S V-CO PO OTH HCPCS	Unlisted/ Miscellaneous	Y	
A9999	ISCE A EOUS D E SUPP YO ACCESSO Y OS	Unlisted/ Miscellaneous	Y	
4105	I - I ECA TCTG DIG E ZY EE TE A FEEDI G EA	Durable Medical Equipment (DME)	Y	
4187	O EGAVE , 10 G IPIDS	Healthcare Administered Drugs	Y	
4199	PA T A UT SO ;A I O ACID and CA GT 100 G S PPA	Healthcare Administered Drugs	Y	
9998	OC FO E TE A SUPP IES	Unlisted/ Miscellaneous	Y	
C2616	ACHYTHE APY O ST A DED YTT IU -90 PE SOU CE	OP Hosp/ Amb Surgery Center (ASC) procedures	Y	
C2624	I P WI E ESS PU A TE Y P ESS SE SO DE CATH	Durable Medical Equipment (DME)	Y	
C8909	A GIOG APHY WITH CO T AST CHEST	Imaging & Special Tests	Y	
C8910	A GIOG APHY WITHOUT CO T AST CHEST	Imaging & Special Tests	Y	

C9047	INJ C I N C L CIZUM B-YHD 1 MG	Healthcare ministrere Drugs	Y	
C9145	INJ, NVI , 1 MG	Healthcare ministrere Drugs	Y	
C9173	INJ, NY ZI, 1 MCG	Healthcare ministrere Drugs	Y	~ pplies only to plans partnere with volent (see healthplan scope inclusion list in columns to the right). For ults ≥18 with cancer iagnosis, irect request to volent. For Inpatient, non cancer iagnosis, an pe iatrics sen request to healthplan.
C9250	R ISS FIBRIN S L N	Hyperbar / un herapy	Y	
C9257	INJ C I N B V CIZUM B 0.25 MG	Healthcare ministrere Drugs	Y	Bevacizumab when bille for intraocular injection oes not require .
C9293	INJ C I N GLUC R ID S 10 UNI S	Healthcare ministrere Drugs	Y	~ pplies only to plans partnere with volent (see healthplan scope inclusion list in columns to the right). For ults ≥18 with cancer iagnosis, irect request to volent. For Inpatient, non cancer iagnosis, an pe iatrics sen request to healthplan.
C9307	INJ, C RB L IN ( VYX )	Healthcare ministrere Drugs	Y	~ pplies only to plans partnere with volent (see healthplan scope inclusion list in columns to the right). For ults ≥18 with cancer iagnosis, irect request to volent. For Inpatient, non cancer iagnosis, an pe iatrics sen request to healthplan.
C9308	INJ LINV S L M B-GC 1 MG	Healthcare ministrere Drugs	Y	~ pplies only to plans partnere with volent (see healthplan scope inclusion list in columns to the right). For ults ≥18 with cancer iagnosis, irect request to volent. For Inpatient, non cancer iagnosis, an pe iatrics sen request to healthplan.
C9399	UNCL SSIFI D DRUGS R BI L GIC LS	Healthcare ministrere Drugs	Y	
C9488	INJ C I N C NIV N HYDR CHL RID 1 MG	Healthcare ministrere Drugs	Y	
C9740	CYS UR HRSC Y INSR R NS R S IM L; 4 RGR IM L	Hosp/ mb Surgery Center ( SC) proce ures	Y	
C9757	L MIN MYD C M N RV R ; 1 IN RS C LUMB	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9761	CYS URS &/ Y L SC Y LI H & V C S IR K DNY C LLC N SYS M	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9765	R V V R NY V S; IV LI H RI SY ND LS N LCM	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9766	R V V R NY V S); IV LI H RI SY ND H R C MY	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9767	R V V R NY V S; IV LI H ND LS N LCM ND H R C	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9772	RVSC V R N/ RC IB/ R R IV SCLI H RI SY	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9773	RVSC V R N/ C IBI L/ ; IV SCLI H ND LS	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9774	RVSC V R N/ RQ IB/ R R ; IV SCLI H ND HR C	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9775	RVSC V R N/ IB/ ; IV SCLI H ND LS N L ND H	Hosp/ mb Surgery Center ( SC) roce ures	Y	
C9784	ND SL V G S R W/ UB	xper mental/Invest gat nal	Y	
C9785	ND U L R S RIC W/ UB	xper mental/Invest gat nal	Y	
0194	IR FLUIDIZ DB D	Durable Me ical quipment (DM )	Y	
0255	H S B DV RIBLH W NY Y SID R ILW M RSS	Durable Me ical quipment (DM )	Y	
0260	H S B DS MI- L CW NY Y SID R ILW M RSS	Durable Me ical quipment (DM )	Y	
0261	H S B DS MI- L C NY Y SID R ILW M RSS	Durable Me ical quipment (DM )	Y	
0265	H S B D LC RCW NY Y SID R ILW M RSS	Durable Me ical quipment (DM )	Y	
0266	H S B D L LC RC NY Y SID R ILW/ M RSS	Durable Me ical quipment (DM )	Y	
0277	W R D R SSUR -R DUCING IRM R SS	Durable Me ical quipment (DM )	Y	
0292	H S B DV RIBLH HI-L W SID R ILW M RSS	Durable Me ical quipment (DM )	Y	
0293	H S B DV RIBLH HI-L W SID R ILN M RSS	Durable Me ical quipment (DM )	Y	
0294	H S B DS MI- L CW SID R ILS W M RSS	Durable Me ical quipment (DM )	Y	
0295	H S B DS MI- L CW SID R ILS W M RSS	Durable Me ical quipment (DM )	Y	
0296	H S B D L L CW SID R ILS W M RSS	Durable Me ical quipment (DM )	Y	
0297	H S B D L L CW SID R ILS W M RSS	Durable Me ical quipment (DM )	Y	
0300	D CRIBH S GR D FULLY NC W W NC	Durable Me ical quipment (DM )	Y	
0301	H S B DHVYD YX R WID W WGH C C Y V R 350 DS	Durable Me ical quipment (DM )	Y	
0302	H S B DX R HVYD YW C V R 600 DS W M RSS	Durable Me ical quipment (DM )	Y	

E0303	HOSP BE HE W W CAP O ER 350 P S N ER EQ O 600	urable Medical E uipment ( ME)		
E0304	HOSP BE EX RA HEA W CAP O ER 600 P S MA RSS	urable Medical E uipment ( ME)		
E0316	SF ENCLOS FRME/CANOP SE W/HOSP BE AN PE	urable Medical E uipment ( ME)		
E0328	HOSP BE PE IA RIC MAN AL INCL ES MA RESS	urable Medical E uipment ( ME)		
E0329	HOSP BE PE IA RIC ELEC RIC INCL E MA RESS	urable Medical E uipment ( ME)		
E0371	NONPWR A PRSS R C O RLA MA RSS S LEN AN W H	urable Medical E uipment ( ME)		
E0372	PWR AIR O RLA MA RSS S MA RSS LENG H AN WI H	urable Medical E uipment ( ME)		
E0373	NONPOWER E A ANC PRESS RE RE CING MA RESS	urable Medical E uipment ( ME)		
E0462	ROCKING BE WI H OR WI HO SI E RAILS	urable Medical E uipment ( ME)		
E0465	HOME EN ILA OR AN PE SE W IN ASI E IN F	urable Medical E uipment ( ME)		
E0466	HOME EN ILA OR AN PE SE W NON-IN AS IN F	urable Medical E uipment ( ME)		
E0467	HOME EN ILA OR M L I-F NC ION RESPIRA OR E C	urable Medical E uipment ( ME)		
E0468	HOME EN F RESP C PER A F NC OF CO GH S IM	urable Medical E uipment ( ME)		
E0470	RESP ASS E C BI-LE L PRSS CAPABILI W/O BACK	urable Medical E uipment ( ME)		
E0471	RESP ASS E C BI-LE L PRSS CAPABILI W/BACK- P	urable Medical E uipment ( ME)		
E0472	RESP ASS E C BI-LE L PRSS CAPABILI W/BACK P	urable Medical E uipment ( ME)		
E0481	IN RAP LM PERC SSI E EN S S EM AN RELACSSORIES	urable Medical E uipment ( ME)		
E0483	HI REQNC CHES WALL OSCILLA ION S S EM EA	urable Medical E uipment ( ME)		
E0486	ORL E C/APPL R C P AIRWA COLLAPSIBILI CS M	urable Medical E uipment ( ME)		
E0492	PS AN C RL ELEC O C/APPL NM ELEC S IM NG M	urable Medical E uipment ( ME)		
E0493	ORAL E ICE/APPL NM ELEC S IM ONG E M SCLE	urable Medical E uipment ( ME)		
E0637	COMB SI S AN FRAME/ ABLE S S SEA LIF FEA RE	urable Medical E uipment ( ME)		
E0638	S AN ING FRAME/ ABLE S S ONE PS ION AN SZ W/WO WHLS	urable Medical E uipment ( ME)		
E0640	PA IEN LIF FIX S SINCL ES ALL CMPN S/ACCESS	urable Medical E uipment ( ME)		
E0641	FORM-FI ING CON C I E GARMEN ELI ENS/NMES	urable Medical E uipment ( ME)		
E0642	S AN ING RAME/ ABLE S S MOBILE NAMIC AN SZ	urable Medical E uipment ( ME)		
E0651	PNE MA C COMPRS SEG HOM M L NO CALBR GR N PRSS	urable Medical E uipment ( ME)		
E0652	PNE MA COMPRS SEG HOM M L W/CALBR GRA N PRSS	urable Medical E uipment ( ME)		
E0656	SEG PNE MA APPLIANCE SE W PNE MA COMPRS R NK	urable Medical E uipment ( ME)		
E0667	SEG PNE MA APPLINC W PNE MA COMPRS F LL LEG	urable Medical E uipment ( ME)		
E0668	SEG PNE MA APPLINC W PNE MA COMPRS F LL ARM	urable Medical E uipment ( ME)		
E0671	SEG MEN AL GRA EN PRESS PNE MA APPLINC F LL LEG	urable Medical E uipment ( ME)		
E0675	PNE MA COMPRS E C HI PRSS RAPI INFLA ION EFL	urable Medical E uipment ( ME)		
E0676	IN ERMI EN LIMB COMPRESSION E ICE NOS	urable Medical E uipment ( ME)		
E0677	NONPNE MA IC SEQ EN IAL COMP GARMEN R NK	urable Medical E uipment ( ME)		
E0691	LIGH X S S B LB LAMP IMER; X 2 SQ F LESS	urable Medical E uipment ( ME)		
E0694	MX IR L X S S 6 F CABINE W B LB LAMP MR	urable Medical E uipment ( ME)		
E0747	OS OGN S IM ELEC NONIN AS O H HAN SP APPLIC	urable Medical E uipment ( ME)		
E0748	OS OGN S IM LA OR ELEC NONIN AS SPINAL APPLIC	urable Medical E uipment ( ME)		
E0749	OS EOGENESIS S IM LA OR ELEC S RGICALL IMPL	urable Medical E uipment ( ME)		
E0760	OS OGN S IM LOW IN ENS L RASO N NON-IN AS	urable Medical E uipment ( ME)		
E0764	F NC NE ROM SC S IM M SC AMB L CMP CN RL SC INJ	urable Medical E uipment ( ME)		
E0766	ELEC S IM C CANCER X INCL ALL ACC AN PE	urable Medical E uipment ( ME)		
E0769	ES IM ELEC ROMAGNE IC WO N REA MEN E C NOC	nlisted/Miscellaneous		
E0770	FES RANSQ S IM NER AN M SC GRP CMPL S S NOS	nlisted/Miscellaneous		
E0782	INF SION P MP IMPLAN ABLE NON-PROGRAMMABLE	urable Medical E uipment ( ME)		
E0783	INF SION P MP S S EM IMPLAN ABLE PROGRAMMABLE	urable Medical E uipment ( ME)		
E0784	EX ERNAL AMB LA OR INF SION P MP INS LIN	urable Medical E uipment ( ME)		
E0787	EX ERNAL AMB INF S P MP INS LIN OS RA E A J	urable Medical E uipment ( ME)		

E0983	MNL NTRL	R DD-ON ONVRT MNL	MOTRIZD	JOY T	Durable Medi al Equipment (DME)	Y	
E0984	MNL NTRL	R DD-ON ONVRT MNL	MOTRIZD	TILLER	Durable Medi al Equipment (DME)	Y	
E0986	MNL	HEEL H IR	U H-RIM	T R I T Y	Durable Medi al Equipment (DME)	Y	
E0988	M NU L	E ORY LEVR-	TIV TD	HL DRIVE IR	Durable Medi al Equipment (DME)	Y	
E1002	HEEL H IR	E O ER E	TING Y	TEM TILT ONLY	Durable Medi al Equipment (DME)	Y	
E1003		R E T Y	RE LINE	O HE R RDU	Durable Medi al Equipment (DME)	Y	
E1004		R E T Y	RE LINE	ME H HE R RDU	Durable Medi al Equipment (DME)	Y	
E1005		R E T Y	RE LINE	R HE R RDU	Durable Medi al Equipment (DME)	Y	
E1006		R E T Y	TILT ND RE	LINE NO HE R RDU	Durable Medi al Equipment (DME)	Y	
E1007		R E T TILT	ND RE	LINE ME H HE R RDU	Durable Medi al Equipment (DME)	Y	
E1008		R E T TILT	ND RE	LINE R HE R RDU	Durable Medi al Equipment (DME)	Y	
E1010		DD R E T Y	R LEG	ELEV Y IR	Durable Medi al Equipment (DME)	Y	
E1012		R E T Y	NTR MNT	R ELEV LEG E	Durable Medi al Equipment (DME)	Y	
E1030	HEEL H IR	E ORY	VENTIL	TOR TR Y GIMB LED	Durable Medi al Equipment (DME)	Y	
E1161	M NU L	DULT IZE	HEEL H IR	IN LUDE TILT E	Durable Medi al Equipment (DME)	Y	
E1229	HEEL H IR	EDI TRI	IZE NO		Durable Medi al Equipment (DME)	Y	
E1230	RO ER	TED VEH	E BR	ND N ME ND MODEL NUMBER	Durable Medi al Equipment (DME)	Y	
E1232	ED Z	TILT-IN-	E FOLD	DJU TBL E T Y	Durable Medi al Equipment (DME)	Y	
E1233	ED Z	TILT-IN-	E RIGD	DJU TBL O E T	Durable Medi al Equipment (DME)	Y	
E1234	ED Z	TILT-IN-	E FOLD	DJU TBL O E T	Durable Medi al Equipment (DME)	Y	
E1235	HL H IR	ED IZE	RIGD	DJU TBL E TING Y TEM	Durable Medi al Equipment (DME)	Y	
E1236	HL H IR	ED IZE	FOLD	DJU TBL E TING Y TEM	Durable Medi al Equipment (DME)	Y	
E1237	HL H IR	ED Z	RIGD	DJU TBL O E TING Y TEM	Durable Medi al Equipment (DME)	Y	
E1238	HL H IR	ED Z	FOLD	DJU TBL O E TING Y TEM	Durable Medi al Equipment (DME)	Y	
E1390	O2 ON	1 DEL	ORT 85	T OR GT O2 ON T R FL R TE	Durable Medi al Equipment (DME)	Y	
E1391	O2 ON	2 DEL	ORT 85	T OR GT O2 ON R FL R TEE	Durable Medi al Equipment (DME)	Y	
E1399	DUR BLE	MEDI	L EQUI	MENT MI ELL NEOU	Unlisted/Mis ellaneous	Y	
E1905	VIRTU	L RE	LITY	BT IN LUDING TX OFT RE	Durable Medi al Equipment (DME)	Y	
E2102	DJUN	TIVE	ONTINUOU	GLU O E MONITOR/RE EIVER	Durable Medi al Equipment (DME)	Y	ervi es overed under pharma y benefit.
E2103	NON	DJUN	TIVE	NONIM L NTED GM/RE EIVER	Durable Medi al Equipment (DME)	Y	ervi es overed under pharma y benefit.
E2295	MNL	E ED	IZE	DYN MI E TING FR ME	Durable Medi al Equipment (DME)	Y	
E2298	OM	LEX	REH B	R R E TEL Y NYTY	Durable Medi al Equipment (DME)	Y	
E2301	HEEL H IR	E ORY	O ER T	NDING Y NYTY E	Durable Medi al Equipment (DME)	Y	
E2310	R	ELE	N T	BET N NTRLLER ND ONE R	Durable Medi al Equipment (DME)	Y	
E2311	R	ELE	N T	BET N NTRLLER ND T O MORE	Durable Medi al Equipment (DME)	Y	
E2312	O ER	E H	ND OR	HIN ONTROL INTERF E	Durable Medi al Equipment (DME)	Y	
E2313	O ER	E H	RNE	U GR DEEX ONTROLLR E	Durable Medi al Equipment (DME)	Y	
E2321	R	HND	NTRL	REMOT JOY T K NO R RTNL	Durable Medi al Equipment (DME)	Y	
E2322	R	HND	NTRL	MX ME H T H NO R RTNL	Durable Medi al Equipment (DME)	Y	
E2325	R	I ND	UFF	INTERF E NON RO RTN L	Durable Medi al Equipment (DME)	Y	
E2327	R	HE	D	NTRL INTERF E ME H RO RTN L	Durable Medi al Equipment (DME)	Y	
E2328	R	HE	D	NTRL EXT NTRL ELE R RTNL	Durable Medi al Equipment (DME)	Y	
E2329	R	HE	D	NTRL NT T H ME H NO R RTNL	Durable Medi al Equipment (DME)	Y	
E2330	R	HE	D	ROX IT H ME H NON R RTNL	Durable Medi al Equipment (DME)	Y	
E2340	O ER	E	NON	T ND E T FR ME D 20-23 IN	Durable Medi al Equipment (DME)	Y	
E2341	R	NON	TD	E T FRME IDTH 24-27 IN	Durable Medi al Equipment (DME)	Y	
E2342	R	NON	TD	E T FRME DE TH 20 21 IN	Durable Medi al Equipment (DME)	Y	
E2343	R	NON	TD	E T FRME DE TH 22-25 IN	Durable Medi al Equipment (DME)	Y	

E2351	PWR W E E NTERF E OPER TE P H GEN DEV	Durable Medical E uipment (DME)	Y	
E2369	POWER W MPNNT DR VE WHEE GE R BOX REP ON Y	Durable Medical E uipment (DME)	Y	
E2370	PWR W OMP NT DR WH MTR ND GR BOX OMB REP ON Y	Durable Medical E uipment (DME)	Y	
E2373	PWR W M N -PROPORT ON OMP T REMOTE JOY T K	Durable Medical E uipment (DME)	Y	
E2375	PWR W NONEXPND B E ONTRO ER REP EMENT ON Y	Durable Medical E uipment (DME)	Y	
E2376	PWR W EXP ND B E ONTRO ER REP EMENT ON Y	Durable Medical E uipment (DME)	Y	
E2377	PWR W EXP ND B E ONTRO ER UPGR DE N T UE	Durable Medical E uipment (DME)	Y	
E2398	WHEE H R , DYN M PO H RDW RE FOR B K	Durable Medical E uipment (DME)	Y	
E2402	NEG PRE WOUND THER PY E E PUMP T T ON/PRTB E	Durable Medical E uipment (DME)	Y	
E2500	PEE H GEN DEV D G T ZED UNDER EQ 8 M N RE T ME	Durable Medical E uipment (DME)	Y	
E2502	P H GEN DEV D GT ZD OVER 8 M N E THN EQ 20 M N RE	Durable Medical E uipment (DME)	Y	
E2504	P H GEN DEV D GT ZD OVER 20 M N UNDER EQ 40 M N RE	Durable Medical E uipment (DME)	Y	
E2506	PEE H GEN DEV E D G T ZED OVER 40 M N RE T ME	Durable Medical E uipment (DME)	Y	
E2508	P H GEN DEV YNTH ZD REQ ME PE ND NT T	Durable Medical E uipment (DME)	Y	
E2510	P H GEN DEV YNTHE ZD MX METH ME ND DEV	Durable Medical E uipment (DME)	Y	
E2511	PEE H GEN OFTW RE PROG P PER D G T T	Durable Medical E uipment (DME)	Y	
E2512	E PEE H GENER T NG DEV E MOUNT NG Y TEM	Durable Medical E uipment (DME)	Y	
E2599	E ORY FOR PEE H GENER T NG DEV E NO	Durable Medical E uipment (DME)	Y	
E2609	U TOM F BR TED WHEE H R E T U H ON ZE	Durable Medical E uipment (DME)	Y	
E2617	TM F B W B K U HN NY Z NY MOUNT H RDW RE	Durable Medical E uipment (DME)	Y	
E2626	W E H DR E B MOB RM UPP W DJU TB E	Durable Medical E uipment (DME)	Y	
E2628	W E H DR E B MOB RM UPP W RE N NG	Durable Medical E uipment (DME)	Y	
E2629	W E H DR E B M RM UPP FR T ON RM UPP	Durable Medical E uipment (DME)	Y	
G0129	O UP TX REQ K QU O UP TRP T PER E ON	Physical, Occupational, and peech Therapy	Y	For PT/OT, P re uired after initial evaluation + 12 visits/year (12 visits allowed for each discipline).
G0151	RV PRFRMD BY PHY N THRPY HH OR H P E E 15 M N	Home Health are ervices	Y	
G0152	RV PRFRMD BY O PN THRP T HH OR HO P E E 15 M N	Home Health are ervices	Y	
G0153	RV P H& NGGE PTH G T HH OR H P E E 15 M N	Home Health are ervices	Y	
G0155	RV N O WORKER HH HO P E E 15 M N	Home Health are ervices	Y	
G0156	RV HH/HO P E DE N HH/HO P E ET E 15 M N	Home Health are ervices	Y	
G0157	ERV E BY PT T HOME HE TH HO P E E 15 M N	Home Health are ervices	Y	
G0158	ERV E OT TNT HOME HE TH HO P E E 15 M N	Home Health are ervices	Y	
G0159	ERV E PT HOME HE TH E T DE PT MP E 15 M N	Home Health are ervices	Y	
G0160	ERV E OT HOME HE TH E T DE OT MP E 15 M N	Home Health are ervices	Y	
G0162	K ED V E BY RN E&M P N OF RE; E 15 M N	Home Health are ervices	Y	
G0237	MU E F E TO F E ONE ON ONE E H 15 M NUTE	Physical, Occupational, and peech Therapy	Y	llow first visit for cardiopulmonary rehab without P . ll additional visits will re uire P where covered.
G0238	TX PRO MPRV RE P FUN T NOT G0237 F E-F E 15M N	Physical, Occupational, and peech Therapy	Y	llow first visit for cardiopulmonary rehab without P . ll additional visits will re uire P where covered.
G0239	TX PRO MPRV RE P FUN T/N R RE P MU 2 OR GT ND	Physical, Occupational, and peech Therapy	Y	llow first visit for cardiopulmonary rehab without P . ll additional visits will re uire P where covered.
G0277	HPO UND PRE FU BODY HMBR PER 30 M N NT	Hyperbar c/Wound Therapy	Y	
G0278	&/FEM RT NG O NON E TT ME RD TH	maging & pecial Tests	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). end to Evolent for members $\geq$ 18. end to healthplan for members under 18.
G0299	D RE T N RN HOME HE TH/HO P E ET E 15 M N	Home Health are ervices	Y	
G0300	D RE T N PN HOME H TH HO P E ET E 15 M N	Home Health are ervices	Y	

G0339	IMAGE G I TIC ACCEL ASE S S CMPL TX 1 SESS	adiation Therapy radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G0340	IMAGE G I TIC ACCL S S F AC TX LES 2-5 SESS	adiation Therapy radio Surgery	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G0422	INTENSIVE CA EHA ; W/W C NT ECG M N W/EXE	Physical, ccupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
G0423	INTENSIVE CA EHA ; W/W C NT ECG M N W/ EXE	Physical, ccupational, and Speech Therapy	Y	Allow first visit for cardiopulmonary rehab without PA. All additional visits will require PA where covered.
G0480	G TEST EF 1-7 G CLASSES	ehavioral/Mental Health, Alcohol-Chemical e enden y	Y	EFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0481	G TEST EF 8-14 G CLASSES	ehavioral/Mental Health, Alcohol-Chemical e enden y	Y	EFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0482	G TEST EF 15-21 G CLASSES	ehavioral/Mental Health, Alcohol-Chemical e enden y	Y	EFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0483	G TEST EF 22 M E G CLASSES	ehavioral/Mental Health, Alcohol-Chemical e enden y	Y	EFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G0490	FACE-T -FACE HH NSG VST HC FQHC A EA SHTG HHA	Home Health Care Services	Y	
G0493	SKILLE SE VICES N V AN ASMNT PT C N TN EA 15 MIN	Home Health Care Services	Y	
G0494	SKILLE S VC LPN S AN ASMT PT C N EA 15 MIN	Home Health Care Services	Y	
G0495	SK S VC N T AIN AN E PT FAM HH H SPC EA 15 MIN	Home Health Care Services	Y	
G0496	SK S VC LPN T AIN AN E PT FAM HH H SPC E 15 MIN	Home Health Care Services	Y	
G0659	G TEST EF SIMPLE ALL CL	ehavioral/Mental Health, Alcohol-Chemical e enden y	Y	EFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659
G2082	FF/ TH P E and M EST PT P V 56 MG ESKETAMINE N SA	nlisted/Miscellaneous	Y	
G2083	FF/ TH P E and M EST PT P V GT 56 MG ESKETAMINE N SA	nlisted/Miscellaneous	Y	
G6001	LT AS NIC G I PLACEMENT A IATI N TX FIEL S	adiation Therapy radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G6002	STE E SC PIC X- AY G I L CALIZT G V L EL T	adiation Therapy radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G6003	A TX EL 2 TX A EA P T PL PP P TS:T 5 MEV	adiation Therapy radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G6004	A TX EL 1 TX A EA P T PL PP P TS: 6-10 MEV	adiation Therapy radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan
G6005	A TX EL 1 TX A EA P T PL PP P TS: 11-19 ME	adiation Therapy radio Surgery	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan

G6006	RAD TX D TX AR A RT RTS: 20 M R GRT	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G6007	RT D 2 S AR 3 R GRT T TX AR MX B KS:T 5 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G6008	RT D 2 S AR 3 R GRT T TX AR MX B KS:6- 0 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G6009	RT D 2 S AR 3 R GRT T TX AR MX B KS: - 9 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 0	RT D 2 S AR 3 R GRT T TX AR MX B KS:20 M V R GRT	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60	RAD TX D 3 R GRT S TX AR CSTM B CKING; T 5 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 2	RAD TX D 3 R GRT S TX AR CSTM B CKING; 6- 0 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 3	RAD TX D 3 R GRT S TX AR CSTM B CKING; - 9 M V	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 4	RAD TX D 3 R GRT S TX AR CSTM B CKING;20 M V R GRT	Radiation Therapy & Radio Surgery		Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 5	INT NSITY M DU AT D TX D MX F DS R TX S SS	Radiation Therapy & Radio Surgery	Y	Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 6	C M -BAS DB AM M D TX D I ND TX 3 V R HR S SS	Radiation Therapy & Radio Surgery	Y	Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
G60 7	INTRA-FRAC C AND TRACKING TARG T T M A FRAC TX	Radiation Therapy & Radio Surgery	Y	Applies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For Adults ≥ 8 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.
H0008	A C H AND R DRUG SRVC; SUB-ACUT DT XH S I	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	

H0009	ALCOHOL AN O E VICE ;AC TE TOX HO P IP	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0010	ALCOHOL AN / VC; B-AC TE TOX E P O IP	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0011	ALCOHOL AN / E VICE ;AC TE TOX E P O IP	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0012	ALCOHOL AN VC; B-AC TE TOX E P O OP	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0014	ALCOHOL AN O E VICE ;AMB ETOXIFICATION	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0015	ALCOHOL AN /O VC	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	No PA required for first 16 u its.
H0016	ALCOHOL AN O E VICE ;ME ICAL OMATIC	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0017	BEHAVIO AL HEALTH; E WO OOM AN BOA PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0018	BHVAL HEALTH; HO T-TE M E WO OOM AN BOA - IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0035	MENTAL HEALTH PA TIAL HO P TX N E 24 HO	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0040	A E T COMM TX P O - PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H0046	MENTAL HEALTH E VICE NOT OTHE WI E PECIFIE	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2012	BEHAVIO AL HEALTH AY T EATMENT PE HO	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2013	P YCHIAT IC HEALTH FACILITY E VICE PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2015	COMP COMM NITY PPO T E VICE PE 15 MIN TE	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2016	COMP COMM NITY PPO T E VICE PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2018	P YCHO OCIAL EHABILITATION E VICE PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2020	THE APE TIC BEHAVIO AL E VICE PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
H2036	ALCOHOLAN O OTH T EATMENT P O AM PE IEM	Behavioral/Me tal Health, Alcohol-Chemical epe e cy	Y	
J0013	E KETAMINE, NA AL P AY, 1 M	Healthcare Admi istered rugs	Y	
J0121	INJECTION OMA ACYCLINE 1 M	Healthcare Admi istered rugs	Y	
J0122	INJECTION, E AVACYCLINE, 1 M	Healthcare Admi istered rugs	Y	
J0129	INJ ABATACEPT 10 M E ME ICA EA M PV PHY	Healthcare Admi istered rugs	Y	
J0139	INJ, A ALIM MAB, 1 M	Healthcare Admi istered rugs	Y	
J0174	INJ, LECANEMAB-I MB, 1 M	Healthcare Admi istered rugs	Y	
J0175	INJ, ONANEMAB-AZBT, 2 M	Healthcare Admi istered rugs	Y	
J0177	INJECTION, AFLIBE CEPT H , 1 M	Healthcare Admi istered rugs	Y	
J0178	INJECTION AFLIBE CEPT 1 M	Healthcare Admi istered rugs	Y	
J0179	INJECTION, B OL CIZ MAB- BLL, 1M	Healthcare Admi istered rugs	Y	
J0180	INJECTION A AL I A E BETA 1 M	Healthcare Admi istered rugs	Y	

J0185	INJ. IT NT 1MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis direct request to volent. For Inpatient non cancer dia nosis and pediatrics send request to healthplan.
J0202	INJ CTION L MTUZUM B 1 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis direct request to volent. For Inpatient non cancer dia nosis and pediatrics send request to healthplan.
J0207	INJ CTION MIFOSTIN 500 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis direct request to volent. For Inpatient non cancer dia nosis and pediatrics send request to healthplan.
J0208	INJ CTION SODIUM THIOSULF T 100 MG	Healthcare dministered Dru s	Y	
J0209	INJ CTION SODIUM THIOSULF T (HO ) 100 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis direct request to volent. For Inpatient non cancer dia nosis and pediatrics send request to healthplan.
J0217	INJ V LM N S LF -TYCV 1 MG	Healthcare dministered Dru s	Y	
J0218	INJ CTION OLI UD S LF - C 1 MG	Healthcare dministered Dru s	Y	
J0219	INJ CTION V LGLUCOSID S LF -NG T 4 MG	Healthcare dministered Dru s	Y	
J0221	INJ CTION LGLUCOSID S LF LUMIZYM 10 MG	Healthcare dministered Dru s	Y	
J0222	INJ CTION TISI N 0.1 MG	Healthcare dministered Dru s	Y	
J0223	INJ CTION GIVOSI N 0.5 MG	Healthcare dministered Dru s	Y	
J0224	INJ. LUM SI N 0.5 MG	Healthcare dministered Dru s	Y	
J0225	INJ VUT ISI N 1 MG	Healthcare dministered Dru s	Y	
J0248	INJ MD SIVI 1 MG	Healthcare dministered Dru s	Y	
J0256	INJ CTION L H 1- OT S INHIBITO NOS 10 MG	Healthcare dministered Dru s	Y	
J0257	INJ CTION L H 1 OT IN S INHIBITO 10 MG	Healthcare dministered Dru s	Y	
J0291	INJ CTION L ZOMICIN 5 MG	Healthcare dministered Dru s	Y	
J0349	INJ CTION Z FUNGIN 1 MG	Healthcare dministered Dru s	Y	
J0364	INJ CTION OMO HIN HYD OCHLO ID 1 MG	Healthcare dministered Dru s	Y	
J0458	INJ ZT ON M/ VIB CT M 7.5 MG/2.5 MG (10 MG)	Healthcare dministered Dru s	Y	
J0480	INJ CTION B SILIXIM B 20 MG	Healthcare dministered Dru s	Y	
J0485	INJ CTION B L T C T 1 MG	Healthcare dministered Dru s	Y	
J0490	INJ CTION B LIMUM B 10 MG	Healthcare dministered Dru s	Y	
J0491	INJ CTION NIF OLUM B-FNI 1 MG	Healthcare dministered Dru s	Y	
J0517	INJ CTION B N LIZUM B 1 MG	Healthcare dministered Dru s	Y	
J0565	INJ CTION B ZLOTOMUX B 10 MG	Healthcare dministered Dru s	Y	
J0567	INJ CTION C LI ON S LF 1 MG	Healthcare dministered Dru s	Y	
J0584	INJ CTION BU OSUM B-TWZ 1 MG	Healthcare dministered Dru s	Y	
J0585	BOTULINUM TOXIN TY UNIT	Healthcare dministered Dru s	Y	
J0586	INJ CTION BOBOTULINUMTOXIN 5 UNITS	Healthcare dministered Dru s	Y	
J0587	INJ CTION IM BOTULINUMTOXINB 100 UNITS	Healthcare dministered Dru s	Y	
J0588	INJ CTION INCBOTULINUMTOXIN 1 UNIT	Healthcare dministered Dru s	Y	
J0589	INJ CTION D XIBOTULINUMTOXIN -L NM 1 UNIT	Healthcare dministered Dru s	Y	
J0593	INJ CTION L N D LUM B-FLYO 1 MG	Healthcare dministered Dru s	Y	
J0596	INJ CTION C1 ST S INHIBITO UCON ST 10 U	Healthcare dministered Dru s	Y	
J0597	INJ C-1 ST S INHIB HUMN B IN T 10 UNITS	Healthcare dministered Dru s	Y	
J0598	INJ CTION C1 ST S INHIBITO CIN YZ 10 UNITS	Healthcare dministered Dru s	Y	
J0599	INJ CTION C-1 ST S INHIBITO 10 UNITS	Healthcare dministered Dru s	Y	

J0601	SEVEL E ON TE 20 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0602	SEVEL E ON TE P 20 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0603	SEVEL E HY O HLO I E 20 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0604	IN L ET O L 1 G	Healthcare dministered rugs	Y	
J0605	SU OFE I OXYHY OXI E 5 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0606	INJE TION ETEL L ETI E 0.1 G	Healthcare dministered rugs	Y	
J0607	L NTH NU ON TE O L 5 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0608	L NTH NU ON TE PW 5 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0609	FE I IT TE O L 3 G I ON	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0614	INJ, T EOSULF N, 50 G	Healthcare dministered rugs	Y	
J0615	L IU ET TE, O L, 23 G	Healthcare dministered rugs	N	Services covered through pharmacy benefit.
J0630	L ITONIN S L ON INJE TION	Healthcare dministered rugs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to healthpla .
J0638	INJE TION N KINU 1 G	Healthcare dministered rugs	Y	
J0640	INJE TION LEU OVO IN L IU PE 50 G	Healthcare dministered rugs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthpla .
J0641	INJE TION LEVOLEU OVO IN L IU 0.5 G	Healthcare dministered rugs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthpla .
J0642	INJE TION LEVOLEU OVO IN (KH PZO Y), 0.5 G	Healthcare dministered rugs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthpla .
J0681	INJ, EFTO IP OLE E O ILSO IU ,3 G	Healthcare dministered rugs	Y	
J0695	INJE TION EFTOLOZ NE 50 G N T ZO T 25 G	Healthcare dministered rugs	Y	
J0699	INJE TION, EFI E O OL, 10 G	Healthcare dministered rugs	Y	evacizumab when billed for intraocular injection does not require P .
J0712	INJE TION, EFT OLINE FOS IL, 10 G	Healthcare dministered rugs	Y	
J0714	INJE TION EFT ZI I E N VI T 0.5 G 0.125 G	Healthcare dministered rugs	Y	
J0717	INJE TION E TOLIZU PEGOL 1 G	Healthcare dministered rugs	Y	
J0725	INJE TION HO IONI GON OT OPIN-1000 USP UNITS	Healthcare dministered rugs	Y	
J0739	INJE TION, OTEG VI ,1 G	Healthcare dministered rugs	Y	
J0741	INJE TION, OTEG VI N ILPIVI INE, 2 G/3 G	Healthcare dministered rugs	Y	evacizumab when billed for intraocular injection does not require P .
J0750	HIV P EP, FT /T F 200/300 G	Healthcare dministered rugs	N	HIV pre-exposure prophylaxis that is self-administered is only covered under the pharmacy benefit. See plan drug list for coverage details.
J0751	HIV P EP, FT /T F 200/25 G	Healthcare dministered rugs	N	HIV pre-exposure prophylaxis that is self-administered is only covered under the pharmacy benefit. See plan drug list for coverage details.
J0775	INJ OLL GEN SE LOST I IU HISTOLYTI U 0.01 G	Healthcare dministered rugs	Y	
J0791	INJE TION, IZ NLIZU -T ,5 G	Healthcare dministered rugs	Y	
J0799	HIV P EP, F PP OVE , NO	Healthcare dministered rugs	N	HIV pre-exposure prophylaxis that is self-administered is only covered under the pharmacy benefit. See plan drug list for coverage details.
J0801	INJE TION, O TI OT OPIN ( TH GEL), UP TO 40 UNITS	Healthcare dministered rugs	Y	
J0802	INJE TION, O TI OT OPIN ( NI), UP TO 40 UNITS	Healthcare dministered rugs	Y	
J0850	INJE TION YTO EG LOVI USI UNE GLO IV-VI L	Healthcare dministered rugs	Y	

J0870	INJ, IM , 1 MG	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0872	INJ, D P OM CIN (X I ), UNR FRIG R D, NO H R P U IC QUIV N O J0878 OR J0873, 1 MG	Healthcare dministered Drugs		
J0873	INJ, D P OM CIN (X I ) NO H R P U IC QUIV N O J0878, 1 MG	Healthcare dministered Drugs		
J0874	INJ C ION, D P OM CIN (B X R), NO H R P U IC QUIV N O J0878, 1 MG	Healthcare dministered Drugs		
J0875	INJ C ION D B V NCIN 5MG	Healthcare dministered Drugs		
J0877	INJ, D P OM CIN (HO PIR )	Healthcare dministered Drugs		
J0878	INJ C ION D P OM CIN 1 MG	Healthcare dministered Drugs		
J0879	INJ C ION DIF IK F IN 0.1 MICROGR M	Healthcare dministered Drugs		
J0881	INJ C ION D RB PO IN F 1 MCG NON- RD U	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0885	INJ C ION PO IN F FOR NON- RD 1000 UNI	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0888	INJ C ION PO IN B 1 MICROGR M	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0893	INJ, D CI BIN ( UN PH RM )	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0894	INJ C ION D CI BIN 1 MG	Healthcare dministered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0896	INJ C ION, UP RC P - M , 0.25 MG	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0897	INJ C ION D NO UM B 1 MG	Healthcare dministered Drugs		~ pplies only to plans partnered with volent (see healthplan scope inclusion list in columns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health lan.
J0901	V D DU , OR , 1 MG (FOR RD ON DI I )	Healthcare dministered Drugs		
J0911	IN I ION, URO IDIN 1.35 MG ND H P RIN ODIUM 100 UNI (C N R V NOU C H R OCK FOR RD ON DI I )	Healthcare dministered Drugs		
J1073	O RON P , IMP N , 75 MG	Healthcare dministered Drugs		
J1095	INJ C ION D X M H ON 9PC IN R OCU R 1 MCG	Healthcare dministered Drugs		
J1096	D X M H ON CRIM OPH H MIC IN R 0.1 MG	Healthcare dministered Drugs		
J1105	D XM D O MIDIN , OR , 1 MCG	Healthcare dministered Drugs		

J1190	INJECTIONS AZANEPHYLLE 250 MG	Healthcare Administered drugs	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1202	MIGLUSTATIN, 65 MG	Healthcare Administered drugs	Y	
J1203	INJECTION, CIPAGLUCEPIL ALFA-A, 5 MG	Healthcare Administered drugs	Y	
J1260	INJECTION, LASENIN MESYLA, 10 MG	Healthcare Administered drugs	~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1290	INJECTION, ECALLANTERON, 1 MG	Healthcare Administered drugs	Y	
J1299	INJECTION, ECULIZUMAB, 2 MG	Healthcare Administered drugs	Y	
J1301	INJECTION, ENAVANTIN, 1 MG	Healthcare Administered drugs	Y	
J1302	INJECTION, IMILIMAB, 10 MG	Healthcare Administered drugs	Y	
J1303	INJECTION, AVULIZUMAB-CWVZ, 10 MG	Healthcare Administered drugs	Y	
J1304	INJECTION, FESENTIN, 1 MG	Healthcare Administered drugs	Y	
J1305	INJECTION, EVINACUMAB-GN, 5 MG	Healthcare Administered drugs	Y	
J1306	INJECTION, INCLISANTIN, 1 MG	Healthcare Administered drugs	Y	
J1307	INJECTION, VALIMAB-AKZ, 10 MG	Healthcare Administered drugs	Y	
J1322	INJECTION, ELASULFAZIN, 1 MG	Healthcare Administered drugs	Y	
J1323	INJECTION, ELANANAMAB-BCMM, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1325	INJECTION, EPIDESTIN, 0.5 MG	Healthcare Administered drugs	Y	
J1326	INJECTION, LBEUMAB, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1411	INJECTION, HEMGENIN, 100 MG	as listed/Geography	NC	
J1412	INJECTION, VALICICLONE APAVEC-VALPEMIL	as listed/Geography	NC	
J1413	INJECTION, ELANISGENEM EPAVEC-KLPEH	as listed/Geography	NC	
J1414	INJECTION, FIANACGENELAPA VECZK, PEHEAPEUCISE	as listed/Geography	NC	
J1426	INJECTION, CASIMENIN, 10 MG	Healthcare Administered drugs	Y	
J1427	INJECTION, VILLAGENIN, 10 MG	Healthcare Administered drugs	Y	
J1428	INJECTION, NEPLININ, 10 MG	Healthcare Administered drugs	Y	
J1429	INJECTION, GILININ, 10 MG	Healthcare Administered drugs	Y	
J1434	INJECTION, FASPIAN (FACINVEZ), 1 MG	Healthcare Administered drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1437	INJECTION, FEICISMALE, 10 MG	Healthcare Administered drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.
J1438	INJECTION, NEANEP, 25 MG	Healthcare Administered drugs	Y	
J1439	INJECTION, FEICBAYMAL, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to health plan.

J1440	FECA C B TA, VE - JS , 1	Healthcare Admini tered Drug	Y	
J1442	NJECT N F G AST EXC UDES B S A S 1 C	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1447	NJECT N TB -F G AST 1 C G A	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1448	NJECT N, T ACC B, 1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1449	NJECT N, EF APEG AST -XNST, 0.1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1454	NJ F SNETUP TANT 235 G AND PA N SET N 0.25 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1456	NJECT N, F SAP EP TANT (TEVA), N T THE APEUT CA Y EQU VA ENT T J1453, 1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1458	NJECT N GA SU FASE 1 G	Healthcare Admini tered Drug	Y	
J1459	NJ UNE G BU N V N N Y PH ZED 500 G (P V GEN)	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1460	NJECT N GA AG BU N NT A USCU A 1 CC	Healthcare Admini tered Drug	Y	
J1551	NJECT N, UNE G BU N (CUTAQU G), 100 G	Healthcare Admini tered Drug	Y	
J1552	NJ, UNE G BU N (A YG ), 100 G	Healthcare Admini tered Drug	Y	
J1554	NJECT N, UNE G BU N (ASCEN V), 500 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1555	NJECT N, UNE G BU N (CUV T U), 100 G	Healthcare Admini tered Drug	Y	
J1556	NJECT N UNE G BU N B V GA 500 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1557	NJ UNE G BU N V N N Y PH ZED 500 G (GA AP EX)	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct requ e t to Evolent. For npatient, non cancer diagno i , and pediatric end requ e t to healthplan.
J1558	NJECT N, UNE G BU N (XE B FY), 100 G	Healthcare Admini tered Drug	Y	
J1559	NJECT N UNE G BU N H ZENT A 100 G	Healthcare Admini tered Drug	Y	
J1560	NJECT N GA AG B NT A USCU A VE 10 CC	Healthcare Admini tered Drug	Y	

J1561	INJEC I N I NE L B LIN N NLY PHILIZED 500	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1566	INJ I IV LYPHILIZED N HERWISE SPEC 500	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1568	INJ I C A IV N NLY PHILIZED 500	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1569	INJ I A A ARD LIQ IV N NLY PHILIZED 500	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1573	INJ HEP B I HEP A A B IN RAVEN S 0.5 L	Healthcare Adm n stered Drugs	Y	
J1575	INJ I NE L B LIN HYAL R NIDASE 100 I	Healthcare Adm n stered Drugs	Y	
J1576	INJEC I N, I NE L B LIN (PANZY A), IN RAVEN S, N NLY PHIL	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1595	INJEC I N LA IRA ER ACE A E 20	Healthcare Adm n stered Drugs	Y	
J1599	INJ I IV N NLY PHILIZED E. . LIQ ID N S 500	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1602	INJEC I N LI AB 1 F R IN RAVEN S SE	Healthcare Adm n stered Drugs	Y	
J1627	INJEC I N RANISE R N EX ENDED-RELEASE 0.1	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to healthplan
J1628	INJEC I N SELK AB 1	Healthcare Adm n stered Drugs	Y	
J1632	INJEC I N, BREXAN L NE, 1	Healthcare Adm n stered Drugs	Y	
J1640	INJEC I N HE IN 1	Healthcare Adm n stered Drugs	Y	
J1645	INJEC I N DAL EPARIN S DI PER 2500 I	Healthcare Adm n stered Drugs	Y	
J1729	INJEC I N HYDR XYPR ES ER NE CAPR A EN S 10	Healthcare Adm n stered Drugs	Y	
J1743	INJEC I N ID RS LFASE 1	Healthcare Adm n stered Drugs	Y	
J1744	INJEC I N ICA IBAN 1	Healthcare Adm n stered Drugs	Y	
J1745	INJEC I N INFLIXI AB EXCL DES BI SI ILAR 10	Healthcare Adm n stered Drugs	Y	
J1746	INJEC I N IBALIZ AB- IYK 10	Healthcare Adm n stered Drugs	Y	
J1747	INJEC I N, SPES LI AB-SBZ , 1	Healthcare Adm n stered Drugs	Y	
J1748	INJ, INFLIXI AB-DYYB (ZY FEN RA), 10	Healthcare Adm n stered Drugs	Y	
J1786	INJEC I N I I L CERASE 10 NI S	Healthcare Adm n stered Drugs	Y	
J1809	INJ, F SDEN P ERIN, 0.1	Healthcare Adm n stered Drugs	Y	
J1823	INJEC I N, INEBILIZ AB-CD N, 1	Healthcare Adm n stered Drugs	Y	
J1826	INJEC I N IN ERFER N BE A-1A 30 C	Healthcare Adm n stered Drugs	Y	
J1830	INJEC I N IN ERFER N BE A-1B 0.25	Healthcare Adm n stered Drugs	Y	
J1833	INJEC I N ISAV C NAZ NI 1	Healthcare Adm n stered Drugs	Y	
J1837	INJ, P SAC NAZ LE, 1	Healthcare Adm n stered Drugs	Y	

J1930	INJE I N NRE IDE 1 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J1931	INJE I N R NID SE 0.1 MG	Healthcare dministered Dru s	Y	
J1932	INJ NRE IDE IP 1 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J1941	INJE I N, FUR SEMIDE (FUR S IX), 20 MG	Healthcare dministered Dru s	Y	
J1950	INJE I N EUPR IDE E E PER 3.75 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J1951	INJE I N EUPR IDE F R DEP SUSP 0.25 MG	Healthcare dministered Dru s	Y	
J1952	EUPR IDE INJE B E, M EVI, 1MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J1954	INJ U R E DEP 7.5 MG ( IP )	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J1961	INJE I N, EN P VIR, 1 MG	Healthcare dministered Dru s	Y	
J2170	INJE I N ME SERMIN 1 MG	Healthcare dministered Dru s	Y	
J2182	INJE I N MEP IZUM B 1 MG	Healthcare dministered Dru s	Y	
J2186	INJE I N MER PENEM V B RB M 10 MG 10 MG	Healthcare dministered Dru s	Y	
J2267	INJ, MIRIKIZUM B-MRKZ, 1 MG	Healthcare dministered Dru s	Y	
J2277	INJE I N, M IX F R IDE, 0.25 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J2323	INJE I N N IZUM B 1 MG	Healthcare dministered Dru s	Y	
J2326	INJE I N NUSINERSEN 0.1 MG	Healthcare dministered Dru s	Y	
J2327	INJ RIS NKIZUM B-RZ 1 MG	Healthcare dministered Dru s	Y	
J2329	INJE I N, UB I UXIM B-XIY, 1MG	Healthcare dministered Dru s	Y	
J2350	INJE I N RE IZUM B 1 MG	Healthcare dministered Dru s	Y	
J2351	INJ, RE IZUM B, 1 MG ND HY UR NID SE- SQ	Healthcare dministered Dru s	Y	
J2353	INJ RE IDE DEP F RM IM INJ 1 MG	Healthcare dministered Dru s	Y	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J2354	INJ RE IDE N N-DEP F RM SUBQ/IV INJ 25 M G	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to healthplan
J2356	INJE I N, EZEPE UMB-EKK , 1 MG	Healthcare dministered Dru s	Y	
J2357	INJE I N M IZUM B 5 MG	Healthcare dministered Dru s	Y	
J2406	INJE I N, RI V N IN (KIMYRS ), 10 MG	Healthcare dministered Dru s	Y	
J2407	INJE I N, RI V N IN ( RB IV), 10 MG	Healthcare dministered Dru s	Y	

J2425	INJEC I N IFERMIN 50 MICR GR MS	Healthcare dmini tered Drug	Y	
J2468	INJ, N SE R N HC ( SFRE ), 25 MCG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2502	INJEC I N SIRE IDE NG C ING 1 MG	Healthcare dmini tered Drug	Y	
J2506	INJEC I N, EFGI GR S IM, EXC UDES BI SIMI R, 0.5 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2507	INJEC I N EG IC SE 1 MG	Healthcare dmini tered Drug	Y	
J2508	INJ, EGUNIG SID SE F -IWXJ, 1 MG	Healthcare dmini tered Drug	Y	
J2562	INJEC I N ERIX F R 1 MG	Healthcare dmini tered Drug	Y	
J2724	INJEC I N R EN C C NCEN R E IV HUM N 10 IU	Healthcare dmini tered Drug	Y	
J2777	INJ F RICIM B-SV 0.1 MG	Healthcare dmini tered Drug	Y	
J2778	INJEC I N R NIBIZUM B 0.1 MG	Healthcare dmini tered Drug	Y	
J2779	INJEC I N, R NIBIZUM B, VI IN R VI RE K IM N (SUSVIM ), 0.1 MG	Healthcare dmini tered Drug	Y	
J2781	INJEC I N, EGCE C N, IN R VI RE , 1 MG	Healthcare dmini tered Drug	Y	
J2782	INJEC I N, V CINC ED EG , 0.1 MG	Healthcare dmini tered Drug	Y	
J2783	INJEC I N R SBURIC SE 0.5 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2786	INJEC I N RES IZUM B 1 MG	Healthcare dmini tered Drug	Y	
J2787	RIB F VIN 5'- H S H E H H MIC S 3 M	Healthcare dmini tered Drug	Y	
J2793	INJEC I N RI N CE 1 MG	Healthcare dmini tered Drug	Y	
J2802	INJ, R MI S IM, 1 MICR GR M	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2820	INJEC I N S RGR M S IM 50 MCG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2840	INJEC I N SEBE I SE F 1 MG	Healthcare dmini tered Drug	Y	
J2860	INJEC I N SI UXIM B 10 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J2941	INJEC I N S M R IN 1 MG	Healthcare dmini tered Drug	Y	
J2998	INJEC I N, SMIN GEN, HUM N- VMH, 1 MG	Healthcare dmini tered Drug	Y	
J3031	INJEC I N FREM NEZUM B-VFRM 1 MG	Healthcare dmini tered Drug	Y	
J3032	INJEC I N, E INEZUM G-JJMR, 1MG	Healthcare dmini tered Drug	Y	
J3055	INJEC I N, QUE M B- GVS, 0.25 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J3060	INJEC I N IG UCER SE F 10 UNI S	Healthcare dmini tered Drug	Y	
J3090	INJEC I N EDIZ ID H S H E 1 MG	Healthcare dmini tered Drug	Y	

J3095	INJE I N E V N IN 10 MG	Healthcare dministered Dr gs	Y	
J3110	INJE I N ERIP R IDE 10 M G	Healthcare dministered Dr gs	Y	
J3111	INJE I N, R M S ZUM B- QQG, 1 MG	Healthcare dministered Dr gs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For d lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to health lan.
J3145	INJE I N ES S ER NEUNDE N E 1 MG	Healthcare dministered Dr gs	Y	
J3241	INJE I N, EPR UMUM B- RBW, 10MG	Healthcare dministered Dr gs	Y	
J3245	INJE I N I DR KIZUM B 1 MG	Healthcare dministered Dr gs	Y	
J3247	INJ, SE UKINUM B, IN R VEN US, 1 MG	Healthcare dministered Dr gs	Y	
J3262	INJE I N I ZUM B 1 MG	Healthcare dministered Dr gs	Y	
J3263	INJ, RIP IM B- PZI, 1 MG	Healthcare dministered Dr gs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For d lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to health lan.
J3285	INJE I N REPR S INI 1 MG	Healthcare dministered Dr gs	Y	
J3299	INJE I N RI M IN NE E NIDE XIPERE 1 MG	Healthcare dministered Dr gs	Y	
J3304	INJE RI M IN NE E NIDE PF ER MS F 1 MG	Healthcare dministered Dr gs	Y	
J3315	INJE I N RIP RE IN P M E 3.75 MG	Healthcare dministered Dr gs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For d lts ≥18 with cancer diagnosis, direct req est to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send req est to health lan.
J3316	INJE I N RIP RE IN EX ENDED-RE E SE 3.75 MG	Healthcare dministered Dr gs	Y	
J3357	US EKINUM B F R SUB U NE US INJE I N 1 MG	Healthcare dministered Dr gs	Y	
J3358	US EKINUM B F R IN R VEN US INJE I N 1 MG	Healthcare dministered Dr gs	Y	
J3380	INJE I N VED IZUM B 1 MG	Healthcare dministered Dr gs	Y	
J3385	INJE I N VE G U ER SE F 100 UNI S	Healthcare dministered Dr gs	Y	
J3387	INJ, E IV D GENE U EM E ,PER RE MEN	ran lant /Gene hera y	N	
J3389	P DMIN, PR DEM GENE Z MIKER E ,PER R MN	ran lant /Gene hera y	N	
J3391	INJ, ID RS GENE U EM E ,PER RE MEN	ran lant /Gene hera y	N	
J3392	INJ, EX G MG GENE U EM E ,PER RE MEN	ran lant /Gene hera y	N	
J3393	INJ, BE IBEG GENE U EM E ,PER RE MEN	ran lant /Gene hera y	N	
J3394	INJ, V IBEG GENE U EM E ,PER RE MEN	ran lant /Gene hera y	N	
J3396	INJE I N VER EP RFIN 0.1 MG	Healthcare dministered Dr gs	Y	
J3397	INJE I N VES R NID SE F -VJBK 1 MG	Healthcare dministered Dr gs	Y	
J3398	INJE I N V RE IGENE NEP RV VE -RZY 1 B VE G	ran lant /Gene hera y	N	
J3399	INJE I N, N SEMN GENE BEP RV VE ,PER X, UP 5X10	ran lant /Gene hera y	N	
J3401	BEREM GENE GEPERP VE -SVD ,PER 0.1 M	ran lant /Gene hera y	N	
J3402	INJ, REMES EM E - -RKND, PER HER PEU I D SE	ran lant /Gene hera y	Y	
J3490	UN SSIFIED DRUGS	Healthcare dministered Dr gs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Inpatient, Pediatrics, or dr g not listed in Evolent Scope direct req est to the healthplan. For d lts ≥ 18 with cancer diagnosis for dr g li ted in Evolent co e, direct req e t to Evolent.
J3590	UN SSIFIED BI GI S	Healthcare dministered Dr gs	Y	~ pplies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Inpatient, Pediatrics, or dr g not listed in Evolent Scope direct req est to the healthplan. For d lts ≥ 18 with cancer diagnosis for dr g li ted in Evolent co e, direct req e t to Evolent.
J3591	UN SS RX BI GI USED F RESRD N DI YSIS	Healthcare dministered Dr gs	Y	
J7168	PR MP EX N K EN R PER IU FIX	Healthcare dministered Dr gs	Y	
J7170	INJE I N EMI IZUM B-KXWH 0.5 MG	Healthcare dministered Dr gs	Y	

J7171	INJ, ADA 1 , ECO BINAN -K HN, 10 IU	Healthcare Adm n stered Drugs	Y	
J7172	INJ A ACI AB, 0.5 G	Healthcare Adm n stered Drugs	Y	
J717	INJ, CONCIZU AB- CI, 0.5 G	Healthcare Adm n stered Drugs	Y	
J7174	INJ, FI U I AN, 0.04 G	Healthcare Adm n stered Drugs	Y	
J7175	INJEC ION FAC O X 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7177	INJEC ION HU AN FIB INOGEN CONCEN A E 1 G	Healthcare Adm n stered Drugs	Y	
J7178	INJEC ION HU AN FIB INOGEN CONC NO 1 G	Healthcare Adm n stered Drugs	Y	
J7179	INJEC ION VON WILLEB AND FAC O 1 I.U. VWF: CO	Healthcare Adm n stered Drugs	Y	
J7180	INJEC ION FAC O XIII 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7181	INJEC ION FAC O XIII A- UBUNI PE IU	Healthcare Adm n stered Drugs	Y	
J7182	INJEC ION FAC O VIII PE IU (AN IHE OPHILIC FAC O , ECO BINAN ), (NOVOEIGH )	Healthcare Adm n stered Drugs	Y	
J718	INJ VON WILLEB AND FAC CO PLEX WILA E 1 IU: CO	Healthcare Adm n stered Drugs	Y	
J7185	INJEC ION FAC O VIII PE IU (AN IHE OPHILIC FAC O , ECO BINAN )(XYN HA)	Healthcare Adm n stered Drugs	Y	
J7186	INJ AHF VWF C PLX PE FAC O VIII IU	Healthcare Adm n stered Drugs	Y	
J7187	INJ VONWILLEB ND FAC O C PLX HU N I OCE IN IU	Healthcare Adm n stered Drugs	Y	
J7188	INJEC ION FAC O VIII PE I.U.	Healthcare Adm n stered Drugs	Y	
J7189	FAC O VIIA AN IHE OPHILIC FC NOVO EVEN 1 CG	Healthcare Adm n stered Drugs	Y	
J7190	FAC O VIII AN IHE OPHILIC FAC O HU AN PE IU	Healthcare Adm n stered Drugs	Y	
J7191	FAC O VIII AN IHE OPHILIC FAC O P OCINE PE IU	Healthcare Adm n stered Drugs	Y	
J7192	FAC O VIII PE IU NO O HE WI E PECIFIED	Healthcare Adm n stered Drugs	Y	
J719	FAC O IX AHF PU IFIED NON- ECO BINAN PE IU	Healthcare Adm n stered Drugs	Y	
J7194	FAC O IX CO PLEX PE IU	Healthcare Adm n stered Drugs	Y	
J7195	INJ FAC O IX PE IU NO O HE WI E PECIFIED	Healthcare Adm n stered Drugs	Y	
J7196	INJEC ION AN I H O BIN ECO BINAN 50 I.U.	Healthcare Adm n stered Drugs	Y	
J7197	AN I H O BIN III PE IU	Healthcare Adm n stered Drugs	Y	
J7198	AN I-INHIBI O PE IU	Healthcare Adm n stered Drugs	Y	
J7199	HE OPHILIA CLO ING FAC O NOC	Healthcare Adm n stered Drugs	Y	
J7200	INJEC ION FAC O IX IXUBI PE IU	Healthcare Adm n stered Drugs	Y	
J7201	INJEC ION FAC IX FC FU P O EIN ALP OLIX 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7202	INJEC ION FAC IX ALBU IN FU P IDELVION 1 I.U.	Healthcare Adm n stered Drugs	Y	
J720	INJEC ION FAC O IX GLYCOPEGYLA ED 1 IU	Healthcare Adm n stered Drugs	Y	
J7204	INJ FAC VIII AN IHE FAC GLYCOPEGYLA D-EXEI P-IU	Healthcare Adm n stered Drugs	Y	
J7205	INJEC ION FAC O VIII FC FU ION P O EIN PE IU	Healthcare Adm n stered Drugs	Y	
J7207	INJEC ION FAC O VIII PEGYLA ED 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7208	INJEC ION FAC O VIII PEGYLA ED-AUCL 1 IU	Healthcare Adm n stered Drugs	Y	
J7209	INJEC ION FAC O VIII 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7210	INJEC ION FAC O VIII AF YLA 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7211	INJEC ION FAC O VIII KOVAL Y 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7212	FC VIIA (AN IHE OPHILIC F FAC O , ECO BINAN )- JNCW ( EVENFAC ), 1 CG	Healthcare Adm n stered Drugs	Y	
J721	INJEC ION, COAGULA ION FAC O IX ( ECO BINAN ), IXINI Y, 1 I.U.	Healthcare Adm n stered Drugs	Y	
J7214	INJEC ION, FAC O VIII/VON WILLEB AND FAC O CO PLEX, ECO BINAN (AL UVIII), PE FAC O VIII I.U.”	Healthcare Adm n stered Drugs	Y	
J7 08	A INOLEVULINIC ACID HCL OP AD N 20PC 1 U DO E	Healthcare Adm n stered Drugs	Y	
J7 11	FLUOCINOLONE ACE ONIDE IN AVI EALI PLAN	Healthcare Adm n stered Drugs	Y	
J7 12	INJEC ION DEXA E HA ONE IN AVI EALI PL 0.1 G	Healthcare Adm n stered Drugs	Y	
J7 1	INJEC ION FA IN AVI EALI PLAN (LLUVIEN) 0.01 G	Healthcare Adm n stered Drugs	Y	
J7 14	INJEC ION FA IN AVI EALI PLAN (YU IQ), 0.01 G	Healthcare Adm n stered Drugs	Y	

J7318	HYA A DE IVATIVE D A E F IA I J 1 MG	Healthcare Administered Drugs	Y	
J7320	HYA A DE IVITIVE GE VISC 850 IA I J 1 MG	Healthcare Administered Drugs	Y	
J7321	HYA A /DE IV HYA GA /S PA TZ IA I J PE D SE	Healthcare Administered Drugs	Y	
J7322	HYA A DE IVATIVE HYM VIS IA I J 1 MG	Healthcare Administered Drugs	Y	
J7323	HYA A DE IVATIVE E F EXXA IA I J PE D SE	Healthcare Administered Drugs	Y	
J7324	HYA A DE IV TH VISC IA I J PE D SE	Healthcare Administered Drugs	Y	
J7325	HYA A DE IV SY VISC SY VISC- E IA I J 1 MG	Healthcare Administered Drugs	Y	
J7326	HYA A DE IV GE - E I T A-A TIC I J PE D S	Healthcare Administered Drugs	Y	
J7327	HYA A DE IVATIVE M VISC IA I J PE D SE	Healthcare Administered Drugs	Y	
J7328	HYA A DE IVATIVE GE SY -3 F IA I J 0.1 MG	Healthcare Administered Drugs	Y	
J7329	HYA A DE IVATIVE T IVISC IA I J 1 MG	Healthcare Administered Drugs	Y	
J7330	A T G S C T ED CH D CYTES IMP A T	P Hosp/Amb Surgery Center (ASC) procedures	Y	
J7331	HYA A /DE IVATIVE SY J Y T IA I J 1 MG	Healthcare Administered Drugs	Y	
J7332	HYA A /DE IVATIVE T I IA I J 1 MG	Healthcare Administered Drugs	Y	
J7336	CAPSAICI 8% PATCH, PE SQ CE TIMETE	Healthcare Administered Drugs	Y	
J7351	I JECTI BIMAT P ST I T ACAME A IMP A T 1 MCG	Healthcare Administered Drugs	Y	
J7352	AFAME A TIDE IMP A T, 1 MG	Healthcare Administered Drugs	Y	
J7353	A ACA ASE-BCDB, 8.8% GE , 1 G AM	Healthcare Administered Drugs	Y	
J7354	CA THA IDI F T PICA ADMINISTRATION , 0.7%, SI G E IT D SE APP ICAT (3.2 MG)	Healthcare Administered Drugs	Y	
J7355	I J, T AV P ST, I T ACAME A IMP A T, 1 MIC G AM	Healthcare Administered Drugs	Y	
J7356	I J, F SCA BID PA 0.25 MG/F S EV D PA 5 MG	Healthcare Administered Drugs	Y	
J7402	M METAS E F ATE SI S IMP A T SI VA 10 MCG	Healthcare Administered Drugs	Y	
J7504	YMPHCYT IMM G BEQ I EPA E TE A 250 MG	Healthcare Administered Drugs	Y	
J7511	YMPHCYT IMM G B ABBIT PA E TE A 25 MG	Healthcare Administered Drugs	Y	
J7599	IMM S PP ESSIVE D G T THE WISE CLASSIFIED	listed/Miscellaneous	Y	
J7601	E SIFE T I E, I HA ATI S SPE SI , FDA APPROVED FI A P D CT, -C MP DED, ADMINISTRATION ED TH GH DME, IT D SE F M, 3 MG	Healthcare Administered Drugs	Y	
J7639	D ASE A FA I HA S C MP IT D SE PE MG	Healthcare Administered Drugs	Y	
J7677	EVEFE ACI I HA S C MP D ADM DME 1 MCG	Healthcare Administered Drugs	Y	
J7682	T B AMYCI I HA -C MP IT D SE PE 300 MG	Healthcare Administered Drugs	Y	
J7686	T EP STI I I HA S TI IT D SE 1.74 MG	Healthcare Administered Drugs	Y	
J7699	C D GSI HA ATI S TI ADMINISTRATION TH DME	listed/Miscellaneous	Y	
J7799	C X TH THA I HA ATI X ADMINISTRATION TH DME	listed/Miscellaneous	Y	
J7999	C MP DED D G T THE WISE CLASSIFIED	Healthcare Administered Drugs	Y	Bevacizumab when billed for intravitreal injection does not require PA.
J8499	P ESC IPTI D G A CHEMOTHERAPEUTICS S	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list in column 5 to the right). For Infants, Pediatrics, or drug not listed in Evolve Scope direct request to the healthplan. For Adults ≥ 18 with cancer diagnosis for drugs listed in Evolve scope, direct request to Evolve.
J8597	A TIEMETIC D G A T THE WISE SPECIFIED	listed/Miscellaneous	Y	
J8655	ET PITA T 300 MG A D PA SET 0.5 MG A	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list in column 5 to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For Infants, oncology diagnosis, a pediatrics send request to healthplan.
J8670	APITA T A 1 MG	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list in column 5 to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For Infants, oncology diagnosis, a pediatrics send request to healthplan.

J8999	PRESCR P RUG RAL CHEM HERAPEU C S	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For npatient, Pediatrics, or dr g not listed in Evolent Scope direct req est to the healthplan. For Ad lts ≥ 18 with cancer diagnosis for dr gs listed i Evole t scope direct req est to Evole t.
J9000	JEC X RUB C HCL 10 MG	Healthcare Administered r gs	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9011	J, A P AMAB ERUX ECA L K, 1 MG	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9015	JEC AL ESLEUK PER S GLE USE V AL	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9017	JEC ARSE C R X E 1 MG	Healthcare Administered r gs	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9021	JEC , ASPARAG ASE, REC MB A , (RYLAZE), 0.1MG	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9022	JEC A EZ L ZUMAB 10 MG	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9023	JEC AVELUMAB 10 MG	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9024	J, A EZ L ZUMAB, 5 MG A HYALUR ASE- QJS	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9025	JEC AZAC E 1 MG	Healthcare Administered r gs	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9026	J, ARLA AMAB- LLE, 1 MG	Healthcare Administered r gs	Y	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .
J9027	JEC CL FARAB E 1 MG	Healthcare Administered r gs	~	~Applies only to plans partnered with Evolent (see healthplan scope incl sion list in col mns to the right). For Ad lts ≥18 with cancer diagnosis, direct req est to Evolent. For npatient, non cancer diagnosis, and pediatrics send req est to healthpla .

J9028	INJ, N ND KIN LF INB KIC T- MLN, F R INTR V SIC L US , 1 MICR R M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9029	IV S INST L N D F R N FIR D N VC-VNC R THR D	Transfusion/therapy	NC	
J9030	BC LIV INTR V SIC L INSTILL TI N 1 M	Healthcare administered Drugs	~	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9032	INJ CTI N B LIN ST T 10 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9033	INJ CTI N B ND MUSTIN HCLTR ND 1 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9034	INJ CTI N B ND MUSTIN HCLB ND K 1 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9035	INJ CTI N B V CIZUM B 10 M	Healthcare administered Drugs	Y	Bevacizumab when billed for intravitreal injection does not require. ~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9036	INJ CTI N B ND MUSTIN HYDR CHL RID 1 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9038	INJ, X TILIM B-CSFR, 0.1 M	Healthcare administered Drugs	Y	
J9039	INJ CTI N BLIN TUM M B 1 MICR R M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9040	INJ CTI N BL MYCIN SULF T 15 UNITS	Healthcare administered Drugs	~	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9041	INJ CTI N B RT Z MIB 0.1 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.
J9042	INJ CTI N BR NTUXIM B V D TIN 1 M	Healthcare administered Drugs	Y	~ applies only to plans parnered with volen (see health plan scope inclusion list in columns to the right). For duals ≥18 with cancer diagnosis, direct request volen. For Inpatient, non cancer diagnosis, and pediatric send request to health plan.

J9043	INJE I N ZI XEL 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9045	INJE I N R PL IN 50 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9046	INJ, R EZ MI ,DR. REDDY'S	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9047	INJE I N RFILZ MI 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9048	INJ, R EZ MI FRESENIUSK	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9049	INJ, R EZ MI ,H SPIR	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9050	INJE I N RMUS INE 100 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9051	INJE I N, R EZ MI ( M I ),N HER PEU I LLY EQUIV LEN J9041, 0.1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9052	INJ, RMUS INE ( RD)	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9054	INJ, R EZ MI ( RUZU), 0.1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9055	INJE I N E UXIM 10 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9056	INJE I N, END MUS INE HYDR HL RIDE (VIVIMUS ), 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan

J9057	INJE I N N LISIB 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9060	INJE I N IS L IN WDER R S LU I N 10 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9061	INJE I N, MIV N M B-VMJW, 2MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9063	INJE I N, MIRVE UXIM B S R V NSINE-GYNX, 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9064	INJE I N, B ZI XEL (S ND Z), N HER EU I LLY EQUIV LEN J9043, 1 MG	Healthcare dmini tered Drug	Y	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9065	INJE I N L DRIBINE ER 1 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9071	INJE I N Y L H S H MIDE UR MEDI S 5 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9072	INJ, Y L H S H MIDE, (DR. REDDY'S), 5 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9073	INJE I N, Y L H S H MIDE (INGENUS), 5 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9074	INJE I N, Y L H S H MIDE (S ND Z), 5 MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9075	INJE I N, Y L H S H MIDE, N HERWISE S E IFIED, 5MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan
J9076	INJ, Y L H S H MIDE (B X ER) 5MG	Healthcare dmini tered Drug	~	~ pplie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For dult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan

J9100	INJEC I N C BINE 100 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9118	INJ. C L SP G SE PEG L-MKNL	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9119	INJEC I N CEMIPM B- WLC 1 MG	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9120	INJEC I N D C IN M CIN 0.5 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9130	D C B ZINE 100 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9144	INJEC I N, D UMUM B, 10 MG ND H LU NID SE-FIHJ	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9145	INJEC I N D UMUM B 10 MG	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9150	INJEC I N D UN UBICIN 10 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9153	INJEC I N LIP S M L 1 MG DN ND 2.27 MG C	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9155	INJEC I N DEG ELIX 1 MG	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9161	INJ, DENILEUKIN DIF I X-CXDL, 1 MCG	Healthcare dministered Dru s		~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.
J9171	INJEC I N D CE XEL 1 MG	Healthcare dministered Dru s	~	~ pplies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the ri ht). For dults ≥18 with cancer dia nosis, direct request to Evolent. For Inpatient, non cancer dia nosis, and pediatrics send request to health lan.

J9172	DOC (ING NUS), 1 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9173	INJ C ION DURV UM B 10 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9174	INJ, DOC (B IZR Y), 1 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9176	INJ C ION O UZUM B 1 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9177	INJ C ION, NFOR UM B V DO IN- JFV, 0.25 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9178	INJ C ION PIRUBICIN HC 2 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9179	INJ C ION RIBU IN M SY 0.1 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9181	INJ C ION OPOSID 10 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9184	INJ, G MCI BIN HYDROCH ORID ( VY ), 200 MG	Healthcare d inistered Drugs	Y	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9185	INJ C ION F UD R BIN PHOSPH 50 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9190	INJ C ION F UOROUR CI 500 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .
J9196	INJ C ION, G MCI BIN HYDROCH ORID ( CCORD), NO H R P U IC Y QUIV N O J9201, 200 MG	Healthcare d inistered Drugs	~	~ pplies only to plans partnered with volent (see healthplan scope inclusion list in colu ns to the right). For dults ≥18 with cancer diagnosis, direct request to volent. For Inpatient, non cancer diagnosis, and pediatrics send request to health la .

J9198	INJEC I N E CI ABINE HYDR CHL RIDE (INFU E ) 100	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9200	INJEC I N FL XURIDINE 500	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9201	INJEC I N E CI ABINE HCL N S 200	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9202	SERELIN ACE A EI PLAN PER 3.6	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9203	INJEC I N E UZU AB Z A ICIN 0.1	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9204	INJEC I N A ULIZU AB-KPKC 1	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9205	INJEC I N IRIN ECAN LIP S E 1	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9206	INJEC I N IRIN ECAN 20	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9207	INJEC I N IXABEPIL NE 1	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9208	INJEC I N IF SFA IDE 1	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9209	INJEC I N ESNA 200	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9210	INJEC I N E APALU AB-LZS 1	Healthca e Administe ed D ugs	Y	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.
J9211	INJEC I N IDARUBICIN HCL 5	Healthca e Administe ed D ugs	~	~Applies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo Adults ≥18 with cance diagnosis di ect equest to Evolent. Fo Inpatient non cance diagnosis and pediat ics send equest to ealt plan.

J9214	INJE I N IN E E NAL A-2B E MBINAN 1 M U	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9215	INJE I N IN E E NAL A-N3 250,000 IU	Healthcare Admini tered Drug	Y	
J9216	INJE I N IN E E N GAMMA-1B 3 MILLI N UNI S	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9217	LEUP LIDE A E A E 7.5 MG	Healthcare Admini tered Drug	~	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9218	LEUP LIDE A E A E PE 1 MG	Healthcare Admini tered Drug	Y	ne J code unit allowed per calendar year. All unit in exce of one unit/year require PA. ~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult > 18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, Pediatric , and Non cancer Diagn o i direct requ e t to the healthplan
J9223	INJE I N, LU BINE EDIN, 0.1 MG	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9225	HIS ELIN IMPLAN VAN AS 50 MG	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9226	HIS ELIN IMPLAN SUPP ELIN LA 50 MG	Healthcare Admini tered Drug	Y	
J9227	INJE I N, ISA UXIMAB-I , 10 MG	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9228	INJE I N IPILIMUMAB 1 MG	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9229	INJE I N IN UZUMAB Z GAMI IN 0.1 MG	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9230	INJE I N ME HL E HAMINE H L 10 MG	Healthcare Admini tered Drug	~	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9245	INJE I N MELPHALAN H I N S 50 MG	Healthcare Admini tered Drug	~	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). or Adult ≥18 with cancer diagno i , direct requ e t to Evolent. or Inpatient, non cancer diagno i , and pediatric end requ e t to healthplan
J9246	INJE I N MELPHALAN EV MELA 1 MG	Healthcare Admini tered Drug	Y	

J9248	INJE I N ELPHALAN (HEPZA ) 1 G	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9249	INJE I N ELPHALAN AP EX 1 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9255	INJ E H REXA E (A RD)	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9256	INJ NIP ALI AB-AAHU 3 G	Healthcare Adm n stered Drugs	Y	
J9260	INJE I N E H REXA ES DIU 50 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9261	INJE I N NELARABINE 50 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9262	INJE I N A E AXINE EPESU INA E 0.01 G	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9263	INJE I N XALIPLA IN 0.5 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9264	INJE I N PA LI AXEL PR EINB UND PAR I LES 1 G	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9266	INJE I N PEGASPARGASE PER SINGLE D SE VIAL	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9267	INJE I N PA LI AXEL 1 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9268	INJE I N PEN S A IN 10 G	Healthcare Adm n stered Drugs	~	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan
J9269	INJE I N AGRAX FUSP-ERZS 10 G	Healthcare Adm n stered Drugs	Y	~Appl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For Adults ≥18 w th cancer d agnos s d rect request to Evolent. For Inpat ent non cancer d agnos s and ped atr cs send request to healthplan

J9271	INJE I N E BR LIZU AB 1 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9272	INJE I N, D S ARLI AB-GXLY,10 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9273	INJE I N, IS U AB VED IN- F V, 1 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9274	INJ EBEN AFUS - EBN 1 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9275	INJ, SIBELI AB- I DL, 2 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9276	INJ ZANIDA A AB, 2 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9280	INJE I N I Y IN 5 G	Healthcare Administered Drugs	~	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9281	I Y IN YEL ALY EAL INS ILLA I N, 1 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9282	I Y IN, IN RAVESI AL INS ILLA I N, 1 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9285	INJE I N LARA U AB 10 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9286	INJ, GL FI A AB-GXB , 2.5 G	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.
J9289	INJ, NIV LU AB, 2 G AND HYALUR NIDASENVHY	Healthcare Administered Drugs	Y	~Applies only to products part of Evolve (see healthplan scope inclusion list column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolve. For patient, oncology diagnosis, and pediatrics send request to health plan.

J9292	INJ, PE E E E (AVY A), NO HE APEU ICALLY EQUIVALEN O J9305, 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9293	INJEC ION I O AN ONE HCL PE 5 G	Hea thcare Administered rugs	~	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9294	INJEC ION, PE E E E (HOSPI A) NO HE APEU ICALLY EQUIVALEN O J9305, 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9295	INJEC ION NECI U U AB 1 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9296	INJEC ION, PE E E E (ACCO ) NO HE APEU ICALLY EQUIVALEN O J9305, 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9297	INJEC ION, PE E E E (SAN OZ), NO HE APEU ICALLY EQUIVALEN O J9305, 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9298	INJ NIVOLU AB AN ELA LI AB- BW 3 G/1 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9299	INJEC ION NIVOLU AB 1 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9301	INJEC ION OBINU UZU AB 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9302	INJEC ION OFA U U AB 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9303	INJEC ION PANI U U AB 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.
J9304	INJEC ION PE E E E (PE FE Y) 10 G	Hea thcare Administered rugs	Y	~App ies on y to p ans partnered with Evo ent (see hea thp an scope inc usion ist in co umns to the right). For Adu ts ≥18 with cancer diagnosis, direct request to Evo ent. For Inpatient, non cancer diagnosis, and pediatrics send request to a t an.

J9305	INJE I N E E REXED 10 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9306	INJE I N ER UZU AB 1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9307	INJE I N RALA REXA E 1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9308	INJE I N RA U IRU AB 5 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9309	INJE I N, LA UZU AB VED IN- IIQ, 1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9311	INJE I N RI UXI AB 10 G AND HYALUR NIDASE	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9312	INJE I N RI UXI AB 10 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9313	INJE I N XE U AB ASUD X- DFK 0.01 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9314	INJ E E REXED ( EVA) 10 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9316	INJE I N, ER UZU AB, RAS UZU AB, AND HYALUR NIDASE-ZZXF, ER 10 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9317	INJE I N, SA I UZU AB G VI E AN-HZIY, 2.5 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.
J9318	INJE I N, R IDE SIN, N NLY HILIZED, 0.1 G	Healthcare Admini tered Drug	Y	~Applie only to plan partnered with Evolent ( ee healthplan cope inclu ion li t in column to the right). For Adult ≥18 with cancer diagno i , direct reque t to Evolent. For Inpatient, non cancer diagno i , and pediatric end reque t to healthplan.

J9319	INJEC I N IDEPSIN LY PHILIZED 0.1 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9320	INJEC I N S EP Z CIN 1 G	Healthcare A ministere Drugs	~	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9321	INJEC I N EPC I A AB-BYSP 0.16 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9322	INJEC I N PE E EXED BLUEP IN )N HE APEU ICALLY EQUIVALE	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9323	INJEC I N PE E EXED DI E HA INE 10 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9324	INJ PE E EXED (PE YDI U) 10 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9325	INJ ALI GENE LAHE PA EPVEC PE 1 PLAQUE F U	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9326	INJ ELIS UZU AB VED IN- LLV 1 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9328	INJEC I N E Z L IDE 1 G	Healthcare A ministere Drugs	~	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9329	INJ ISLELIZU AB-JSG 1 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9330	INJEC I N E SI LI US 1 G	Healthcare A ministere Drugs	~	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9331	INJEC I N SI LI US P EIN-B UND PA ICLES 1 G	Healthcare A ministere Drugs	Y	~Applies only to plans partnere with Evolent (see healthplan scope inclusion list in columns to the right). For A ults ≥18 with cancer iagnosis irect request to Evolent. For Inpatient non cancer iagnosis an pe iatrics sen request to healthplan.
J9332	INJEC I N EFGA IGI D ALFA-FCAB 2 G	Healthcare A ministere Drugs	Y	
J9333	INJ ZAN LIXIZU AB-N LI 1 G	Healthcare A ministere Drugs	Y	

J9334	INJ, E I IMOD L , 2 M ND HY LU ONID SE-QV C	Health are dministered Drugs	Y	
J9341	INJ, HIO EP ( EPYLU E), 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9342	INJ, HIO EP , NO O H WS SPC D, 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9345	INJEC ION, E I NLM B-DLW , 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9347	INJEC ION, EMELIMUM B- C L, 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9348	INJEC ION N XI M B- Q K 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9349	INJEC ION, SI M B-CXIX, 2 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9350	INJEC ION, MOSUNE UZUM B- X B, 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9351	INJEC ION OPO EC N 0.1 M	Health are dministered Drugs	~	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9352	INJEC ION BEC EDIN 0.1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9353	INJEC ION M E UXIM B-CMKB 5 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9354	INJ DO- S UZUM B EM NSINE 1 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.
J9355	INJEC ION S UZUM B EXCLUDES BIOSIMIL 10 M	Health are dministered Drugs	Y	~ pplies only to plans partnered with Evolent (see healthplan s ope in lusion list in olumns to the right). or dults ≥18 with an er diagnosis, dire t request to Evolent. or Inpatient, non an er diagnosis, and pediatri s send request to heal hplan.

J9356	INJE I N S UZUM B 10 MG ND HY LU NID SE- YSK	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9357	INJE I N V L UBI IN IN VESI L 200 MG	Health care administered Drugs	~	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9358	INJE I N, F M- S UZUM B DE UX E N-NXKI, 1 MG	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9359	INJE I N, L N S UXIM B ESI INE-LPYL, 0.075 MG	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9360	INJE I N VINBL S INE SULF E 1 MG	Health care administered Drugs	~	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9361	INJ, EFBEM LEN G S IM LF -VUXW, 0.5 MG	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9370	VIN IS INE SULF E 1 MG	Health care administered Drugs	~	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9376	INJE I N, P ZELIM B-BBFG, 1 MG	Health care administered Drugs	Y	
J9380	INJE I N, E LIS M B- QYV, 0.5 MG	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9381	INJE I N, EPLIZUM B-MZWV, 5 M G	Health care administered Drugs	Y	
J9382	INJ, ZEN U UZUM B-ZB , 1 MG	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9390	INJE I N VIN ELBINE E 10 MG	Health care administered Drugs	~	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9393	INJ, FULVES N ( EV )	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.
J9394	INJ, FULVES N ( F ESENIUS)	Health care administered Drugs	Y	~ ppplies only to plans partnered wit Evolent (see ealt plan scope inclusion list in columns to t e rig t). For dults ≥18 wit cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to ea t p an.

J9395	INJEC I N VES RAN 25 MG	Healthcare Administered Drugs	~	~Applies only to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). or Adults ≥18 with ca cer diag osis, direct request to Evole t. or l patie t, o ca cer diag osis, a d pediatrics se d request to healthpla
J9400	INJEC I N ZIV-A IBERCEP 1 MG	Healthcare Administered Drugs	Y	~Applies only to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). or Adults ≥18 with ca cer diag osis, direct request to Evole t. or l patie t, o ca cer diag osis, a d pediatrics se d request to healthpla
J9600	INJEC I N P R IMER S DI M 75 MG	Healthcare Administered Drugs	Y	~Applies only to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). or Adults ≥18 with ca cer diag osis, direct request to Evole t. or l patie t, o ca cer diag osis, a d pediatrics se d request to healthpla
J9999	N HERWISE C ASSI IED AN INE P AS IC DR G	Healthcare Administered Drugs	Y	~Applies only to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). or l patie t, Pediatrics, or drug ot listed i Evole t Scope direct request to the healthpla . or Adults ≥ 18 with ca cer diag osis for drugs listed i E le t sc pe, direct request t E le t
K0005	RA IGH WEIGH WHEE CHAIR	Durable Medical Equipme t (DME)	Y	
K0008	C S M MAN A WHEE CHAIR BASE	Durable Medical Equipme t (DME)	Y	
K0009	HER MAN A WHEE CHAIR/BASE	Durable Medical Equipme t (DME)	Y	
K0010	S ANDARD-WEIGH RAME M RIZED P WER WHEE CHAIR	Durable Medical Equipme t (DME)	Y	
K0011	S D-W RME M RIZD PWR WH CHAIR W PR G CN R	Durable Medical Equipme t (DME)	Y	
K0012	IGH WEIGH P R AB E M RIZED P WER WHEE CHAIR	Durable Medical Equipme t (DME)	Y	
K0013	C S M M RIZED P WER WHEE CHAIR BASE	Durable Medical Equipme t (DME)	Y	
K0014	HER M RIZED P WER WHEE CHAIR BASE	Durable Medical Equipme t (DME)	Y	
K0108	HER ACCESS RIES	Durable Medical Equipme t (DME)	Y	
K0606	A EX DE IB W IN GR ECG ANA Y GARMEN YPE	Durable Medical Equipme t (DME)	Y	
K0800	PWR P VEH GRP 1 S D P W CAP AND INC 300 BS	Durable Medical Equipme t (DME)	Y	
K0801	PWR P VEH GRP 1 HEAVY D Y P 301 450 BS	Durable Medical Equipme t (DME)	Y	
K0802	PWR P VEH GRP 1 VERY HEAVY D Y P 451-600 BS	Durable Medical Equipme t (DME)	Y	
K0806	PWR P VEH GRP 2 S D P W CAP AND INC 300 BS	Durable Medical Equipme t (DME)	Y	
K0807	PWR P VEH GRP 2 HEAVY D Y P 301 450 BS	Durable Medical Equipme t (DME)	Y	
K0808	PWR P VEH GRP 2 VERY HEAVY D Y P 451-600 BS	Durable Medical Equipme t (DME)	Y	
K0812	P WER PERA ED VEHIC EN HERWISE C ASSI IED	Durable Medical Equipme t (DME)	Y	
K0813	PWR WC GRP 1 S D P R S ING SEA P 300 BS	Durable Medical Equipme t (DME)	Y	
K0814	PWR WC GRP 1 S D P R CAP CHAIR P 300 BS	Durable Medical Equipme t (DME)	Y	
K0815	PWR WC GRP 1 S D S ING SEA P P AND EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0816	PWR WC GRP 1 S D CAP AINS CHAIR P AND EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0820	PWR WC GRP 2 S D P R S ING SEA P AND EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0821	PWR WC GRP 2 S DRD P R CAP CHAIR P P INC DNG 300 BS	Durable Medical Equipme t (DME)	Y	
K0822	PWR WC GRP 2 S D S ING SEA P AND EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0823	PWR WC GRP 2 S D CAP AINS CHAIR P & EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0824	PWR WC GRP 2 HEVY D Y S ING SEA P 301-450 BS	Durable Medical Equipme t (DME)	Y	
K0825	PWR WC GRP 2 HEVY D Y CAP CHAIR P 301-450 BS	Durable Medical Equipme t (DME)	Y	
K0826	PWR WC GRP 2 VRY HVY D Y S NG SEA P 451-600 B	Durable Medical Equipme t (DME)	Y	
K0827	PWR WC GRP 2 VRY HVY D Y CAP CHR P 451-600 BS	Durable Medical Equipme t (DME)	Y	
K0828	PWR WC GRP 2 X RA HVY D Y S ING SEA P 601 B R GR	Durable Medical Equipme t (DME)	Y	
K0829	PWR WC GRP 2 X RA HVY D Y CHAIR P 601 BS R GR	Durable Medical Equipme t (DME)	Y	
K0830	PWR WC GRP 2 S D SEA E EV S ING P AND EQ 300 BS	Durable Medical Equipme t (DME)	Y	
K0831	PWR WC GRP 2 S D SEA E EV CAP CHR P 300 B	Durable Medical Equipme t (DME)	Y	
K0835	PWR WC GRP 2 S D 1 PWR S ING SEA P 300 BS	Durable Medical Equipme t (DME)	Y	

K0836	PWR W RP D 1 PWR AP HAIR P O 300 LB	Durable Medical quipment (DM )	Y	
K0837	PWR W RP HVY 1 PWR LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0838	PWR W RP HVY 1 PWR AP HAIR P 301-450 LB	Durable Medical quipment (DM )	Y	
K0839	PWR W RP VRY HVY 1 PWR LIN P 451-600 LB	Durable Medical quipment (DM )	Y	
K0840	PWR W RP X RA HVY 1 PWR LIN P 601 LB OR MOR	Durable Medical quipment (DM )	Y	
K0841	PWR W RP MX PWR LIN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K084	PWR W RP D MX PWR AP HR P W UP O AND IN LDN 300 LB	Durable Medical quipment (DM )	Y	
K0843	PWR W RP HVY MX PWR LN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0848	PWR W RP 3 D LIN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0849	PWR W RP 3 D AP AIN HAIR P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0850	PWR W RP 3 HVY DU Y LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0851	PWR W RP 3 HVY DU Y AP HAIR P 301-450 LB	Durable Medical quipment (DM )	Y	
K085	PWR W RP 3 V HVY DU Y LIN A P 451-600 LB	Durable Medical quipment (DM )	Y	
K0853	PWR W RP 3 HVY DU Y AP HAIR P 451-600 LB	Durable Medical quipment (DM )	Y	
K0854	PWR W RP 3 X RA HVY D Y LN A P 601 LB OR R	Durable Medical quipment (DM )	Y	
K0855	PWR W RP 3X HVY D Y HR P W AP 601 LB OR R	Durable Medical quipment (DM )	Y	
K0856	PWR W RP 3 D 1 PWR LIN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0857	PWR W RP 3 D 1 PWR AP HAIR P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0858	PWR W RP 3 HD 1 PWR LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0859	PWR W RP 3 HD 1 PWR AP HAIR P 301-450 LB	Durable Medical quipment (DM )	Y	
K0860	PWR W RP 3 V HD 1 PWR LIN A P 451-600 LB	Durable Medical quipment (DM )	Y	
K0861	PWR W RP 3 D MX PWR LN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K086	PWR W RP 3 HD MX PWR LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0863	PWR W RP 3 V HD MX PWR LN A P 451-600 LB	Durable Medical quipment (DM )	Y	
K0864	PWR W RP 3 X R HD MX PWR LN A P 601 LB OR R	Durable Medical quipment (DM )	Y	
K0868	PWR W RP 4 D LIN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0869	PWR W RP 4 D AP AIN HAIR P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0870	PWR W RP 4 HVY DU Y LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0871	PWR W RP 4 V HVY DU Y LIN A P 451-600 LB	Durable Medical quipment (DM )	Y	
K0877	PWR W RP 4 D 1 PWR LIN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0878	PWR W RP 4 D 1 PWR AP HAIR P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0879	PWR W RP 4 HD 1 PWR LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0880	PWR W RP 4 V HD 1 PWR LIN A P 451-600 LB	Durable Medical quipment (DM )	Y	
K0884	PWR W RP 4 D MX PWR LN A P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0885	PWR W RP 4 D MX PWR AP HR P O AND Q 300 LB	Durable Medical quipment (DM )	Y	
K0886	PWR W RP 4 HD MX PWR LIN A P 301-450 LB	Durable Medical quipment (DM )	Y	
K0890	PWR W RP 5 P D 1 PWR LIN A P O AND Q 1 5 LB	Durable Medical quipment (DM )	Y	
K0891	PWR W RP 5 P D MX PWR LN A P O AND Q 1 5 LB	Durable Medical quipment (DM )	Y	
K0898	POW R WH L HAIR NO O H RWI LA IFI D	Durable Medical quipment (DM )	Y	
K0899	PWR MOBIL Y DV NO OD DDM PDA NO M RI	Durable Medical quipment (DM )	Y	
K0900	U OMIZ DDM O H R HAN WH L HAIR	Durable Medical quipment (DM )	Y	
K1007	BL RL HKAFO D V PWR IN L P LV OMPN UP KN JOIN	x er mental/Invest gat onal	Y	
K10 7	ORAL D V/APPL R D U AW OL WO F M H HN M FAB	Durable Medical quipment (DM )	Y	
L046	L O RIPLANAR 3 H LL AN O RNL NO H PRFAB	Prosthetics & Orthotics	Y	
L0480	L O RIPLANAR 1 PI WO IN RF LIN R M	Prosthetics & Orthotics	Y	
L048	L O RIPLANAR 1 PI WO IN RF LIN R M	Prosthetics & Orthotics	Y	
L0484	L O RIPLANAR PI WO IN RF LIN R M	Prosthetics & Orthotics	Y	
L0486	L O RIPLANAR PI WO IN RF LIN R M	Prosthetics & Orthotics	Y	
L0636	L O A I AL- ORONL N RL FL X RI ID PO U OM	Prosthetics & Orthotics	Y	

L0637	LUMB LO THO G O NT L IGD ND P P EF B	Prosthetics	Orthotics	Y	
L0640	L O GITT L O ON L IGD HELL P NEL U TM F B	Prosthetics	Orthotics	Y	
L0650	L O GITT L O ON L ONT L IGD NT PO TP NEL	Prosthetics	Orthotics	Y	
L0700	TL O NT PO TE IO L T ONT OL MOLDED PT MODEL	Prosthetics	Orthotics	Y	
L0710	TL O NT PO T L T NT L MOLD PT INT F E M TL	Prosthetics	Orthotics	Y	
L0720	TL O P L ONT OL U TOM	Prosthetics	Orthotics	Y	
L1000	TL O IN LU IVE FU NI HING INITI O THO IN LMDL	Prosthetics	Orthotics	Y	
L1005	TEN ION B ED OLIO I O THOTI ND E O Y P D	Prosthetics	Orthotics	Y	
L1200	TL O IN LU IVE FU NI HING INITI L O THO I ONLY	Prosthetics	Orthotics	Y	
L1499	PIN LO THOTI NOT OTHE WI E PE IFIED	Prosthetics	Orthotics	Y	
L1680	HIP O THOT DYN PELV ONT OL THIGH UFF TM F B	Prosthetics	Orthotics	Y	
L1685	HIP O THO BD T NT LPO TOPHIP BD T TM	Prosthetics	Orthotics	Y	
L1730	LEGG PE THE O THOTI OTTI H ITE U TOM F B	Prosthetics	Orthotics	Y	
L1844	KNEE O THO I INGLE UP IGH T HIGH ND LF U TOM	Prosthetics	Orthotics	Y	
L1846	KNEE O THO I DOUBLE UP IGH T HIGH ND LF U TOM	Prosthetics	Orthotics	Y	
L1860	KNEE O THO MOD UP ONDYL P O O KT TM F B	Prosthetics	Orthotics	Y	
L2000	K FO 1 UP T F EE KNEE F EE NK OLID TI UP TM	Prosthetics	Orthotics	Y	
L2005	K FO NYM TL UTO LO K ND WNG L E W NKJNT TM	Prosthetics	Orthotics	Y	
L2006	K F DV NYM TE I L DJU T BILITY U TOM F B	Prosthetics	Orthotics	Y	
L2010	K FO 1 UP T OLID TI UP W O KNEE JNT TM F B	Prosthetics	Orthotics	Y	
L2020	K FO DBL UP T OLID TI UP THI ND LF TM F B	Prosthetics	Orthotics	Y	
L2030	K FO DBL UP T OLID TI UP W O KNEE JNT TM	Prosthetics	Orthotics	Y	
L2034	K FO PL TI MED L T OT T NT L TM F B	Prosthetics	Orthotics	Y	
L2036	K FO FULL PL TI DOUBLE UP IGH T TM F B	Prosthetics	Orthotics	Y	
L2037	K FO FULL PL TI INGLE UP IGH T U TOM F B	Prosthetics	Orthotics	Y	
L2038	K FO FULL PL TI MX XI NKLE U TOM F B	Prosthetics	Orthotics	Y	
L2090	HK FO UNI TO ION BLE B LL BE TM	Prosthetics	Orthotics	Y	
L2106	FO FX O THOTI TIB FX T THE MOPL T TM F B	Prosthetics	Orthotics	Y	
L2108	FO FX O THOTI TIB FX T O THO I TM F B	Prosthetics	Orthotics	Y	
L2126	K FO FEM FX T O THOTI THE MOPL T TM F B	Prosthetics	Orthotics	Y	
L2128	K FO FX O THOTI FEM FX T O THO I TM F B	Prosthetics	Orthotics	Y	
L2627	DD LW EXT PELV PL T MOLD PT MDL HIP JNT ND BLE	Prosthetics	Orthotics	Y	
L2628	DD LW EXT PELV METL F ME E IP HIP JNT ND BLE	Prosthetics	Orthotics	Y	
L2999	LOWE EXT EMITY O THO E NOT OTHE WI E PE IFIED	Prosthetics	Orthotics	Y	
L3900	WHFO DYN FLEXO HINGE W T/FNG D IVEN TM F B	Prosthetics	Orthotics	Y	
L3901	WHFO DYN FLEXO HINGE BLE D IVEN TM F B	Prosthetics	Orthotics	Y	
L3904	WHFO EXTE N L POWE ED ELE T I U TOM F B I TED	Prosthetics	Orthotics	Y	
L3999	UPPE LIMB O THO I NOT OTHE WI E PE IFIED	Prosthetics	Orthotics	Y	
L4631	FO W LK BOOT TYP O K BOTTM NT TIB HELL TM	Prosthetics	Orthotics	Y	
L5050	NKLE YME MOLDED O KET H FOOT	Prosthetics	Orthotics	Y	
L5060	NK YME METL F ME MOLD LE TH O KT TI NK	Prosthetics	Orthotics	Y	
L5100	BELOW KNEE MOLDED O KET HIN H FOOT	Prosthetics	Orthotics	Y	
L5105	BELOW KNEE PL T O KT JNT ND THIGH L E H FOOT	Prosthetics	Orthotics	Y	
L5150	KNEE DI T MOLD O KT EXT KNEE JNT HIN H FT	Prosthetics	Orthotics	Y	
L5160	KNEE DI TI MOLD O KT BENT KNEE EXT KNEE JNT	Prosthetics	Orthotics	Y	
L5200	BOVE KNEE MOLD O KT 1 XI ON T NT F I TION	Prosthetics	Orthotics	Y	
L5210	BOVE NEE H T P O TH NO NEE JNT NO N JNT E	Prosthetics	Orthotics	Y	
L5220	BOVE KNEE HO T P O TH W/ TI NK/FOOT DYN	Prosthetics	Orthotics	Y	
L5230	BOVE KNEE P OXIM L FEM FO L DEFI H FOOT	Prosthetics	Orthotics	Y	
L5250	HIP DI TI N DI N TYPE; MOLD O KT HIP JNT	Prosthetics	Orthotics	Y	

L5270	HIP I IL ABLE; MOL K LO K HIP JN	Prosthetics & Orthotics		
L5280	HEMIPELVE ANA IAN PE; MOL O K HIP JN	Prosthetics & Orthotics		
L5301	BELOW KNEE MOL O KE HIN A H F EN O KEL	Prosthetics & Orthotics		
L5312	KNEE I A I MOL O KE 1 AXI KNEE A H FOO	Prosthetics & Orthotics		
L5321	ABOVE KNEE OPEN EN A H F EN O 1 AXI KNEE	Prosthetics & Orthotics		
L5331	JOIN INGLE AXI KNEE A H FOO	Prosthetics & Orthotics		
L5341	INGLE AXI KNEE A H FOO	Prosthetics & Orthotics		
L5500	INI BELOW KNEE P B O KE NON-ALIGN I FO ME	Prosthetics & Orthotics		
L5505	INI ABVE KNEE- I A I H LEVL O K NON-ALIGN	Prosthetics & Orthotics		
L5510	P EP BELOW KNEE P B O KE NON-ALIGN MOL MO EL	Prosthetics & Orthotics		
L5520	P EP BK P B K NON-ALIGN HE MOPL /Equal to I FO M	Prosthetics & Orthotics		
L5530	P EP BK P B K NON-ALIGN HE MOPL /Equal to MOL M L	Prosthetics & Orthotics		
L5535	P EP BELOW KNEE P B NON-ALIGN P FAB A J OPEN EN	Prosthetics & Orthotics		
L5540	P EP BK P B K NON-ALIGN LAMNA K MOL M L	Prosthetics & Orthotics		
L5560	P EP AK- I I H LEVL PLA E O KE MOL M L	Prosthetics & Orthotics		
L5570	P EP AK- I I H LEVL HE MOPL /Equal to I FO ME	Prosthetics & Orthotics		
L5580	P EP AK I A I NON-ALIGN HE MOPL /Equal to MOL M L	Prosthetics & Orthotics		
L5585	P EP AK- I A NON-ALIGN P FAB A J OPN EN K	Prosthetics & Orthotics		
L5590	P EP AK- I A I NON-ALIGN LAMINA E O KE MOL	Prosthetics & Orthotics		
L5595	P EP HIP I A I -HEMIPELVE HE MOPL /Equal to MOL	Prosthetics & Orthotics		
L5600	P EP HIP I A I -HEMIPELVE LAMINA K MOL	Prosthetics & Orthotics		
L5610	A LW EX MEN O ABVE KNEE H A A EN E	Prosthetics & Orthotics		
L5611	A LW EX MEN O AK- I 4-BA LINK W/F I	Prosthetics & Orthotics		
L5613	A LOW EX MEN O AK- I A I 4-BA W/H AULI	Prosthetics & Orthotics		
L5614	A LOW EX EXO KEL AK- I A 4-BA PNEUMA	Prosthetics & Orthotics		
L5616	A LOW EX MEN O AK UNIVE AL MXPLX F I	Prosthetics & Orthotics		
L5639	A I ION LOWE EX EMI BELOW KNEE WOO O KE	Prosthetics & Orthotics		
L5643	A LW EX HIP I A I FLX INN O K EX F AME	Prosthetics & Orthotics		
L5649	A LW EX I HIAL ON AINMEN /NA OW M-L O KE	Prosthetics & Orthotics		
L5651	A LW EX ABVE KNEE FLXIBLE INN O K EX F ME	Prosthetics & Orthotics		
L5681	A LW EX BK/AK IN NG/A P AUM AMP INI	Prosthetics & Orthotics		
L5683	A LW EX BK/AK FAB NO NGN/ AUM AMP INI	Prosthetics & Orthotics		
L5700	EPLA EMEN O KE BELOW KNEE BK MOL E P MO EL	Prosthetics & Orthotics		
L5701	EPL O K ABOVE KNEE/KNEE I A I W/A H PLA	Prosthetics & Orthotics		
L5702	EPL M O K HIP I A I W/HIP JN MOL P M L	Prosthetics & Orthotics		
L5703	ANKLE ME MOL P MO EL A H FOO EPL ONL	Prosthetics & Orthotics		
L5706	U OM HAPE P O E IVE OVE KNEE I A I	Prosthetics & Orthotics		
L5707	U OM HAPE P O E IVE OVE HIP I A I	Prosthetics & Orthotics		
L5718	A EXO KL KNEE- HIN POL N F I WING N L	Prosthetics & Orthotics		
L5722	A EXO KEL KNEE- HIN PNEUMA WING F I N L	Prosthetics & Orthotics		
L5724	A EXO KEL KNEE- HIN FLUI WING PHA E N L	Prosthetics & Orthotics		
L5726	A EXO KEL KNEE- HIN EX JOIN FL WING N L	Prosthetics & Orthotics		
L5728	A EXO KEL KNEE- HIN FLUI WING AN AN E N L	Prosthetics & Orthotics		
L5780	A EXO KL KNEE- HIN PNEUMA /H A PNEUMA N L	Prosthetics & Orthotics		
L5781	A LW LIMB P O E I UL LIMB VOL MGM	Prosthetics & Orthotics		
L5782	A LW LIMB P O E I UL LIMB MGM HEV U	Prosthetics & Orthotics		
L5783	A LW EX U E A J ME H E LIMB VOL MGM	Prosthetics & Orthotics		
L5795	A EXO KEL EM HIP I A I UL A-LGH MA L	Prosthetics & Orthotics		
L5814	A EN O KEL KNEE- HIN H AULI WING ME H LO K	Prosthetics & Orthotics		
L5816	A EN O KEL KNEE- HIN ME H AN E PHA E LO K	Prosthetics & Orthotics		

L5822	ADD END EL NEE IN PNEUMAT WING FRICT CNTRL	Prosthetics	rthotics	Y	
L5824	ADD END EL NEE IN FLUID WING P A E CNTRL	Prosthetics	rthotics	Y	
L5826	ADD END NEE IN YDRAUL WING MIN IACTV FRME	Prosthetics	rthotics	Y	
L5827	END NEE IN INGLE AXI	Prosthetics	rthotics	Y	
L5828	ADD END NEE IN FL WING AND TANCE P A E CNTRL	Prosthetics	rthotics	Y	
L5830	ADD END EL NEE IN PNEUMAT/ WING P A E CNTRL	Prosthetics	rthotics	Y	
L5840	ADD END NEE IN 4 BAR LIN /MX AXIAL PNEUMAT	Prosthetics	rthotics	Y	
L5841	ADD END EL NEE IN Y PNEU Wand T P CTRL	Prosthetics	rthotics	Y	
L5845	ADD END EL NEE IN TANCE FLX FEATUR ADJ	Prosthetics	rthotics	Y	
L5848	ADD END EL NEE IN Y FLUID TANCE EXTEN N	Prosthetics	rthotics	Y	
L5856	ADD L W EXT PR NEE IN Y WING AND TANCE P E	Prosthetics	rthotics	Y	
L5857	ADD L W EXT PR NEE IN Y WING P A E NLY	Prosthetics	rthotics	Y	
L5858	ADD LW EXT PR NEE IN Y TANCE P A E NLY	Prosthetics	rthotics	Y	
L5859	ADD L W EXT PR N IN PR G FLX EXT ANY M T R	Prosthetics	rthotics	Y	
L5930	ADD END EL Y TEM IG ACTV NEE C NTR L FRAME	Prosthetics	rthotics	Y	
L5961	ADD END Y P LYCNTRC IPJ INT R TATI N CNTRL	Prosthetics	rthotics	Y	
L5964	ADD END ELA FLEXIBLE PR TVE UTR URF C VER	Prosthetics	rthotics	Y	
L5966	ADD END IP DI RTC FLXIBL PR TVE UTR URF C VR	Prosthetics	rthotics	Y	
L5968	ADD LW LIMB PR T MX AXIAL AN W/ WING P A E	Prosthetics	rthotics	Y	
L5969	ADDITI N END ELETAL AN LE F T/AN PWR A I T	Prosthetics	rthotics	Y	
L5973	END EL AN F T Y MICRPR C C NTR LPWR RC	Prosthetics	rthotics	Y	
L5979	ALL LW EXTRM PR T MX AXL AN DYN R PN FT 1 PECE	Prosthetics	rthotics	Y	
L5980	ALL L WER EXTREMITY PR T E E FLEX F T Y TEM	Prosthetics	rthotics	Y	
L5981	ALL L WER EXTREM PR T FLEX WAL Y TEM/EQUAL	Prosthetics	rthotics	Y	
L5987	ALL LW XTRM PR T N FT Y W/VRTCL L AD PYLN	Prosthetics	rthotics	Y	
L5988	ADD LW LIMB PR T VERTCL C RDUC PYLN FEATUR	Prosthetics	rthotics	Y	
L5990	ADD L W EXTREM PR T U ER ADJU TBLE EEL T	Prosthetics	rthotics	Y	
L5999	L WER EXTREMITY PR T E I N	Prosthetics	rthotics	Y	
L6000	PARTIAL AND T UMB REMAINING	Prosthetics	rthotics	Y	
L6010	PARTIAL AND LITTLE AND R RING FINGER REMAINING	Prosthetics	rthotics	Y	
L6020	PARTIAL AND N FINGER REMAINING	Prosthetics	rthotics	Y	
L6026	TRAN CARPAL MC PART AND DI ARTICULATI N PR	Prosthetics	rthotics	Y	
L6050	WR T DI ARTIC M LD C ET FLEX ELB NG TRICP PAD	Prosthetics	rthotics	Y	
L6055	WR T DI ARTIC M LD C T W/XPNDABLE INTERFCE	Prosthetics	rthotics	Y	
L6100	BELW ELB M LD C T FLXIBLE ELB INGE TRICP PAD	Prosthetics	rthotics	Y	
L6110	BEL W ELB W M LDED C ET	Prosthetics	rthotics	Y	
L6120	BELW ELB M LD DBL WALL C T TEP UP NG 1/2 CUFF	Prosthetics	rthotics	Y	
L6130	BELW ELB TUMP ACTVATD L C INGE ALF CUFF	Prosthetics	rthotics	Y	
L6200	ELB DI ARTIC M LD C T UT IDE L C INGE F RARM	Prosthetics	rthotics	Y	
L6205	ELB DI ARTIC M LD C T W/XPND INTRFCE L C F RARM	Prosthetics	rthotics	Y	
L6250	ABVE ELB M LD DBL WALL C T INTRLLC ELB F RARM	Prosthetics	rthotics	Y	
L6300	LDR DI ARTIC M LD C ET INTRLL C ELB F RARM	Prosthetics	rthotics	Y	
L6310	ULDER DI ARTIC PA IVE RE T C Mplete PR T	Prosthetics	rthotics	Y	
L6320	ULDER DI ART PA IVE RE T ULDER CAP NLY	Prosthetics	rthotics	Y	
L6360	INTER CAPULAR T R PA IVE RE T CMPL PR T	Prosthetics	rthotics	Y	
L6370	INTER CAPULAR T R PA IVE RE T LDR CAP NLY	Prosthetics	rthotics	Y	
L6400	BE M LD C T END EL Y W/ FT PR T TI AP	Prosthetics	rthotics	Y	
L6450	ELB DI RTC M LD C T END EL W/ FT PR T TI	Prosthetics	rthotics	Y	
L6500	ABVE ELB M LD C T END EL W/ FT PR T TI	Prosthetics	rthotics	Y	
L6550	LDR DI RTC M LD C T END EL W/ FT PR TI	Prosthetics	rthotics	Y	

L6570	INT THO MOLD KT ENDO KEL W/ FT O TI	rosthetics & Orthotics		
L6580	E W T DI T /BELW ELB 1 W LL L T KT MOLD	rosthetics & Orthotics		
L6582	E W T DI T /BELW ELB 1 W LL KT DI FO MED	rosthetics & Orthotics		
L6584	E ELB DI T / BVE ELB 1 W LL L T O KT MOLD	rosthetics & Orthotics		
L6586	E ELB DI T / BVE ELB 1 W LL O KT DI FO MED	rosthetics & Orthotics		
L6588	E HLD DI T THO 1 W LL L T KT MOLD	rosthetics & Orthotics		
L6590	E HLD DI T THO 1 W LL O KET DI FO M	rosthetics & Orthotics		
L6621	U EXT EM O DD FLEXION/EXTEN ION W I T	rosthetics & Orthotics		
L6624	U E EXT EMIT DD FLX/EXT OT TION W I T UNIT	rosthetics & Orthotics		
L6638	U EXT DD O ELE LO KONL W/MNL W ELB	rosthetics & Orthotics		
L6646	U EXT DD HLD JNT MX TN W/BD /EXT W	rosthetics & Orthotics		
L6648	U EXT EM DD HLD LO KME H EXT W TU TO	rosthetics & Orthotics		
L6693	U E EXT EM DD LO KELB FO M OUNTE B L N E	rosthetics & Orthotics		
L6696	DD U EXT O ELB TM NGN/T UM T M INIT	rosthetics & Orthotics		
L6697	DD U EXT O ELB TM NOT NGN/T UM M INIT	rosthetics & Orthotics		
L6700	UE DD EXT OWE M OEL	rosthetics & Orthotics		
L6707	TE MIN L DEVI E HOOK ME H VOLUNT LO ING	rosthetics & Orthotics		
L6708	TE MIN L DEVI E H ND ME H VOLUNT O ENING	rosthetics & Orthotics		
L6709	TE MIN L DEVI E H ND ME H VOLUNT LO ING	rosthetics & Orthotics		
L6712	TE M DV HOOK ME H VOL LO N M TL N Z ED	rosthetics & Orthotics		
L6713	TE M DV H ND ME H VOLO N N M TL N IZE ED	rosthetics & Orthotics		
L6715	TE M DEV MX TI DIGIT W/MOTO INITI UE/ E L	rosthetics & Orthotics		
L6721	TE M DEV HOOK/HND HV -DUT ME H VOLO N N	rosthetics & Orthotics		
L6722	TE M DEV HOOK/H ND HV -DUT ME H VOL LO	rosthetics & Orthotics		
L6880	ELE H ND WT H/M OELE NT L INDE T DIG MT	rosthetics & Orthotics		
L6881	UTOM TI G DD U E LIMB ELE O TH DEV	rosthetics & Orthotics		
L6882	MI O NT L FE TU DD U LIMB O TH DEV	rosthetics & Orthotics		
L6900	H ND E T T H ND W/GLOVE THUMB/1 FNG EM IN	rosthetics & Orthotics		
L6905	H ND E T T H ND W/GLOVE MX FNG EM IN	rosthetics & Orthotics		
L6910	H ND E T T H ND W/GLOVE NO FNG EM IN	rosthetics & Orthotics		
L6920	W T DI TI OTTO BO K/ Equal to WT H NT L TE M DEVI E	rosthetics & Orthotics		
L6925	W T DI TI OTTO BO K/ Equal to M OELE NT L TE M DEV	rosthetics & Orthotics		
L6930	BELOW ELBOW OTTO BO K/ Equal to WIT H NT L TE M DEVI E	rosthetics & Orthotics		
L6935	BELOW ELBOW OTTO BO K/ Equal to M OELE NT L TE M DEVI E	rosthetics & Orthotics		
L6940	ELBOW DI TI OTTO BO K/ Equal to WIT H NT L TE M DEV	rosthetics & Orthotics		
L6945	ELB DI TI OTTO BO K/ Equal to M OELE NT L TE M DEV	rosthetics & Orthotics		
L6950	BOVE ELBOW OTTO BO K/ Equal to WIT H NT L TE M DEV	rosthetics & Orthotics		
L6955	BOVE ELBOW OTTO BO K/ Equal to M OELE NT L TE M DEV	rosthetics & Orthotics		
L6960	HLD DI TI OTTO BO K/ Equal to WT H NT L TE M DEV	rosthetics & Orthotics		
L6965	HOULD DI TI OTTO BO K/ Equal to M OELE NT L TE M	rosthetics & Orthotics		
L6970	INTE -THO OTTO BO K/ Equal to WT H NT L TE M DEV	rosthetics & Orthotics		
L6975	INTE -THO OTTO BO K/ Equal to M OELE NT L TE M DV	rosthetics & Orthotics		
L7007	ELE T I H ND WIT H/M OELE T I ONT OL DULT	rosthetics & Orthotics		
L7008	ELE T I H ND WIT H/M OELE T I NT L EDI T I	rosthetics & Orthotics		
L7009	ELE T I HOOK WIT H/M OELE T I ONT OL DULT	rosthetics & Orthotics		
L7040	EHEN ILE TU TO WIT H ONT OLLED	rosthetics & Orthotics		
L7045	ELE HOOK WIT H/M OELE T I ONTOL EDI T I	rosthetics & Orthotics		
L7170	ELE T ONI ELBOW HO ME /EQU L WIT H ONT OLLED	rosthetics & Orthotics		
L7180	ELE ELB MI O EQENTI L NT L ELB ND TE M DEV	rosthetics & Orthotics		
L7181	ELE ELB MI O IMULT N NT L ELB ND TE M DEV	rosthetics & Orthotics		

L7185	ELEC ELB LE RITY ILL GE/EQU L WITCH CNTRL	Prosthet cs & rthot cs	Y	
L7186	ELEC ELB CHIL RITY ILL GE/EQU L WITCH CNTRL	Prosthet cs & rthot cs	Y	
L7190	ELEC ELB LE RITY ILL GE/Equal to MY ELEC CNTRL	Prosthet cs & rthot cs	Y	
L7191	ELEC ELB CHL RITY ILL/Equal to MY ELECTRNIC LY CNTRL	Prosthet cs & rthot cs	Y	
L7259	ELECTR NIC WRI T R T T R NY TYPE	Prosthet cs & rthot cs	Y	
L7406	T UPP EXTR U ER J MEC	Prosthet cs & rthot cs	Y	
L7499	UPPER EXTREMITY PR THE I N	Prosthet cs & rthot cs	Y	
L8033	NIPPLE PR TH C T F B REU BL NY TL NY TE	Prosthet cs & rthot cs	Y	
L8499	UNLI TE PR CMI CELL NE U PR THETIC ER ICE	Prosthet cs & rthot cs	Y	
L8608	MI CEXT C MP PL C F R RGU IIRET PR Y	Exper mental/Invest gat onal	Y	
L8614	C CHLE R E ICE INCLU E LL INT N EXT C MP NENT	Prosthet cs & rthot cs	Y	
L8678	ELECTRIC L TIM UP EXT U E W/I NEUR TIM PER M	Prosthet cs & rthot cs	Y	
L8692	U IT RY E INTEGR TE E EXT UN B Y W RN	Prosthet cs & rthot cs	Y	
L8699	PR THETIC IMPL NT N T THERWI E PECIFIE	Prosthet cs & rthot cs	Y	
L8701	PWR UE R M T CELB WR H N 1 BL UP CU F B	Prosthet cs & rthot cs	Y	
L8702	PWR UE R M T CELB WR H FINGER 1 BL UP CU	Prosthet cs & rthot cs	Y	
Q0138	INJ FERUM XYT LTX IR N EF NEMI 1 MG N N-E R	Healthcare dm n stered rugs	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to ealt plan.
Q0139	INJ FERUM XYT LTX IR N EF NEMI 1 MG F R E R	Healthcare dm n stered rugs	Y	
Q0224	INJ, PEMI IB RT, 4500 MG	Healthcare dm n stered rugs	Y	
Q0235	INJ, MNCLNLNTB Y PR CT W IN CTN F R P T-XP R PRPHYLX R TRTMNT FC -19, F RH PTLZ LT N / R P TRCPT RC NG Y TMC CRTC TR N RQR PPLMNTL XYGN, NN-N RN MCHNCL NTLTN, R XTRCRPRL MMBRN XYGNTN (ECM ) NLY, N C, 1 MG	Healthcare dm n stered rugs	Y	
Q0508	MI C UPPLY R CCE RY U E WITH IMPL NTE	Unl sted/M scellaneous	Y	
Q2041	KTE-C19 T 200 M NTI-C 19 C R P T CE P T	Transplants/Gene Therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2042	TI GENLECEUCELT 600 M C R-P IT CE PER T	Transplants/Gene Therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2043	IPULEUCEL-T UT C 54 PLU	Transplants/Gene Therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2049	INJ X RUBICIN HCI LIP IMP RTE LIP X 10 MG	Healthcare dm n stered rugs	~	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to ealt plan.
Q2050	INJECTI N X RUBICIN HCL LIP M L N 10 MG	Healthcare dm n stered rugs	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥18 w th cancer d agnos s, d rect request to Evolent. For Inpat ent, non cancer d agnos s, and ped atr cs send request to ealt plan.

Q2053	BRE B GENE R POS	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2054	LM G OR EQ L O 110 MIL OL N I- D19 R-POS VI BL	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2055	IDE B GENE VI L 460MIL O B M R PL S LE K PH	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2056	IL B GENE OLE EL O 100 M B M PER D	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2057	F MI RESGENE OLE EL, IN LDNG LE K PHERESIS & DOSE PRPR N PR DRS, PER HRP DOSE	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults ≥ 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q2058	OBE B GENE R POS	ransplants/Gene therapy	Y	~ ppl es only to plans partnered w th Evolent (see healthplan scope nclus on l st n columns to the r ght). For dults > 18 w th cancer d agnos s, d rect request to Evolent. For Ped atr cs and non cancer d agnos s d rect request to the healthplan.
Q3027	INJE ION IN ERFERON BE -1 1 M G IM SE	Healthcare dm n stered Drugs	Y	
Q3028	INJE ION IN ERFERON BE -1 1 M GS BQ SE	Healthcare dm n stered Drugs	Y	
Q4074	ILOPROS INH L SOL HR DME NI DOSE O 20 M G	Healthcare dm n stered Drugs	Y	
Q4082	DR G OR BIOLOGI LNO P R B DR G P	nl sted/M scellaneous	Y	
Q4100	SKIN S BS I E NO O HERWISE SPE IFIED	nl sted/M scellaneous	Y	
Q4101	PLIGR F PER SQ M	Hyperbar c/Wo n herapy	Y	
Q4102	O SIS WO ND M RI	Hyperbar c/Wo n herapy	Y	
Q4103	O SIS B RN M RI	Hyperbar c/Wo n herapy	Y	
Q4104	IN EGR BMWWD	Hyperbar c/Wo n herapy	Y	
Q4105	IN EGR DR OR OMNIGR F	Hyperbar c/Wo n herapy	Y	
Q4107	GR F J KE	Hyperbar c/Wo n herapy	Y	
Q4108	IN EGR M RI	Hyperbar c/Wo n herapy	Y	
Q4110	PRIM RI	Hyperbar c/Wo n herapy	Y	
Q4111	G MM GR F	Hyperbar c/Wo n herapy	Y	
Q4112	YME R INJE BLE	Hyperbar c/Wo n herapy	Y	
Q4113	GR F J KE PRESS	Hyperbar c/Wo n herapy	Y	
Q4114	IN EGR FLOW BLE WO ND M RI	Hyperbar c/Wo n herapy	Y	
Q4115	LLOSKIN	Hyperbar c/Wo n herapy	Y	
Q4116	LLODERM PER SQ M	Hyperbar c/Wo n herapy	Y	
Q4117	HY LOM RI	Hyperbar c/Wo n herapy	Y	
Q4118	M RIS EM MI ROM RI	Hyperbar c/Wo n herapy	Y	
Q4121	HER SKIN PER SQ M	Hyperbar c/Wo n herapy	Y	
Q4122	DERM ELL, WM, PORO S SQ M	Hyperbar c/Wo n herapy	Y	
Q4123	LLOSKIN	Hyperbar c/Wo n herapy	Y	
Q4124	O SIS RI-L YER WO ND M RI	Hyperbar c/Wo n herapy	Y	
Q4125	R HROFLE PER SQ M	Hyperbar c/Wo n herapy	Y	

Q4126	MEMO E M E M NT NZG FT INTEGU LY E QCM	Hyperb ri / oundT er py	Y	
Q4127	T LYME	Hyperb ri / oundT er py	Y	
Q4128	FLEXH LLO TCHH O M T IX H E QCM	Hyperb ri / oundT er py	Y	
Q4130	T TTICE E QCM	Hyperb ri / oundT er py	Y	
Q4132	G FIX CO E N G FIX LCO E E QU E CM	Hyperb ri / oundT er py	Y	
Q4133	G FIX IME N G FIX L IME E QU E CM	Hyperb ri / oundT er py	Y	
Q4134	HM T IX	Hyperb ri / oundT er py	Y	
Q4135	ME I KIN	Hyperb ri / oundT er py	Y	
Q4136	EZ E M	Hyperb ri / oundT er py	Y	
Q4137	MNIOEXCEL BIO EXCEL 1 QCM	Hyperb ri / oundT er py	Y	
Q4138	BIO FENCE YFLEX, 1CM	Hyperb ri / oundT er py	Y	
Q4139	MNIO O BIO M T IX, INJ ICC	Hyperb ri / oundT er py	Y	
Q4140	BIO FENCE 1CM	Hyperb ri / oundT er py	Y	
Q4141	LLO KIN C, 1CM	Hyperb ri / oundT er py	Y	
Q4142	XCM BIOLOGIC TI M T IX 1CM	Hyperb ri / oundT er py	Y	
Q4143	E IZ , 1CM	Hyperb ri / oundT er py	Y	
Q4145	E IFIX, INJ, 1MG	Hyperb ri / oundT er py	Y	
Q4146	TEN IX, 1CM	Hyperb ri / oundT er py	Y	
Q4147	CHITECT ECM X FX 1 QCM	Hyperb ri / oundT er py	Y	
Q4148	NEOX NEOX T O CL IX CO	Hyperb ri / oundT er py	Y	
Q4149	EXCELL GEN, 0.1 CC	Hyperb ri / oundT er py	Y	
Q4150	LLOW O Y E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4151	MNIOB N O GU I N E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4152	E M U E 1 QU E CM	Hyperb ri / oundT er py	Y	
Q4153	E M VE T, LU IVE T QCM	Hyperb ri / oundT er py	Y	
Q4154	BIOV NCE 1 QU E CM	Hyperb ri / oundT er py	Y	
Q4155	NEOXFLO O CL IXFLO 1 MG	Hyperb ri / oundT er py	Y	
Q4156	NEOX 100 O CL IX 100 E QU E CM	Hyperb ri / oundT er py	Y	
Q4157	EVIT LON E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4158	KE ECI OMEG 3 E QU E CM	Hyperb ri / oundT er py	Y	
Q4159	FFINITY E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4160	NU HIEL E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4161	BIO-CONNEKT E QU E CM	Hyperb ri / oundT er py	Y	
Q4162	WOUN EX FLOW BIO KIN FLOW 0.5 CC	Hyperb ri / oundT er py	Y	
Q4163	WOUN EX BIO KIN E QU E CM	Hyperb ri / oundT er py	Y	
Q4164	HELICOLL E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4165	KE M T IX, KE O B QCM	Hyperb ri / oundT er py	Y	
Q4166	CYT L, E QU E CENTIMETE	Hyperb ri / oundT er py	Y	
Q4167	T U KIN, E Q CENTIMETE	Hyperb ri / oundT er py	Y	
Q4168	MNIOB N , 1 MG	Hyperb ri / oundT er py	Y	
Q4169	T CENT WOUN , E QCM	Hyperb ri / oundT er py	Y	
Q4170	CYGNU , E QCM	Hyperb ri / oundT er py	Y	
Q4171	INTE FYL, 1 MG	Hyperb ri / oundT er py	Y	
Q4173	LINGEN O LINGEN X LU	Hyperb ri / oundT er py	Y	
Q4174	LINGEN O OM T X	Hyperb ri / oundT er py	Y	
Q4175	MI O E M	Hyperb ri / oundT er py	Y	
Q4176	NEO TCH O THE ION, 1 QCM	Hyperb ri / oundT er py	Y	
Q4177	FLOWE MNIOFLO, 0.1 CC	Hyperb ri / oundT er py	Y	
Q4178	FLOWE MNIO TCH E QU E CM	Hyperb ri / oundT er py	Y	
Q4179	FLOWE E M E QU E CM	Hyperb ri / oundT er py	Y	

Q4180	REV ER QU RE CM	Hyperbaric/Wou d erapy	Y	
Q4181	MN O WOUND ER QU RE CM	Hyperbaric/Wou d erapy	Y	
Q4182	R N CY E ER QU RE CM	Hyperbaric/Wou d erapy	Y	
Q4183	URG GR F , 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4184	CELLE OR DUO ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4185	CELLE FLOW B MN ON 0.5CC	Hyperbaric/Wou d erapy	Y	
Q4186	E F X ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4187	E CORD ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4188	MN O RMOR 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4189	R CEN C, 1 MG	Hyperbaric/Wou d erapy	Y	
Q4190	R CEN C 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4191	RE OR G N, ER QU RE CEN ME ER	Hyperbaric/Wou d erapy	Y	
Q4192	RE OR G N, 1 CC	Hyperbaric/Wou d erapy	Y	
Q4193	COLL-E-DERM 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4194	NOV CHOR ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4195	UR LY ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4196	UR LY M ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4197	UR LY X ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4198	GENE MN O MEMBR NE 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4199	CYGNU M R X, ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4200	K N E 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4201	M R ON 1 Q CM	Hyperbaric/Wou d erapy	Y	
Q4202	KEROXX (2.5G/CC), 1CC	Hyperbaric/Wou d erapy	Y	
Q4203	DERM -G DE ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4204	XWR ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4205	MEMBR NE GR F OR MEMBR NE WR ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4206	FLU D FLOW OR FLU D GF 1 CC	Hyperbaric/Wou d erapy	Y	
Q4208	NOV F X ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4209	URGR F ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4211	MN ON B O OR XOB O Q CM	Hyperbaric/Wou d erapy	Y	
Q4212	LLOGEN, ER CC	Hyperbaric/Wou d erapy	Y	
Q4213	CEN , 0,5 MG	Hyperbaric/Wou d erapy	Y	
Q4214	CELLE CORD ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4215	XOLO L MB EN OR XOLO L CRYO 0.1 MG	Hyperbaric/Wou d erapy	Y	
Q4216	R CEN CORD ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4217	WOUNDF X B OWOUND LU X LU	Hyperbaric/Wou d erapy	Y	
Q4218	URG CORD ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4219	URG GR F -DU L ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4220	BELL CELL HD, UREDERM Q CM	Hyperbaric/Wou d erapy	Y	
Q4221	MN O WR 2 ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4222	ROGEN M R X, ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4224	HHF10- ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4225	MN O OR DERM L, ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4226	MYOWN H RV RE ROC Q CM	Hyperbaric/Wou d erapy	Y	
Q4227	MN O CORE, ER QU RE CEN ME ER	Hyperbaric/Wou d erapy	Y	
Q4229	COGENEX MN O C MEMBR NE, ER QU RE CEN ME ER	Hyperbaric/Wou d erapy	Y	
Q4230	COGENEX FLOW MN ON 0.5 CC	Hyperbaric/Wou d erapy	Y	
Q4232	COR LEX, ER Q CM	Hyperbaric/Wou d erapy	Y	
Q4233	URF C OR /NUDYN ER 0.5 CC	Hyperbaric/Wou d erapy	Y	
Q4234	XCELLER E, ER Q CM	Hyperbaric/Wou d erapy	Y	

Q4235	AMN A ALT LY SQ CM	Hyperbaric/W u d T erapy	Y	
Q4236	CA ATCH, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4237	C Y -C D, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4238	D M-MAXX SQ CM	Hyperbaric/W u d T erapy	Y	
Q4239	AMN -MAXX AMN -MAXX L T SQ CM	Hyperbaric/W u d T erapy	Y	
Q4240	C CYT F T CAL US NLY 0.5 CC	Hyperbaric/W u d T erapy	Y	
Q4241	LYCYT ,T CAL NLY 0.5CC	Hyperbaric/W u d T erapy	Y	
Q4242	AMN CYT LUS, 0.5 CC	Hyperbaric/W u d T erapy	Y	
Q4245	AMN T XT, CC	Hyperbaric/W u d T erapy	Y	
Q4246	C T XT T XT, CC	Hyperbaric/W u d T erapy	Y	
Q4247	AMN T XT ATCH, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4248	D MACYT AMN T C M MB AN ALL G AFT, SQUA C NT M T	Hyperbaric/Wou d Therapy	Y	
Q4249	AMN LY, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4250	AMN AM -M , SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4251	V M, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4252	V NDAJ SQ CM	Hyperbaric/W u d T erapy	Y	
Q4253	Z N TH AMN T C M MB AN SC	Hyperbaric/W u d T erapy	Y	
Q4254	N VAF X DL SQ CM	Hyperbaric/W u d T erapy	Y	
Q4255	GUA D, T CAL US SQ	Hyperbaric/W u d T erapy	Y	
Q4256	MLG C M L T, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4257	L S , SQ CM	Hyperbaric/W u d T erapy	Y	
Q4258	NV S , SQ CM	Hyperbaric/W u d T erapy	Y	
Q4259	C L A SQ CM	Hyperbaric/W u d T erapy	Y	
Q4260	S GNATU A ATCH, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4261	TAG, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4262	DUAL LAY M AX M MB AN SQ CM	Hyperbaric/W u d T erapy	Y	
Q4263	SU G AFT TL, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4264	C C N M MB AN , SQ CM	Hyperbaric/W u d T erapy	Y	
Q4265	N ST M TL, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4266	N ST M M MB AN , SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4267	N ST M DL, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4268	SU G AFT FT, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4269	SU G AFT XT, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4270	C M L T SL, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4271	C M L T FT, SQUA C NT M T	Hyperbaric/W u d T erapy	Y	
Q4272	SAN A, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4273	SAN AAA, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4274	SAN AC, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4275	SAN ACA, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4276	N, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4278	FF CT, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4279	V NDAJ AC, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4280	XC LL AMN MAT X, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4281	BA A SL BA A DL, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4282	CYGNUS DUAL, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4283	B VANC T -LAY B VANC 3L, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4284	D MAB ND SL, SQ CM	Hyperbaric/W u d T erapy	Y	
Q4285	NUDYN DL DL M SH SQ CM	Hyperbaric/W u d T erapy	Y	
Q4286	NUDYN SL SLW, SQ CM	Hyperbaric/W u d T erapy	Y	

Q4287	DER D DL, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4288	DER D CH, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4289	REVOSH ELD+ O, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4290	E R E WR P HYDR PER SQ C	Hyperbaric/W u d herapy	Y	
Q4291	L ELL S XT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4292	L ELL S, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4293	CESSO DL, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4294	O QU D-CORE PER SQ C	Hyperbaric/W u d herapy	Y	
Q4295	O TR -CORE OT C PER SQ C	Hyperbaric/W u d herapy	Y	
Q4296	RE OU D TR X, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4297	E ERGE TR X, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4298	CORE PRO, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4299	CORE PRO Plus PER SQ C	Hyperbaric/W u d herapy	Y	
Q4300	CESSO TL, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4301	CT V TE TR X, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4302	CO PLETE C PER SQ C	Hyperbaric/W u d herapy	Y	
Q4303	CO PLETE , PER SQ C	Hyperbaric/W u d herapy	Y	
Q4304	GR F X PLUS, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4305	ER C TR -L Y PER SQ C	Hyperbaric/W u d herapy	Y	
Q4306	ER C O C PER SQ C	Hyperbaric/W u d herapy	Y	
Q4307	ER C O , PER SQ C	Hyperbaric/W u d herapy	Y	
Q4308	S OPELL S, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4309	V TR X, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4310	PROCE T , PER 100 G	Hyperbaric/W u d herapy	Y	
Q4311	CESSO, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4312	CESSO C, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4313	DER D F , PER SQ C	Hyperbaric/W u d herapy	Y	
Q4314	REEV , PER SQ C	Hyperbaric/W u d herapy	Y	
Q4315	REGE EL K OT C E LLO	Hyperbaric/W u d herapy	Y	
Q4316	CHOPL ST PER SQ C	Hyperbaric/W u d herapy	Y	
Q4317	V TOGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4318	E-GR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4319	S OGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4320	PELLOGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4321	RE OGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4322	C REGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4323	LLOPLY, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4324	OTX, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4325	C P TCH, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4326	WOU DPLUS, PER SQU RE CE T ETER	Hyperbaric/W u d herapy	Y	
Q4327	DUO O , PER SQ C	Hyperbaric/W u d herapy	Y	
Q4328	OST, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4329	S GL Y, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4330	TOT L, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4331	XOLOTL GR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4332	XOLOTL DU LGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4333	RDEOGR FT, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4334	OPL ST 1, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4335	OPL ST 2, PER SQ C	Hyperbaric/W u d herapy	Y	
Q4336	RTECE T C, PER SQ C	Hyperbaric/W u d herapy	Y	

Q4337	ARTE E T TR E T PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4338	ARTA E T VELOS PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4339	ARTA E T VER LE PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4340	S MPL GRAFT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4341	S MPL MAX PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4342	THERAME PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4343	ERMA YTE A MATRX PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4344	TR MEMBRA E WRAP PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4345	MATR X H ALLOGRFT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4346	SHELTER M MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4347	RAMPART L MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4348	SE TRY SL MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4349	MA TLE L MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4350	PAL SA E M MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4351	E LOSE TL MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4352	OVERLAY SL MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4353	X EE TL MATR X PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4354	PAL GE UAL-LAYER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4355	AB O XPL AB O XPL HY P SQ M	Hyperbaric/Wou d T erapy	Y	
Q4356	AB O MEM AB O HY PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4357	XWRAP PLUS PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4358	XWRAP UAL PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4359	HOR PLY PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4360	AM HOPLAST F PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4361	EP XPRESS PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4362	YG US SK PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4363	AM BUR MEM HY RO PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4364	AM BUR XP MEM XPL HY P SQ M	Hyperbaric/Wou d T erapy	Y	
Q4365	AM O BUR L MEM PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4366	L AM O BUR X-MEM PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4367	AM O ORE SL PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4368	AM HOTH K PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4369	AM OPLAST 3 PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4370	AEROGUAR PER SQUARE E T METER"	Hyperbaric/Wou d T erapy	Y	
Q4371	EOGUAR PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4372	AM HOPLAST EX EL PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4373	MEMBRA E WRAP-L TE PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4375	UOGRAFT A PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4376	UOGRAFT AA PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4377	TR GRAFT FT PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4378	RE EW FT MATR X PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4379	AM O EFE FT MATR X PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4380	A VOGRAFT O E PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4382	A VOGRAFT UAL PER SQUARE E T METER	Hyperbaric/Wou d T erapy	Y	
Q4383	AXOLOTL GRAFT ULT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4384	AXOLOTL UAL ULT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4385	APOLLO FT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4386	A ESSO TR FA A PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4387	EOTHEL UM FT PER SQ M	Hyperbaric/Wou d T erapy	Y	
Q4388	EOTHEL UM 4L PER SQ M	Hyperbaric/Wou d T erapy	Y	

Q4389	NEO E M 4 + PER SQ CM	yperbaric/W u d erapy	Y	
Q4390	ASCEND ON PER SQ CM	yperbaric/W u d erapy	Y	
Q4391	AMN OP AS DO B E PER SQ CM	yperbaric/W u d erapy	Y	
Q4392	GRAF X D O PER SQ CM	yperbaric/W u d erapy	Y	
Q4393	S RGRAF AC PER SQ CM	yperbaric/W u d erapy	Y	
Q4394	S RGRAF ACA PER SQ CM	yperbaric/W u d erapy	Y	
Q4395	ACE AGRAF PER SQ CM	yperbaric/W u d erapy	Y	
Q4396	NA A N PER SQ CM	yperbaric/W u d erapy	Y	
Q4397	S MM AAA PER SQ CM	yperbaric/W u d erapy	Y	
Q5098	NJ, S EK N MAB-SR F ( M DOSA), B OS M AR, 1 MG	ealthcare Admi istered Drugs	Y	
Q5099	NJ, S EK N MAB-S BA (S EQEYMA), B OS M AR, 1 MG	ealthcare Admi istered Drugs	Y	
Q5100	NJ, S EK N MAB-KFCE (YES N EK), B OS M AR, 1 MG	ealthcare Admi istered Drugs	Y	
Q5101	NJEC ON F GRAS M B OS M AR 1 MCG	ealthcare Admi istered Drugs	~	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5103	NJEC ON NF X MAB-DYYB B OS M AR 10 MG	ealthcare Admi istered Drugs	Y	
Q5104	NJEC ON NF X MAB-ABDA B OS M AR 10 MG	ealthcare Admi istered Drugs	Y	
Q5106	NJEC ON EPOE N A FA-EPBX B OS M AR 1000	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5107	NJEC ON BEVAC Z MAB-AWWB B OS M AR 10 MG	ealthcare Admi istered Drugs	Y	Bevacizumab whe billed for i traocular i jectio does ot require PA. ~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5108	NJEC ON PEGF GRAS M-JMDB B OS M AR 0.5 MG	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5110	NJEC ON F GRAS M-AAF B OS M AR 1 MCG	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5111	NJEC ON PEGF GRAS M-CBQV B OS M AR 0.5 MG	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5112	NJEC ON RAS Z MAB-D B B OS M AR 10 MG	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .
Q5113	NJEC ON RAS Z MAB-PKRB B OS M AR 10 MG	ealthcare Admi istered Drugs	Y	~Applies o ly to pla s part ered with Evole t (see healthpla scope i clusio list i colum s to the right). For Adults ≥18 with ca cer diag osis, direct request to Evole t. For patie t, o ca cer diag osis, a d pediatrics se d request to ealt pla .

Q5114	INJE I N S UZUM B-DKS BI SIMIL 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5115	INJE I N I UXIM B- BBS BI SIMIL 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5116	INJE I N, S UZUM G-QYYP, BI SIMIL ,( ZIME ), 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5117	INJE I N, S UZUM B- NNS, BI SIMIL (K NJIN I), 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5118	INJE I N, BEV IZUM B-BVZ , BI SIMIL ,(ZI BEV), 10 MG	Healthca e dministe ed D ugs	Y	Bevacizumab when billed fo int aocula injection does not equi e P . ~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5119	INJE I N, I UXIM B-PVV , BI SIMIL ,( UXIEN E), 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5120	INJE I N, PEGFILG S IM-BMEZ, BI SIMIL ,(ZIEX ENZ ), 0.5 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5121	IJNE I N, INFLIXIM B- XXQ, BI SIMIL ,( VS L ), 10 MG	Healthca e dministe ed D ugs	Y	
Q5122	INJE I N, PEGFILG S IM- PGF, BI SIMIL ,(NYVEP I ), 0.5 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5123	INJE I N I UXIM B- X BI SIMIL 10 MG	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5124	INJE I N NIBIZUM B-NUN BS BY VIZ 0.1 MG	Healthca e dministe ed D ugs	Y	
Q5125	INJ FILG S IM- Y W BI SIMIL ELEUK 1 M G	Healthca e dministe ed D ugs	Y	~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.
Q5126	BEV IZUM B-M LY, BI SIMIL	Healthca e dministe ed D ugs	Y	Bevacizumab when billed fo int aocula injection does not equi e P . ~ pplies only to plans pa tne ed with Evolent (see healthplan scope inclusion list in columns to the ight). Fo dults ≥18 with cance diagnosis, di ect equest to Evolent. Fo Inpatient, non cance diagnosis, and pediat ics send equest to ealt lan.

Q5127	INJ I N P GFILGRAS IM-FPGK (S IMUF ND) BI SIMILAR 0.5 MG	H althcar Administ r d Drugs	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5128	INJ I N RANIBIZUMAB- QRN ( IM RLI) BI SIMILAR 0.1 MG	H althcar Administ r d Drugs	Y	
Q5129	INJ I N B VA IZUMAB-AD D (V GZ LMA) BI SIMILAR 10 MG	H althcar Administ r d Drugs	Y	B vacizumab wh n bill d for intraocular inj ction do s not r quir PA. ~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5130	INJ I N P GFILGRAS IM-PBBK (FYLN RA) BI SIMILAR 0.5 MG	H althcar Administ r d Drugs	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5133	INJ I N ILIZUMAB-BAVI ( FID N ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5134	INJ I N NA ALIZUMAB-SZ N ( YRUK ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5135	INJ ILIZUMAB-AAZG ( Y NN ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5136	INJ D N SUMAB-BBDZ (JUBB N I/WY S ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5137	INJ US KINUMAB-AUUB (W ZLANA) BI SIMILAR SUB U AN US 1 MG	H althcar Administ r d Drugs	Y	
Q5138	INJ US KINUMAB-AUUB (W ZLANA) BI SIMILAR IN RAV N US 1 MG	H althcar Administ r d Drugs	Y	
Q5140	INJ ADALIMUMAB-FKIP BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5141	INJ ADALIMUMAB-AA Y BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5142	INJ ADALIMUMAB-RYVK BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5143	INJ ADALIMUMAB-ADB M BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5144	INJ ADALIMUMAB-AA F (IDA I ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5145	INJ ADALIMUMAB-AFZB (ABRILADA) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5146	INJ RAS UZUMAB-S RF (H R SSI) BI SIMILAR 10 MG	H althcar Administ r d Drugs	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5147	INJ AFLIB R P -AYYH (PAVBLU) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5148	INJ FILGRAS IM- XID (NYP ZI) BI SIMILAR 1 MI R GRAM	H althcar Administ r d Drugs	Y	~Appli s only to plans partn r d with vol nt (s h althplan scop inclusion list in columns to th right). For Adults ≥18 with canc r diagnosis dir ct r qu st to vol nt. For Inpati nt non canc r diagnosis and p diatrics s nd r qu st to h a thp a
Q5149	INJ I N AFLIB R P -ABZV ( NZ VU) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5150	INJ AFLIB R P -MRBB (AHZAN IV ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5151	INJ ULIZUMAB-AAGH ( PYSQLI) BI SIMILAR 2 MG	H althcar Administ r d Drugs	Y	
Q5152	INJ ULIZUMAB-A B (BK MV) BI SIMILAR 2 MG	H althcar Administ r d Drugs	Y	
Q5153	INJ AFLIB R P -YSZY ( PUVIZ) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5154	INJ MALIZUMAB-IG ( MLY L ) BI SIMILAR 5 MG	H althcar Administ r d Drugs	Y	
Q5155	INJ AFLIB R P -JBVF (Y SAFILI) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	
Q5156	INJ ILIZUMAB-AN H (AV ZMA) BI SIMILAR 1 MG	H althcar Administ r d Drugs	Y	

Q5157	INJ, N MAB-BMW ( T B CL / NV LT), BI IMILAR, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans parnered with volen (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to volen. For Inpatient, non cancer diagnosis, and pediatric send request to health.
Q5158	INJ, N MAB-BNHT (B MYNTRA/C N XX NC), BI IMILAR, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans parnered with volen (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to volen. For Inpatient, non cancer diagnosis, and pediatric send request to health.
Q5159	INJ, N MAB- B ( P MYV/XBRYK), BI IMILAR, 1 MG	Healthcare Administered drugs	Y	~Applies only to plans parnered with volen (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to volen. For Inpatient, non cancer diagnosis, and pediatric send request to health.
Q5160	INJ, B VACIZ MAB-NWG (J B VN), BI IMILAR, 10 MG	Healthcare Administered drugs	Y	Bevacizumab when billed for intracocular injection does not require PA. ~Applies only to plans parnered with volen (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to volen. For Inpatient, non cancer diagnosis, and pediatric send request to health.
Q9996	INJ, T KIN MAB-TTW (PYZCHIVA), BC TAN, 1 MG	Healthcare Administered drugs	Y	
Q9997	INJ, T KIN MAB-TTW (PYZCHIVA), INTRAVEN, 1 MG	Healthcare Administered drugs	Y	
Q9998	INJ, T KIN MAB-A KN (LAR I), 1 MG	Healthcare Administered drugs	Y	
Q9999	INJ, T KIN MAB-AA Z ( T LFI), BI IMILAR, 1 MG	Healthcare Administered drugs	Y	
0013	K TAMIN, NAAL PRAY, 1 MG	Healthcare Administered drugs	Y	
0122	INJECTI N M N TR PIN 75 I	Healthcare Administered drugs	Y	
0126	INJECTI N F LLITR PIN ALFA 75 I	Healthcare Administered drugs	Y	
0128	INJECTI N F LLITR PIN B TA 75 I	Healthcare Administered drugs	Y	
0132	INJECTI N GANIR LIXAC TAT 250 MCG	Healthcare Administered drugs	Y	
0145	INJECTI N P GYLAT INT RF R N ALFA2A 180 MCG P R ML	Healthcare Administered drugs	Y	
0148	INJECTI N P GYLAT INT RF R N ALFA-2B 10 MCG	Healthcare Administered drugs	Y	
0156	X M TAN 25 MG	Healthcare Administered drugs	~	~Applies only to plans parnered with volen (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to volen. For Inpatient, non cancer diagnosis, and pediatric send request to health.
0157	B CAPL RMIN G L 0.01PCT 0.5 GM	Healthcare Administered drugs	Y	
0189	T T T R N P LL T 75 MG	Healthcare Administered drugs	Y	
0201	PARTIALH PITLZTN RVIC N R 24 HR P R I M	Behavioral/Mental Health, Alcohol-Chemical dependency	Y	
0590	INT GRALL N RVIC MI C RVIC R P RT P	Infused/Miscellaneous	Y	
1034	ARTIF PANCR A VC Y THAT CMNCT W ALL VC	urable Medical equipment ( M )	Y	
1035	N R; INVA V PBL ARTIF PANCR A VC Y	urable Medical equipment ( M )	Y	
1036	TRAN MITT R; XT W ARTIF PANCR A VC Y	urable Medical equipment ( M )	Y	
1037	R C IV R; XT RNAL W ARTIF PANCR A VC Y	urable Medical equipment ( M )	Y	
1040	CRANIAL R M L ING RTH TIC P RIGI C T M FAB	Prosthetics & orthotics	Y	
1091	T NT N NC R NARYT MP RARY WITH LIV RY Y T M	Healthcare Administered drugs	Y	
2053	TRAN PLANTATI N MALLINT TIN AN LIV R ALL GRAFT	Transl s/Ge eTher y	Y	
2054	TRAN PLANTATI N FM LTIVI C RAL RGAN	Transl s/Ge eTher y	Y	
2055	HARV T N R MX-VI C RAL RGAN; CA V R N R	Transl s/Ge eTher y	Y	
2060	L BAR L NG TRAN PLANTATI N	Transl s/Ge eTher y	Y	
2061	N RL B CT MYF R TRAN PLANTATI N LIVING N R	Transl s/Ge eTher y	Y	
2065	IM LTAN PANCR A KI N Y TRAN PLANTATI N	Transl s/Ge eTher y	Y	
2095	TRN CATH CCL MB LIZ T MR TR C P RQ M TH I	P Hosp/Amb urgery Cen er (A C) procedures	Y	

S2107	ADO MMUNO H RA Y R COUR S OF R A M N	ransplants/ ene erapy	Y	
S2118	M L-ON-M L O H R SRFC AC AB AND F M CM N	O Hosp/Amb Surgery Center (ASC) rocedures	Y	
S2140	CORD BLOOD HAR S NG RANS LAN A ON ALLOG N C	ransplants/ ene erapy	Y	
S2142	CORD BLD-D R D S M-C LL LN ALLOG N C	ransplants/ ene erapy	Y	
S2150	BN MARROW BLD D R D S M C LLS HAR LN AND COM	ransplants/ ene erapy	Y	
S2152	SOL D ORGAN; RANS LAN A ON AND R LA D COM	ransplants/ ene erapy	Y	
S5150	UNSK LL D R S CAR NO HOS C ; R 15 M N	Home Healt Care Services	Y	A required after 7 days per calendar year
S5151	UNSK LL D R S CAR NO HOS C ; R D M	Home Healt Care Services	Y	A required after 7 days per calendar year
S5165	HOM MOD F CA ONS; R S R C	Home Healt Care Services	Y	
S8990	HYS CAL MAN X MA N RA H R HAN R S ORA ON	ysical, Occupational, and Speec erapy	Y	For /O , A required after initial evaluation + 12 visits/year (12 visits allowed for eac discipline).
S9090	R BRAL AX ALD COM R SS ON R S SS ON	ysical, Occupational, and Speec erapy	Y	For /O , A required after initial evaluation + 12 visits/year (12 visits allowed for eac discipline).
S9110	L MON OR N HOM ALL N C QU ; R MON H	Unlisted/Miscellaneous	Y	
S9122	HOM HL H A D /C R NURS ASS RO CAR HOM; /HR	Home Healt Care Services	Y	
S9123	NURS NG CAR H HOM ;R G S R D NURS R HOUR	Home Healt Care Services	Y	
S9124	NURS NG CAR N H HOM ; BY L N R HOUR	Home Healt Care Services	Y	
S9128	S CH H RA Y N H HOM RD M	Home Healt Care Services	Y	
S9129	OCCU A ONAL H RA Y N H HOM RD M	Home Healt Care Services	Y	
S9131	HYS CAL H RA Y; N H HOM RD M	Home Healt Care Services	Y	
S9432	M D CAL FOODS FOR NON NBORN RRORS OF M ABOL SM	Unlisted/Miscellaneous	Y	
S9472	CARD R HAB ROGM NON- HYS C AN RO D R RD M	ysical, Occupational, and Speec erapy	Y	Allow first visit for cardiopulmonary re ab wit out A. All additional visits will require A w ere covered.
S9473	ULM R HAB ROGM NON- HYS C AN RO D R RD M	ysical, Occupational, and Speec erapy	Y	Allow first visit for cardiopulmonary re ab wit out A. All additional visits will require A w ere covered.
S9476	S BULAR R HAB ROGM NON- HYS C AN RO -D M	ysical, Occupational, and Speec erapy	Y	For /O , A required after initial evaluation + 12 visits/year (12 visits allowed for eac discipline).
S9480	N NS O SYCHA R CS R CS RD M	Be avioral/Mental Healt , Alco ol-C emical Dependeny	Y	No A required for first 16 units.
S9977	M ALS RD M NO O H RWS S CF D	Home Healt Care Services	Y	
1002	RNS R C S U O 15 M NU S	Home Healt Care Services	Y	
1003	L N L NS R C S U O 15 M NU S	Home Healt Care Services	Y	
1005	R S CAR S R C S U O 15 M NU S	Home Healt Care Services	Y	A required after 7 days per calendar year
1022	CON RAC HOM H AL H SR C UND R CON RAC DAY	Home Healt Care Services	Y	
1030	NURS NG CAR N H HOM RN RD M	Home Healt Care Services	Y	
1031	NURS NG CAR N H HOM BY L N RD M	Home Healt Care Services	Y	
2050	F NANC AL MANAG M N S LF-D R C D WA R; D	Unlisted/Miscellaneous	NC	
2051	SU OR S BROK RAG S LF-D R C D WA R; D	Unlisted/Miscellaneous	NC	
5999	SU LY NO O H RWS S CF D	Unlisted/Miscellaneous	Y	
2524	CON AC L NS H S H CADD RL NS	Unlisted/Miscellaneous	Y	
2799	S ON M OR S R C M SC LLAN OUS	Unlisted/Miscellaneous	Y	
5171	H AR NG A D CON RALA ROU D C MONAURAL	Durable Medical quipment (DM )	Y	
5172	H AR NG A D CON RALA ROU D C MONAURAL C	Durable Medical quipment (DM )	Y	
5181	H AR NG A D CON RALA RAL ROU D C MONAURAL B	Durable Medical quipment (DM )	Y	
5211	H AR NG A D CN RL RL ROU SYS B NAURAL /	Durable Medical quipment (DM )	Y	
5212	H AR NG A D CON RALA ROU SYS B NAURAL C	Durable Medical quipment (DM )	Y	
5213	H AR NG A D CON RL RL ROU SYS B NAURAL /B	Durable Medical quipment (DM )	Y	
5214	H AR NG A D CON RALA ROU SYS B NAURAL C C	Durable Medical quipment (DM )	Y	
5215	H AR NG A D CON RALA ROU SYS B NAURAL C B	Durable Medical quipment (DM )	Y	
5221	H AR NG A D CON RL RL ROU SYS B NAURAL B /B	Durable Medical quipment (DM )	Y	

V5298	HEA	A	OT OTHE W SE CLASS F E	Unlisted/Miscell neous	Y	
V5299	HEA	SE	V CE M SCELLA EOUS	Unlisted/Miscell neous	Y	