2026 MHI Code Matrix Updates

Q3 2026 Updates

REQ#	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLAN(S)	LOB(S)	NOTES
3024	3/6/2026	7/1/2026	Imaging & Special Tests	Add (PA)	70471	MHI/All	All	New PA
3006	2/12/2026	7/1/2026	Behavioral/Mental Health, Alcohol-Chemical Dependency	Add (PA)	90867, 90868, 90869, 90870	MKY	Medicaid	New PA
3025	3/11/2026	7/1/2026	Durable Medical Equipment (DME)	Add (PA)	L2221,A8005,A8006,E0738	MHI	All	New PA
3050	4/9/2026	7/1/2026	OP Hosp/Amb Surgery Center (ASC) procedures	Add (PA)	37292, 37294, 37296, 37298, 92930	MHI	All	Add PA for Evolent Cardiology partnered plans:
3061	4/21/2026	7/1/2026	Healthcare Administered Drugs	Add (PA)	J2789, J1577, J1289, J0528, J2361, J7176, Q5168, Q5170, Q5164 J9037, J9062, Q5171, Q5165, Q5166, Q5167, Q5169, J9232	MHI/All -	All	Codes J9037, J9062, Q5171, Q5165, Q5166, Q5167, Q5169, J9232 are delegated to Evolent Oncology partnered plans
3059	4/21/2026	7/1/2026	Transplants/Gene Therapy	Deleted/Invalid Codes	C9309	MHI	All	Deleted / Invalid Codes
3057	4/21/2026	7/1/2026	Transplants/Gene Therapy	Add (PA)	J3405, J3386	MHI	Medicare, Medicaid	New PA

KENTUCKY PA CODE EXCEPTIONS

Effective Q3, 2026

Healthcare Administered Drugs: (800) 578-0775 / Fax: 844-802-1406 Invoice with actual acquisition cost may be required for high-cost drugs (annual treatment cost of $500k). **Advanced Imaging**: Fax requests to: (877) 731-7218

Home Infusion: Drugs administered in the home (POS 12) are to be billed to the MedImpact pharmacy benefit at: (844) 336-2676 / Fax: (858) 357-2612

Transplants: Phone: (855) 714-2415 / Fax: (877) 813-1206

Select Cardiology and Oncology Authorizations (for adults over 18 only): Evolent: Cardiology: 1-877-370-0963 / Medical Oncology: 1-877-230-4493 / Radiation Oncology: 1-877-380-7848 / Website: https://carepro.evolent.com. For Drugs with Not otherwise specified code, please refer to Evolent Code listing to determine if it is a code reviewed by Evolent. If requesting a drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information.

Non-Par Providers/Facilities: PA is required for office visits, procedures, labs, diagnostic studies, and inpatient stays except for: Emergency and Urgent Care claims.

Maternity: Authorization is required for NVD > 3 days (auth required on day 4) and C section > 5 days (auth required on day 6).

Authorization is required for baby if baby stays > 5 days; Authorization is required for ANY NICU admission regardless of length of stay (Authorization via Progeny).

Home Healthcare Services

Medicaide: Skilled Nursing Visits: Requires authorization after initial evaluation plus six (6) visits per calendar year per member. Coverage of HH Supplies is per the DMS fee schedules

Therapy: Outpatient Therapy Services: Physical, Occupational and Speech Therapy : office and outpatient settings

Requires authorization after initial evaluation plus twenty (20) visits per calendar year per member

Sleep Study: Prior auth required except for Home Sleep Study

EPSDT Special Services (SS)

Codes listed as non-covered or not on DMS fee schedules may be considered for coverage under EPSDT SS and require prior authorization

For coverage of codes, refer to the Kentucky Department of Medicaid Services Fee Schedules at:

Fee Schedules - Cabinet for Health and Family Services (ky.gov)

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4206	Y		SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4207	Y		SYRINGE WITH NEEDLE STERILE 2 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4208	Y		SYRINGE WITH NEEDLE STERILE 3 CC EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4209	Y		SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4230	Y		INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4231	Y		INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4250	Y		URINE TEST OR REAGENT STRIPS OR TABLETS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4253	Y		BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4259	Y		LANCETS PER BOX OF 100	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4310	Y		INSERTION TRAY W/O DRAIN BAG AND W/O CATHETER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4311	Y		INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4320	Y		IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4322	Y		IRRIGATION SYRINGE BULB OR PISTON EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4326	Y		MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4338	Y		INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4344	Y		INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4353	Y		INTERMIT URINARY CATHETER W/INSERTION SUPPLIES	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4356	Y		EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4357	Y		BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4361	Y		OSTOMY FACEPLATE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4362	Y		SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4366	Y		OSTOMY VENT ANY TYPE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4367	Y		OSTOMY BELT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4398	Y		OSTOMY IRRIGATION SUPPLY; BAG EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4399	Y		OSTOMY IRRIGATION SUPPLY; CONE/CATH W/WO BRUSH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4400	Y		OSTOMY IRRIGATION SET	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4402	Y		LUBRICANT, PER OZ	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4404	Y		OSTOMY RING EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4416	Y		OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4417	Y		OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4418	Y		OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4419	Y		OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4420	Y		OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4423	Y		OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4424	Y		OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4425	Y		OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4426	Y		OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4427	Y		OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4428	Y		OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A4429	Y		OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4430	Y		OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4431	Y		OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4432	Y		OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4433	Y		OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4434	Y		OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4435	Y		OST POUCH DRAIN HI OP EXT WEAR BARR W/WO FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4606	Y		OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4623	Y		TRACHEOSTOMY INNER CANNULA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4624	Y		TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4625	Y		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A4626	Y		TRACHEOSTOMY CLEANING BRUSH EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5051	Y		OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5052	Y		OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5053	Y		OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5054	Y		OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5055	Y		STOMA CAP	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5057	Y		OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5061	Y		OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5062	Y		OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5063	Y		OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5071	Y		OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5072	Y		OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5073	Y		OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5081	Y		STOMA PLUG OR SEAL ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
A5082	Y		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5093	Y		OSTOMY ACCESSORY; CONVEX INSERT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5102	Y		BEDSIDE DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5114	Y		LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5121	Y		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5122	Y		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5126	Y		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5131	Y		APPLINC CLNR INCONT AND OSTOMY APPLINCS PER 16 OZ	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5500	Y		DIAB ONLY FIT CSTM PREP AND SPL SHOE MX DNSITY INSRT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5501	Y		DIAB ONLY FIT CSTM PREP AND SPL SHOE MOLD PTS FT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5503	Y		DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5504	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5505	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5506	Y		DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5507	Y		DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5508	Y		DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5510	Y		DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5512	Y		FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A5513	Y		DIA ONLY MX DEN INSRT CSTM FRM MDL PT FT CF EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A6545	Y		GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7048	Y		VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7522	Y		TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7525	Y		TRACHEOSTOMY MASK EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
A7526	Y		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0140	Y		WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
E0167	Y		PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0200	Y		HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0205	Y		HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0210	Y		ELECTRIC HEAT PAD STANDARD	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0215	Y		ELECTRIC HEAT PAD MOIST	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0225	Y		HYDROCOLLATOR UNIT INCLUDES PADS	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0239	Y		HYDROCOLLATOR UNIT PORTABLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0275	Y		BED PAN STANDARD METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0276	Y		BED PAN FRACTURE METAL OR PLASTIC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0325	Y		URINAL; MALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0326	Y		URINAL; FEMALE JUG-TYPE ANY MATERIAL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0480	Y		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0570	Y		NEBULIZER WITH COMPRESSOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0572	Y		AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0574	Y		ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0575	Y		NEBULIZER ULTRASONIC LARGE VOLUME	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0580	Y		NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0585	Y		NEBULIZER WITH COMPRESSOR AND HEATER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0600	Y		RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0607	Y		HOME BLOOD GLUCOSE MONITOR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0776	Y		IV POLE	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0781	Y		AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E0935	Y		CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2100	Y		BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2359	Y		PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
E2360	Y		PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2362	Y		PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2363	Y		PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2364	Y		PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
E2365	Y		PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
K0001	Y		STANDARD WHEELCHAIR	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
S8189	Y		TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4521	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4522	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4523	Y		ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4524	Y		ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4525	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4526	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4527	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4528	Y		ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4529	Y		PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4530	Y		PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4531	Y		PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4532	Y		PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4533	Y		YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4534	Y		YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4535	Y		DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4537	Y		INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4540	Y		INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4541	Y		INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
T4542	Y		INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4543	Y		ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
T4544	Y		ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	Durable Medical Equipment (DME)	Prior authorization is required for quantities above limits outlined in state fee schedule.	
81381	Y		HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	Genetic Counseling & Testing		
C9399	Y		UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Requests for Duvyzat, Ojemda and Tryngolza should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676	
J1000		Y	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1050		Y	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1071		Y	INJECTION TESTOSTERONE CYPIONATE 1 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1072		Y	INJ, TESTOSTERONE CYPIONATE (AZMIRO), 1MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1380		Y	INJECTION ESTRADIOL VALERATE UP TO 10 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1410		Y	INJECTION ESTROGEN CONJUGATED PER 25 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J1435		Y	INJECTION ESTRONE PER 1 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J2326	Y		INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)	
J3121		Y	INJECTION TESTOSTERONE ENANTHATE 1 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
J3399	Y		INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Healthcare Administered Drugs	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)	
J3490	Y		UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Requests for Duvyzat, Forzinity,Miplyffa, Ojemda, Tryngolza, Vykat XR and Zokinvy should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676.	
J3590	Y		UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Requests for Duvyzat, Forzinity,Miplyffa, Ojemda, Tryngolza, Vykat XR and Zokinvy should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676.	
J7318	NC		HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.	
J7320	NC		HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.	
J7322	NC		HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.	
J7325	NC		HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.	
J7326	NC		HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	This J code is not covered. Please submit J7321, J7323, or J7324 for medical necessity review.	
J8499	Y		PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Requests for Duvyzat, Forzinity,Miplyffa, Ojemda, Tryngolza, Vykat XR and Zokinvy should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676.	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
J8999	Y		PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Requests for Duvyzat, Forzinity,Miplyffa, Ojemda, Tryngolza, Vykat XR and Zokinvy should be directed to MedImpact. MedImpact Clinical Call Center: 844-336-2676.	
J9217		Y	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495.	
S0138		Y	FINASTERIDE 5 MG	Healthcare Administered Drugs	Medicaid: Not covered for certain indications as per House Bill 495. Marketplace: Prior authorization required for members under 18 years of age.	
T1000		Y	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services		
92507	Y		TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
92508	Y		TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
92630	Y		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
92633	Y		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97110	Y		THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97112	Y		THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97113	Y		THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97116	Y		THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97124	Y		THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97129	Y		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
97130	Y		THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
97140	Y		MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97150	Y		THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97530	Y		THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in KAR 8:040 will not require PA	
97533	Y		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
97535	Y		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year. Services outlined in SB 111 or KAR 8:040 will not require PA	
97763	Y		ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	PA required after 20 visits per calendar year.	
L0190	Y		CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes	PA Effective Date
L0200	Y		CERV MX POST COLLR OCCIP/MAND ADJ CERV AND THOR EXT	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	
L0468	Y		TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	
L0470	Y		TLSO TRIPLANAR POST FRME AND ANT APRON W/STRAP PRFAB	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	
L0472	Y		TLSO TRIPLANAR HYPREXT RIGD ANT AND LAT FRME PRFAB	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	
L0492	Y		TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per year	
L3030	Y		FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Prosthetics & Orthotics	PA required above quantity limit: 2 units per foot per year	
L7364	Y		TWELVE VOLT BATTERY EACH	Prosthetics & Orthotics	PA required above quantity limit: 2 units per year	
L7366	Y		BATTERY CHARGER 12 VOLT EACH	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per 4 years	
L7368	Y		LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	Prosthetics & Orthotics	PA required above quantity limit: 1 unit per 4 years	
L8000	Y		BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM	Prosthetics & Orthotics	PA required above quantity limit: 5 units per year	
L8001	Y		BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI	Prosthetics & Orthotics	PA required above quantity limit: 5 units per year	
L8002	Y		BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL	Prosthetics & Orthotics	PA required above quantity limit: 5 units per year	
L8020	Y		BREAST PROSTHESIS MASTECTOMY FORM	Prosthetics & Orthotics	PA required above quantity limit: 2 units per year	
L8030	Y		BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES	Prosthetics & Orthotics	PA required above quantity limit: 2 units per year	
J3405			INJ, ONASEMNOGENE ABEPARVOVECBRVE, PER TRMNT	Transplants/Gene Therapy	Medicaid: Requests for this drug should be directed to MedImpact (Portal: kyportal.medimpact.com or Phone: 1-844-336-2676 or Fax: 1-858-357-2612)	
B4034	Y		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Unlisted/Miscellaneous	PA required above quantity limit: 1 unit per calendar month	
B4036	Y		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Unlisted/Miscellaneous	PA required above quantity limit: 1 unit per calendar month	
B4100	Y		FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	Unlisted/Miscellaneous	PA required above quantity limit: 180 units (oz) per calendar month	
B4220	Y		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	Unlisted/Miscellaneous	PA required above quantity limit: 1 unit per calendar month	
B4222	Y		PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	Unlisted/Miscellaneous	PA required above quantity limit: 1 unit per calendar month	
B4224	Y		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	Unlisted/Miscellaneous	PA required above quantity limit: 1 unit per calendar month	
H2015	Y		COMP COMM SUPP SVC, 15 MIN	Unlisted/Miscellaneous		
G2082					Services covered under pharmacy benefit only.	
G2083					Services covered under pharmacy benefit only.	
J0013					Services covered under pharmacy benefit only.	
J2675					Medicaid: Not covered for certain indications as per House Bill 495.	

PASSPORT BY MOLINA HEALTHCARE

Medicaid Prior Auth (PA) Code Matrix — Effective Q3, 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 (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.

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

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

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	PA Effective Date	Evolent KY 1/1/21 Cardiology Adult 18+	Evolent KY 10/1/22 Oncology Adult 18+
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).			
80306	DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).			
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Presumptive urine drug testing is limited to 35 tests per calendar year (includes any combination of 80305, 80306, 80307).	Pre-Q3 2025		
90867	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158).			
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Definitive urine drug testing is limited to 16 tests per calendar year (includes any combination of G0408, G0481, G0482, G0483, G0659).			

H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H0015	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.			
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Six (6) auth free dates of service per Calander year. Auth required after six.			
H0038	Peer Support Services	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		Six (6) auth free dates of service. Auth required after six.			
H2015	Comprehensive Community Supports	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2019	THERAPEUTIC BEHAVIORAL SERVICES UNITS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2027	Psychoeducation	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No prior authorization required for first 100 units per member per calendar year * After 7/15 : This code will no longer be a covered code - UM will not review			
H2034	Alcohol and/or drug abuse halfway house services, per diem	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		No PA required for first 16 units.			
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y					
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	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	Cosmetic, Plastic & Reconstructive 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	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y					
15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Y					
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Y					
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Y					
15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y					
15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Y					
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	Y					
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y					
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y					
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y					
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y					

15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y					
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y					
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y					
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y					
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y					
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y					
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y					
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y					
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y					
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y					
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19303	MASTECTOMY SIMPLE COMPLETE	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnoses.			
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y					
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y					
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y					
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y					
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y					
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y					
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y					
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y					
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y					
67900	REPAIR BROW PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y					
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Cosmetic, Plastic & Reconstructive Procedures	Y					
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y					
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Cosmetic, Plastic & Reconstructive Procedures	Y					
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y					
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y					
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y					
67909	REDUCTION OVERCORRECTION PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y					
67950	CANTHOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y					
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	Y					
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
A8005	GRIP GLOVE W MICROPROCESSOR	Durable Medical Equipment (DME)	Y			7/1/2026		
A8006	GRIP GLOVE REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y			7/1/2026		
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y					
A9276	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	Y					
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y					
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y					

E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y					
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y					
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y					
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	Y					
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	Y					
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y					
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y					
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y					
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y					
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y					
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y					
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y					
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y					
E0301	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y					
E0302	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTTRSS	Durable Medical Equipment (DME)	Y					
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y					
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y					
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Durable Medical Equipment (DME)	Y					
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y					
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y					
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	Y					
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y					
E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y					
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y					
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y					
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y					
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y					
E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	Durable Medical Equipment (DME)	Y					
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	Y					
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	Y					
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	Y					
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	Y					
E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y					
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	Y					
E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y					
E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y					
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME)	Y					
E0638	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Durable Medical Equipment (DME)	Y					
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	Y					
E0641	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	Y					
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME)	Y					
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	Y					
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y					
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y					
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y					
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y					
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y					
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y					
E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	Y					
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y					
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y					
E0738	UPPER EXTREMITY REHAB	Durable Medical Equipment (DME)	Y			7/1/2026		
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y					
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y					
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y					
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y					
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y					

E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y					
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y					
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y					
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y					
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y					
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y					
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y					
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y					
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y					
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y					
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y					
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y					
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y					
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y					
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y					
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	Y					
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y					
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y					
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y					
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y					
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y					
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y					
E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	Y					
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).			
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y					
E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	Durable Medical Equipment (DME)	Y					
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	Y					
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y					
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y					
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y					
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y					
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y					
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y					
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y					
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y					
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y					
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	Y					
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	Y					
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y					
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y					
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y					
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y					
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y					
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y					

E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y					
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y					
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y					
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y					
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y					
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y					
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y					
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y					
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME)	Y					
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y					
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y					
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y					
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y					
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y					
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	Y					
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	Y					
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y					
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y					
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y					
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y					
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y					
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0009	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	Y					
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y					
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y					
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y					
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y					
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y					
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y					
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y					
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y					
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y					
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y					
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y					
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y					
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y					
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					

K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	Y					
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y					
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y					
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y					
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y					
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y					
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y					
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y					
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y					
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y					
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y					
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y					
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y					
K1007	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Durable Medical Equipment (DME)	Y					
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y					
L2221	ANK MCROP PLANT & DORSI FLEX	Durable Medical Equipment (DME)	Y			7/1/2026		
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	Y					
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y					
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y					
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y					
V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y					
V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	Y					
V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	Y					
V5211	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	Y					
V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y					
V5213	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	Y					
V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	Y					
V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	Y					
V5221	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	Y					
20561	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	Experimental/Investigational	Y					
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	Y					
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	Y					
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Experimental/Investigational	Y					

31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Experimental/Investigational	Y					
43290	EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	Experimental/Investigational	Y					
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y					
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y					
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y					
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y					
0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y					
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y					
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y					
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y					
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y					
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y					
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y					
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y					
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	Experimental/Investigational	Y					
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	Experimental/Investigational	Y					
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	Experimental/Investigational	Y					
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Experimental/Investigational	Y					
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Experimental/Investigational	Y					
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Experimental/Investigational	Y					
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y					
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y					
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y					
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	Y					
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y					
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	Y					
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	Y					
C9785	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	Y					
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y					
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y					
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y					
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y					
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y					
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y					
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y					
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y					
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y					
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y					
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y					
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y					
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y					

81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y						
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y						
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y						
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y						
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y						
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y						
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y						
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y						
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y						
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y						
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y						
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y						
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y						
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y						
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y						
81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	Genetic Counseling & Testing	Y						
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y						
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y						
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y						
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y						
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y						
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y						
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y						
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y						
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y						
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y						
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y						
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y						
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y						
81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	Y						
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y						
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y						
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y						
81449	SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	Genetic Counseling & Testing	Y						
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y						
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	Y						
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y						
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	Y						
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y						
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y						
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y						
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y						
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y						
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y						
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y						
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y						
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y						
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y						
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y						
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	Y						
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y						

81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	Y					
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y					
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y					
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y					
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y					
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y					
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	Y					
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y					
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y					
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y					
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y					
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y					
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y					
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y					
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y					
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y					
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y					
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y					
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y					
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y					
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y					
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y					
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	Y					
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y					
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y					
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	Y					
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y					
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y					
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	Y					
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y					
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y					
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y					
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y					
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Healthcare Administered Drugs	Y					
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y					
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require PA.			
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y					
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y					
C9818	SUZETRIGINE, ORL, 1MG	Healthcare Administered Drugs	Y			4/1/2026		
J0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y			1/1/2026		
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y					
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y					
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y					
J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Y					
J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	Y					
J0175	INJ, DONANEMAB-AZBT, 2 MG	Healthcare Administered Drugs	Y					
J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	Y					
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y					
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y					

J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y					
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Y					
J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	Y					
J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Y					
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y					
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y					
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y					
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y					
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y					
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y					
J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Y					
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y					
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y					
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y					
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y					
J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	Y					
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y					
J0458	INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	Healthcare Administered Drugs	Y			10/1/2025		
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y					
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y					
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y					
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y					
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J0528	INJ, FOSFOMYCIN DISODIUM, 20 MG	Healthcare Administered Drugs	Y			7/1/2026		
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y					
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y					
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y					
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y					
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y					
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y					
J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Healthcare Administered Drugs	Y					
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y					
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y					
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y					
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y					
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y					
J0601	SEVELAMER CARBONATE 20 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0602	SEVELAMER CARBONATE PDR 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0603	SEVELAMER HYDROCHLORIDE 20MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y					
J0605	SUCROFERRIC OXYHYDROXIDE 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y					
J0607	LANTHANUM CARBONATE ORAL 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0608	LANTHANUM CARBONATE PWDR 5MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0609	FERRIC CITRATE ORL 3 MG IRON	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0614	INJ, TREOSULFAN, 50 MG	Healthcare Administered Drugs	Y			10/1/2025		

J0615	CALCIUM ACETATE, ORAL, 23 MG	Healthcare Administered Drugs	NC		Services covered through pharmacy benefit.			
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y					
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0681	INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	Healthcare Administered Drugs	Y			10/1/2025		
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y					
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y					
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y					
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y					
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y					
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y					
J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y					
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y					
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y					
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y					
J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y					
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	Y					
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y					
J0870	INJ, IMETELSTAT, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0872	INJ DAP UNREFRIGRATD NOT THR EQ J0878/J0873 1 MG	Healthcare Administered Drugs	Y					
J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y					
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y					
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y					
J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y					
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y					
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y					
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J0894	INJECTION DECITABINE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y					
J0911	INSTILLATION TRD 1.35 MG and HEP SODIUM 100 UNITS	Healthcare Administered Drugs	Y					
J1073	TESTOSTERONE PELLET, IMPLANT, 75 MG	Healthcare Administered Drugs	Y			1/1/2026		
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y					
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y					
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	Y					
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Y					
J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Healthcare Administered Drugs	Y					
J1260	INJECTION DOLASETRON MESYLATE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1289	INJ, NARSOPLIMAB-WUUG, 1 MG	Healthcare Administered Drugs	Y			7/1/2026		
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y					
J1299	INJ, ECULIZUMAB, 2 MG	Healthcare Administered Drugs	Y					
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y					
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y					
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y					
J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Y					
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y					
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y					
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Y					
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y					
J1326	INJ ZOLBETUXIMAB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y					
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y					
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y					
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y					
J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y					
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	Y					
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y					
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y					
J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Y					
J1553	INJ, IMMUNE GLOBULIN (YIMMUGO), 100 MG	Healthcare Administered Drugs	Y			4/1/2026		
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Y					
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y					
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y					
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1572	INJ IG FLEBOGAMMA DIF IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y					
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y					
J1576	INJECTION IMMUNE GLOBULIN IV NON-LYOPH 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1577	INJ, IG (QIVIGY), 100 MG	Healthcare Administered Drugs	Y			7/1/2026		
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y					

J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y					
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y					
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y					
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y					
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y					
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y					
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y					
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y					
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y					
J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y					
J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Y					
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y					
J1809	INJ, FOSDENOPTERIN, 0.1 MG	Healthcare Administered Drugs	Y			10/1/2025		
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y					
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y					
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y					
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y					
J1837	INJ, POSACONAZOLE, 1 MG	Healthcare Administered Drugs	Y			1/1/2026		
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y					
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Y					
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y					
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J1961	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Y					
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y					
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y					
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	Healthcare Administered Drugs	Y					
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2327	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y					
J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	Healthcare Administered Drugs	Y					
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2351	INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	Healthcare Administered Drugs	Y					

J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y					
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y					
J2361	INJ, DEPEMOKIMAB-ULAA, 1 MG	Healthcare Administered Drugs	Y			7/1/2026		
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y					
J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	Y					
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y					
J2468	INJ, PALONOSETRON HCL (POSFREA), 25 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y					
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y					
J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Y					
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y					
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y					
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y					
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y					
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y					
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Y					
J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	Y					
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y					
J2789	RIBOFLAVIN 5'PHOS OPTH<=2ML (EPIOXA HD/EPIOXA)	Healthcare Administered Drugs	Y			7/1/2026		
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y					
J2802	INJ, ROMIPLOSTIM, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y					
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y					
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y					
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y					
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y					
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y					
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y					
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y					

J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y					
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y					
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y					
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y					
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y					
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y					
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y					
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y					
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y					
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y					
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y					
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y					
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y					
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y					
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y					
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y					
J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J7172	INJ MARSTACIMAB, 0.5 MG	Healthcare Administered Drugs	Y					
J7173	INJ, CONCIZUMAB-MTCI, 0.5 MG	Healthcare Administered Drugs	Y			10/1/2025		
J7174	INJ, FITUSIRAN, 0.04 MG	Healthcare Administered Drugs	Y			10/1/2025		
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y					
J7176	INJ, HUMAN FIBRINOGEN - CHMT (FESILTY), 1 MG	Healthcare Administered Drugs	Y			7/1/2026		
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y					
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y					
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y					
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y					
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y					
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Y					
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y					
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y					
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y					
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y					
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y					

J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y					
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y					
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y					
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y					
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y					
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y					
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y					
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y					
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y					
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y					
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y					
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y					
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y					
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y					
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y					
J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Y					
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y					
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y					
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y					
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y					
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y					
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y					
J7212	FACTOR VIIA-JNCW 1 MCG	Healthcare Administered Drugs	Y					
J7213	INJECTION COAGULATION FACTOR IX IXINITY 1 IU	Healthcare Administered Drugs	Y					
J7214	INJECTION FVIII/VWD FAC CMPLX REC PER FVIII IU	Healthcare Administered Drugs	Y					
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y					
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y					
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y					
J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	Y					
J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Y					
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y					
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y					
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y					
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y					
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y					
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y					
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y					
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Y					
J7354	CANTHARIDIN TOP ADM 0.7 PCT SINGLE UNIT DOSE APPL	Healthcare Administered Drugs	Y					
J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	Y					
J7356	INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	Healthcare Administered Drugs	Y					
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y					
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y					
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y					
J7601	ENSIFENTRINE INH SUSP FDA-APPD PROD NONCMPD 3 MG	Healthcare Administered Drugs	Y					
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y					
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y					
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y					

J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y					
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require PA.			
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J8502	INJ, APREPITANT (APONVIE), 1 MG	Healthcare Administered Drugs	Y			4/1/2026		
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
J9000	INJECTION DOXORUBICIN HCL 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9003	LEUPROLIDE INJECTABLE (CAMCEVI ETM), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
J9011	INJ, DATOPOTAMAB DERUXTECANDLNK, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9024	INJ, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9025	INJECTION AZACITIDINE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9026	INJ, TARLATAMAB-DLLE, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9027	INJECTION CLOFARABINE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9028	INJ NOGAPENDEKIN ALFA INBAKICEPT-PMLN IVES 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9030	BCG LIVE INTRAVESICAL INSTILLATION 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9037	INJ, BELANTAMAB MAFODONTIN-BLMF 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Healthcare Administered Drugs	Y					
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9046	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9048	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9049	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9051	INJECTION BORTEZOMIB NOT TE TO J9041 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9052	INJ, CARMUSTINE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9054	INJ, BORTEZOMIB (BORUZU), 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9062	INJ, AMIVANTAMAB 5 MG AND HYALURONIDASE-LPUJ	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9064	INJECTION CABAZITAXEL NOT TE TO J9043 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9065	INJECTION CLADRIBINE PER 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9075	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9076	INJ, CYCLOPHOSPHAMIDE (BAXTER) 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9144	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9150	INJECTION DAUNORUBICIN 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9161	INJ, DENILEUKIN DIFTITOX-CXDL, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9171	INJECTION DOCETAXEL 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9172	DOCETAXEL (INGENUS), 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9174	INJ, DOCETAXEL (BEIZRAY), 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9181	INJECTION ETOPOSIDE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9183	GEMCITABINE INTRAVESICAL SYSTEM, 225 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
J9184	INJ, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9196	INJ GEMCITABINE HCl NOT THR EQUIV J9201 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for SC. For SC, submit request to the healthplan.			Y
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for WA. WA pediatrics direct request to the healthplan.			Y
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y					
J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y					
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient except for MS, SC. For MS, SC; submit request to the healthplan.			Y/MedImpact
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	Y~	One J code unit allowed per calendar year without PA. All units in excess of one unit/year require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y					
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9230	INJECTION MECHLORETHAMINE HCL 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9232	INJ, DOCETAXEL (HOSPIRA), NOT THRPTCLY EQVLNT TO J9171, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
J9245	INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y					
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9249	INJECTION MELPHALAN APOTEX 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9255	INJ, METHOTREXATE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9256	INJ, NIPOCALIMAB-AAHU, 3 MG	Healthcare Administered Drugs	Y			1/1/2026		
J9260	INJECTION METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9267	INJECTION PACLITAXEL 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9268	INJECTION PENTOSTATIN 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9275	INJ, COSIBELIMAB-IPDL, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9276	INJ ZANIDATAMAB, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9277	INJ, PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
J9278	INJ, CARBOPLATIN (AVYXA), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9289	INJ, NIVOLUMAB, 2 MG AND HYALURONIDASENVHY	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9292	INJECTION PEMETREXED DIPOTASSIUM 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9294	INJECTN PEMETREXED HOSPIRA NOT EQUIV J9305 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9296	INJECTN PEMETREXED ACCORD NOT EQUIV J9305 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9297	INJ PEMETREXED SANDOZ NOT THR EQUIV J9305 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9314	INJ PEMETREXED (TEVA) 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J9316	INJ PERTUZUMAB TRASTUZUMAB AND HYAL-ZZXF PER 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9322	INJ PEMETREXED BLUEPOINT NOT EQUIV J9305 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9326	INJ, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
J9328	INJECTION TEMOZOLOMIDE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9329	INJ, TISLELIZUMAB-JSGR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9330	INJECTION TEMSIROLIMUS 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y					
J9333	INJ, ROZANOLIXIZUMAB-NOLI, 1 MG	Healthcare Administered Drugs	Y					
J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Y					

J9341	INJ, THIOTEPA (TEPYLUTE), 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9342	INJ, THIOTEPA, NOT OTHRWS SPCFD, 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9360	INJECTION VINBLASTINE SULFATE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9370	VINCRISTINE SULFATE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Y					
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Y					
J9382	INJ, ZENOCUTUZUMAB-ZBCO, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9390	INJECTION VINORELBINE TARTRATE 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J9394	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			
J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
J9601	INJ, LINVOSELTAMAB-GCPT, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.			Y
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y					
Q0224	INJ, PEMIVIBART, 4500 MG	Healthcare Administered Drugs	Y					
Q0235	INJECTION MONOCLONAL ANTIBODY NOC 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 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 with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y					
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y					

Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y					
Q5098	INJ, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5099	INJ, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5100	INJ, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y					
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	KY: If requesting this drug for delivery by a pharmacy, please visit kyportal.medimpact.com for authorization information. This drug is reviewed by MedImpact when requested under the Pharmacy Benefit. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non-cancer diagnosis or inpatient, direct request to the healthplan. Pediatric members do not require PA for outpatient.			Y/MedImpact
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5121	IJNECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Y					
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y					
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Y					
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5137	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y					
Q5138	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5143	INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5146	INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					

Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y					
Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y					
Q5153	INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
Q5154	INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5155	INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5156	INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			10/1/2025		
Q5157	INJ, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5158	INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5159	INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	10/1/2025		Y
Q5160	INJ, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
Q5161	INJ, DENOSUMAB-KYQQ, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
Q5162	INJ, DENOSUMAB-NXXP, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	4/1/2026		Y
Q5164	INJ, USTEKINUMAB-HMNY (STARJEMZA), BISMLR, 1 MG	Healthcare Administered Drugs	Y			7/1/2026		
Q5165	INJ, DENOSUMAB-MOBZ (OZILTUS), BISMLR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
Q5166	INJ, DENOSUMAB-DESU (OSVYRTI/JUBEREQ), BISMLR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
Q5167	INJ, DENOSUMAB-QBDE (ENOBY/XTRENBO), BISMLR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
Q5168	INJ, RANIBIZUMAB-LEYK (NUFYMCO), BISMLR, 0.1 MG	Healthcare Administered Drugs	Y			7/1/2026		
Q5169	INJ, PEGFILGRASTIM-UNNE (ARMLUPEG), BISMLR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
Q5170	INJ, AFLIBERCEPT-BOAV (EYDENZELT), BISMLR, 1 MG	Healthcare Administered Drugs	Y			7/1/2026		
Q5171	INJ, DENOSUMAB-MOBZ (BONCRESA), BISMLR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	7/1/2026		Y
Q9996	INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y					
Q9997	INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y					
Q9998	INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Healthcare Administered Drugs	Y					
Q9999	INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y					
S0088	IMATINIB, 100 MG	Healthcare Administered Drugs	~		~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y					
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y					
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y					
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y					
S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	Y					
S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	Y					

S0156	EXEMESTANE 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y					
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	Y					
G0151	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0152	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0153	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0157	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0158	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		Check fee schedule for coverage			
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y		PA required following 20 visits.			
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y		PA required following 20 visits.			
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y		PA required following 20 visits.			
G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5111	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S5165	HOME MODIFICATIONS; PER SERVICE	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S9122	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		PA required following 20 visits.			
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y		PA required following 20 visits.			
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Y		PA required following 20 visits.			
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			

S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1030	NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y		No PA for the first 6 SNV - (6 auth free for any combination of SNV codes; Not 6 auth free for each code ; Check fee schedule for coverage			
A2040	MICROLYTE PAINGUARD PR SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
A2041	FOUNDATION DRS+ DUO PR SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
A2042	FOUNDATION DRS+ SOLO, SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
A2043	BIOBRANE, PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
A2044	BIOBRANE GLOVE, EACH	Hyperbaric and Wound Care	Y			4/1/2026		
A2045	NOVASHIELD/NOVOGEN PR SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4398	SUMMIT AC PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4399	SUMMIT FX PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4400	POLYGON3 PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4401	ABSOLV3 PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4402	XWRAP 2.0 PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4403	XWRAP DUAL PLUS PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4404	XWRAP HYDRO PLUS PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4405	XWRAP FENESTRA PLUS SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4406	XWRAP FENESTRA PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4407	XWRAP TRIBUS PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4408	XWRAP HYDRO PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4409	AMNIOMATRIXF3X PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4410	AMCHOMATRIXDL PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4411	AMNIOMATRIXF4X PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4412	CHORIOFIX PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4413	CYGNUS SOLO PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4414	SIMPLICHOR PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4415	ALEXIGUARD ST-L PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4416	ALEXIGUARD TL-T PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4417	ALEXIGUARD DL-T PER SQ CM	Hyperbaric and Wound Care	Y			4/1/2026		
Q4418	BIOLAB MEMBRANE WRAP FLOW, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4419	BIOLAB MEMBRANE WRAP LITE FLOW, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4420	NUFORM PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4421	BIOLAB MEMBRANE WRAP SOLO, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4422	A/C WRAP, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4423	BIOLAB TRI-MEMBRANE WRAP FLOW, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4424	REVIVE FT, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4425	REVIVE TL, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4426	DERMABIND TL + OR DERMABIND TL X, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4427	DERMABIND DL N OR DERMABIND DL + OR DERMABIND DL X, PER SQ CM "	Hyperbaric and Wound Care	Y			7/1/2026		
Q4428	DERMABIND SL N OR DERMABIND SL + OR DERMABIND SL X, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4429	DERMABIND CH N OR DERMABIND CH X, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4431	PMA SKIN SUBSTITUTE, NOS	Hyperbaric and Wound Care	Y			1/1/2026		

Q4432	510(K) SKIN SUBS, NOS	Hyperbaric and Wound Care	Y			1/1/2026		
Q4433	361 HCT/P SKIN SUBS, NOS	Hyperbaric and Wound Care	Y			1/1/2026		
Q4435	RENATI MEMBRANE, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4436	RENATI AC MEMBRANE, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4437	REVIVAL AC, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4438	PRETECT, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4439	INSTAGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
Q4440	CURAMATRIX, PER SQ CM	Hyperbaric and Wound Care	Y			7/1/2026		
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					
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y					
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2004	XCELLISTEM, 1 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2006	NOVOSORB SYNPATH PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2007	RESTRATA, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2008	THERAGENESIS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2009	SYMPHONY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2010	APIS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2011	SUPRA SDRM, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2012	SUPRATHEL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2013	INNOVAMATRIX FS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2014	OMEZA COLLAG PER 100 MG	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2015	PHOENIX WND MTRX, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2016	PERMEADERM B, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2017	PERMEADERM GLOVE, EACH	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2018	PERMEADERM C, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2020	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	Y					
A2021	NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
A2022	INNOVABRN/INNOVAMATX XL SQCM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2023	INNOVAMATRIX PD, 1 MG	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2024	RESOLVE OR XENOPATCH SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2025	MIRO3D PER CUBIC CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2026	RESTRATA MINIMATRIX, 5 MG	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2027	MATRIDERM PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2028	MICROMATRIX FLEX PER MG	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2029	MIROTRACT MATRIX SHEET	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2030	MIRO3D FIBERS, PER MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2031	MIRODRY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2032	MYRIAD MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2033	MYRIAD MORCELLS, 4 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2034	FOUND DRS SOLO, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2035	CORPL P THERAC P ALLAC P MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
A2036	COHEALYX COL DML MX PR SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2037	G4DERM PLUS, PER ML	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2038	MARIGEN PACTO, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A2039	INNOVAMATRIX FD, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
A4100	SKIN SUB FDA CLRD AS DEV NOS	Hyperbaric/Wound Therapy	Y			10/1/2025		
C9250	ARTISS FIBRIN SEALANT	Hyperbaric/Wound Therapy	Y					

G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y					
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4102	OASIS WOUND MATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4103	OASIS BURN MATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4104	INTEGRA BMWD	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4105	INTEGRA DRT OR OMNIGRAFT	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4107	GRAFTJACKET	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4108	INTEGRA MATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4110	PRIMATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4111	GAMMAGRAFT	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4112	CYMETRA INJECTABLE	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4113	GRAFTJACKET XPRESS	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4114	INTEGRA FLOWABLE WOUND MATRI	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4115	ALLOSKIN	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4116	ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	Y		No PA required when associated with breast reconstruction related to breast cancer diagnosis.	10/1/2025		
Q4117	HYALOMATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4118	MATRISTEM MICROMATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4122	DERMACELL, AWM, POROUS SQ CM	Hyperbaric/Wound Therapy	Y		No PA required when associated with breast reconstruction related to breast cancer diagnosis.	10/1/2025		
Q4123	ALLOSKIN	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4124	OASIS TRI-LAYER WOUND MATRIX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4126	MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4127	TALYMED	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y		No PA required when associated with breast reconstruction related to breast cancer diagnosis.			
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4132	GRAFIX CORE, GRAFIXPL CORE	Hyperbaric/Wound Therapy	Y					
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4134	HMATRIX PER SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4135	MEDISKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4136	EZ DERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4138	BIODFENCE DRYFLEX, 1CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4140	BIODFENCE 1CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4141	ALLOSKIN AC, 1 CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4143	REPRIZA, 1CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4145	EPIFIX, INJ, 1MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4146	TENSIX, 1CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4147	ARCHITECT ECM PX FX 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4148	NEOX NEOX RT OR CLARIX CORD	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4149	EXCELLAGEN, 0.1 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4152	DERMAPURE 1 SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4153	DERMAVEST, PLURIVEST SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4154	BIOVANCE 1 SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4161	BIO-CONNEKT PER SQUARE CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y					
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y					

Q4164	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4165	KERAMATRIX, KERASORB SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4166	CYTAL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4167	TRUSKIN, PER SQ CENTIMETER	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4168	AMNIOBAND, 1 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4169	ARTACENT WOUND, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4170	CYGNUS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4171	INTERFYL, 1 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4173	PALINGEN OR PALINGEN XPLUS	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4174	PALINGEN OR PROMATRX	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4175	MIRODERM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4176	NEOPATCH OR THERION, 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4177	FLOWERAMNIOFLO, 0.1 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y					
Q4183	SURGIGRAFT, 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4184	CELLESTA OR DUO PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4185	CELLESTA FLOWAB AMNION 0.5CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4188	AMNIOARMOR 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4189	ARTACENT AC, 1 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4190	ARTACENT AC 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4192	RESTORIGIN, 1 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4193	COLL-E-DERM 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4195	PURAPLY 1 SQ CM	Hyperbaric/Wound Therapy	Y					
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4199	CYGNUS MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4200	SKIN TE 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4201	MATRION 1 SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4202	KEROXX (2.5G/CC), 1CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4206	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4208	NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4209	SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4211	AMNION BIO OR AXOBIO SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4212	ALLOGEN, PER CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4213	ASCENT, 0.5 MG	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4214	CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y					
Q4216	ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4220	BELLACELL HD, SUREDERM SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4222	PROGENAMATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4224	HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		

Q4225	AMNIO OR DERMA TL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4226	MYOWN HARV PREP PROC SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4230	COGENEX FLOW AMNION 0.5 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4232	CORPLEX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4233	SURFACTOR /NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4234	XCELLERATE, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4236	CAREPATCH, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4237	CRYO-CORD, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y					
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4245	AMNIOTEXT, PER CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4246	CORETEXT OR PROTEXT, PER CC	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4247	AMNIOTEXT PATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4249	AMNIPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4251	VIM, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4254	NOVAFIX DL PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4255	REGUARD, TOPICAL USE PER SQ	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4256	MLG COMPLET, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4257	RELESE, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4258	ENVERSE, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4259	CELERA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4260	SIGNATURE APATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4261	TAG, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4262	DUAL LAYER IMPAX MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4263	SURGRAFT TL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4264	COCOON MEMBRANE, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4272	ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4273	ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4274	ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4275	ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4276	ORION, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4278	EPIEFFECT, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4279	VENDAJE AC, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4282	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4284	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4285	NUDYN DL OR DL MESH PR SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		

Q4286	NUDYN SL OR SLW, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4287	DERMABIND DL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4288	DERMABIND CH, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4290	MEMBRANE WRAP HYDR PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4291	LAMELLAS XT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4292	LAMELLAS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4293	ACESSO DL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4294	AMNIO QUAD-CORE PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4296	REBOUND MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4297	EMERGE MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4298	AMNICORE PRO, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4299	AMNICORE PRO Plus PER SQ CM	Hyperbaric/Wound Therapy	Y					
Q4300	ACESSO TL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4301	ACTIVATE MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4302	COMPLETE ACA PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4303	COMPLETE AA, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4304	GRAFIX PLUS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4305	AMER AM AC TRI-LAY PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4306	AMERIC AMNION AC PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4307	AMERICAN AMNION, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4308	SANOPELLIS, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4309	VIA MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4310	PROCENTA, PER 100 MG	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4311	ACESSO, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4312	ACESSO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4313	DERMABIND FM, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4314	REEVA, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4315	REGENELINK AMNIOTIC MEM ALLO	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4316	AMCHOPLAST PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4317	VITOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4318	E-GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4319	SANOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4320	PELLOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4321	RENOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4322	CAREGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4323	ALLOPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4324	AMNIOTX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4325	ACAPATCH, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y					
Q4327	DUOAMNION, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4328	MOST, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4329	SINGLAY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4330	TOTAL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4331	AXOLOTL GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4333	ARDEOGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4334	AMNIOPLAST 1, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4335	AMNIOPLAST 2, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4336	ARTECENT C, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4337	ARTECENT TRIDENT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4338	ARTACENT VELOS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4339	ARTACENT VERICLEN, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4340	SIMPLIGRAFT, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4341	SIMPLIMAX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4342	THERAMEND, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		

Q4343	DERMACYTE AC MATRX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4344	TRI MEMBRANE WRAP, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4345	MATRIX HD ALLOGRFT PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4346	SHELTER DM MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4347	RAMPART DL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4348	SENTRY SL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4349	MANTLE DL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4350	PALISADE DM MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4351	ENCLOSE TL MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4352	OVERLAY SL MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4353	XCEED TL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4354	PALINGEN DUAL-LAYER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4355	ABIO XPL ABIO XPL HY P SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4356	ABIO MEM ABIO HYD PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4357	XWRAP PLUS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4358	XWRAP DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4359	CHORIPLY, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4360	AMCHOPLAST FD PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4361	EPIXPRESS, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4362	CYGNUS DISK, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4363	AM BUR MEM HYDRO PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4364	AM BUR XP MEM XPL HY P SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4365	AMNIO BUR DL MEM PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4366	DL AMNIO BUR X-MEM PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4367	AMNIOCORE SL, PER SQ CM	Hyperbaric/Wound Therapy	Y			10/1/2025		
Q4368	AMCHOTHICK, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4369	AMNIOPLAST 3, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4370	AEROGUARD, PER SQUARE CENTIMETER”	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4371	NEOGUARD, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4372	AMCHOPLAST EXCEL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4373	MEMBRANE WRAP-LITE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4375	DUOGRAFT AC, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4376	DUOGRAFT AA, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4377	TRIGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4378	RENEW FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4379	AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4380	ADVOGRAFT ONE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4382	ADVOGRAFT DUAL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4383	AXOLOTL GRAFT ULT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4384	AXOLOTL DUAL ULT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4385	APOLLO FT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4386	ACESSO TRIFACA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4387	NEOTHELIUM FT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4388	NEOTHELIUM 4L PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4389	NEOTHELIUM 4L+ PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4390	ASCENDION PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4391	AMNIOPLAST DOUBLE PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4392	GRAFIX DUO PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4393	SURGRAFT AC PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4394	SURGRAFT ACA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4395	ACELAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4396	NATALIN PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
Q4397	SUMMIT AAA PER SQ CM	Hyperbaric/Wound Therapy	Y			1/1/2026		
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70471	CTA HEAD and NECK C Plus W/NONCONTRAST IMG and POST-PXESS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70472	CT CERE PRFUJ ALYS C Plus W/CT/CTA SAME ANATOMY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	4/1/2026		
70473	CT CERE PRFUJ ALYS C Plus W/O CT/CTA SAME ANATOMY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	4/1/2026		
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72130	CT THORACIC SPINE W O AND W CONTRAST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72157	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72158	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
75577	QUAN and CHARAC C ATHEROSCLEROTC PLAQ ASSES SEV C DS	Imaging & Special Tests	Y			4/1/2026		
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I AND R PHY/QHP	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.	1/1/2026	Y	
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
78428	CARDIAC SHUNT DETECTION	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			

93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93350	ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93351	ECHO TTHRC R-T 2D W M-MODE REST&STRS CONT ECG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93453	R & L HRT CATH W/NJX L VENTRCLGRPY IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Imaging & Special Tests	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal			
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	Imaging & Special Tests	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y					

95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Y						
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Y						
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y						
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y						
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y						
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Y						
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Y						
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Y						
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y						
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y						
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y						
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y						
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y						
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y						
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y						
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Y						
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y						
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
20560	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21142	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21143	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y		
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y		
21620	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y		

21627	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21630	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32098	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32100	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32110	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32140	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32141	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32151	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32160	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32440	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32501	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32507	THORACOTOMY W/DX WEDGE RESEXN AND ANTOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32650	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32669	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32670	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32671	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32674	THORCOSCPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
32997	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33017	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33050	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33130	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL & VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33255	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33256	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33257	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33258	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33259	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33300	REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33370	TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33416	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33475	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	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). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33516	CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33517	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33518	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33519	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33521	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33522	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33523	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33542	MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33619	RPR 1 VNTRC W/O/F OBSTRCJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33647	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33690	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33702	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33720	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33863	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

33924	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34501	VALVULOPLASTY FEMORAL VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34502	RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34703	VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34710	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34844	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

34848	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35111	DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35132	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35141	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35142	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35152	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35182	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35303	TEAEC W/GRAFT POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35351	TEAEC W/WO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	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). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35510	BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35518	BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35521	BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35535	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35536	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35537	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35538	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35539	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35540	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35558	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35560	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35563	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35565	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	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). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35636	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35637	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35647	BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35663	BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

35665	BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35691	TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35693	TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35694	TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35695	TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35701	EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35870	RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35901	EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35905	EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
35907	EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36140	INTRO NEEDLE/INTRACATH UPR/LWR XTRMTY ARTRY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36200	INTRODUCTION CATHETER AORTA	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36217	SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV THRC/BRCHCPHLC BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36247	SLCTV CATHTR PLCMNT 3RD+ ORD SLCTV ABDL PLVC LWR XTRMTY BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36253	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S UNI	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36254	SUPSLCTV CATH 2ND PLUS ORD RENAL AND ACCESSORY ARTERY/S BIL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	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). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
37254	REVSC EVASC IVT ANGIOP UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37256	REVSC EVASC IVT ANGIOP UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37258	REVSC EVASC IVT ST PLMT UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37260	REVSC EVASC IVT ST PLMT UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37263	REVSC EVASC FPVT ANGIOP UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37265	REVSC EVASC FPVT ANGIOP UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	

37267	REVSC EVASC FPVT ST PLMT UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37269	REVSC EVASC FPVT ST PLMT UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37271	REVSC EVASC FPVT ATHRC UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37273	REVSC EVASC FPVT ATHRC UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37275	REVSC EVASC FPVT ST ATHRC UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37277	REVSC EVASC FPVT ST ATHRC UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37280	REVSC EVASC TPVT ANGIOP UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37282	REVSC EVASC TPVT ANGIOP UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37284	REVSC EVASC TPVT ST PLMT UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37286	REVSC EVASC TPVT ST PLMT UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37288	REVSC EVASC TPVT ATHRC UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37290	REVSC EVASC TPVT ATHRC UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	1/1/2026	Y	
37292	REVSC EVASC TPVT ST ATHRC UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	7/1/2026	Y	
37294	REVSC EVASC TPVT ST ATHRC UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	7/1/2026	Y	
37296	REVSC EVASC IMVT ANGIOP UNI SF LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	7/1/2026	Y	
37298	REVSC EVASC IMVT ANGIOP UNI CPLX LES 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	7/1/2026	Y	
37618	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37660	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37718	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	

38746	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39200	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
39220	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
43291	EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53430	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54125	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54401	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
55874	TRANSPERINEAL PLCMNT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
55880	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			

55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.			
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.			
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
62330	DCMPRN PERQ PRTL RMVL LIGA FLAVM BI 1NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
62331	DCMPRN PRQ PRT RMV LIGA FLAVM BI ADD NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y						

69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
76984	DX INTRAOP THORACIC AORTA US	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
76987	DX INTRAOP EPICAR CAR US CHD	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
76988	DX NTROP EPCR US CHD IMG ACQ	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
76989	DX INTRAOP EPCAR US CHD I&R	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92930	PERQ TCAT PLMT NTRAC ST 2 Plus LES 2 Plus ST 2 Plus C SEGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.	7/1/2026	Y	
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92972	PERQ TRLUML CORONRY LITHOTRP	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). Adults send request to Evolent. For Pediatrics, direct requests to the healthplan.		Y	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93319	3D ECHO IMG & PST-PXESSING TEE/TTE CGEN CAR ANOMAL	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	

93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93505	ENDOMYOCARDIAL BIOPSY	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93584	VNGRPH CHD ANOM/PERSIST SVC	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93585	VNGRPH CHD AZYGS/HEMIAZYGS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93586	VNGRPH CHD CORONARY SINUS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93587	VNGRPH CHD VNVN CLTRL AT/ABV	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93588	VNGRPH CHD VNVN CLTRL BELOW	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		NC	
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93610	INTRA-ATRIAL PACING	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93612	INTRAVENTRICULAR PACING	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S & I	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). Adults send request to Evolent. For Pediatrics, no PA required for Outpatient.		Y	
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					

0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	OP Hosp/Amb Surgery Center (ASC) procedures	Y					
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9761	CYSTO URS &/PYELOSCPY LITH & VAC ASPIR KDNY COLLCTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9765	REV EVAR ANY VES;IV LITHOTRIPSY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9767	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHEREC T	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y					
27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	Pain Management Procedures	Y					
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y					
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y					
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y					
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y					
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y					
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y					
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y					
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y					
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y					
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Pain Management Procedures	Y					
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Pain Management Procedures	Y					
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y					
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y					
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y					
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y					
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y					
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y					
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y					
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y					
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y					
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y					
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y		No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.			
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y					
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y					
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y					
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y					
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y					
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y					
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y					
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y					
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y					
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y					
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y					
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y					
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y					
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y					
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y					
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y					

64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y					
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y					
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y					
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y					
92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97113	THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97116	THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97150	THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Physical, Occupational, and Speech Therapy	Y					
L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Prosthetics & Orthotics	Y					
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y					
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Prosthetics & Orthotics	Y					
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y					
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y					
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y					
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y					
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y					
L0720	CTLSO A-P-L CONTROL CUSTOM	Prosthetics & Orthotics	Y					
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Prosthetics & Orthotics	Y					
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y					
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y					
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Prosthetics & Orthotics	Y					
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y					
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y					
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y					

L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y					
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y					
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y					
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y					
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y					
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y					
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y					
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y					
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y					
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y					
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y					
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y					
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y					
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y					
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y					
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y					
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y					
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y					
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Prosthetics & Orthotics	Y					
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Prosthetics & Orthotics	Y					
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Prosthetics & Orthotics	Y					
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Prosthetics & Orthotics	Y					
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Prosthetics & Orthotics	Y					
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y					
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics & Orthotics	Y					
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetics & Orthotics	Y					
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetics & Orthotics	Y					
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Prosthetics & Orthotics	Y					
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetics & Orthotics	Y					
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetics & Orthotics	Y					
L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetics & Orthotics	Y					
L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetics & Orthotics	Y					
L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics & Orthotics	Y					
L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Prosthetics & Orthotics	Y					
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y					
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetics & Orthotics	Y					
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y					
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Prosthetics & Orthotics	Y					
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetics & Orthotics	Y					
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y					
L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Prosthetics & Orthotics	Y					
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Prosthetics & Orthotics	Y					
L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Prosthetics & Orthotics	Y					
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Prosthetics & Orthotics	Y					
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y					
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Prosthetics & Orthotics	Y					
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Prosthetics & Orthotics	Y					
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Prosthetics & Orthotics	Y					
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	Prosthetics & Orthotics	Y					
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y					
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Prosthetics & Orthotics	Y					
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Prosthetics & Orthotics	Y					
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Prosthetics & Orthotics	Y					

L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Prosthetics & Orthotics	Y					
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Prosthetics & Orthotics	Y					
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Prosthetics & Orthotics	Y					
L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Prosthetics & Orthotics	Y					
L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Prosthetics & Orthotics	Y					
L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Prosthetics & Orthotics	Y					
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Prosthetics & Orthotics	Y					
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Prosthetics & Orthotics	Y					
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Prosthetics & Orthotics	Y					
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Prosthetics & Orthotics	Y					
L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Prosthetics & Orthotics	Y					
L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Prosthetics & Orthotics	Y					
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Prosthetics & Orthotics	Y					
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Prosthetics & Orthotics	Y					
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Prosthetics & Orthotics	Y					
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Prosthetics & Orthotics	Y					
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Prosthetics & Orthotics	Y					
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y					
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Prosthetics & Orthotics	Y					
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Prosthetics & Orthotics	Y					
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Prosthetics & Orthotics	Y					
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y					
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Prosthetics & Orthotics	Y					
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y					
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Prosthetics & Orthotics	Y					
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Prosthetics & Orthotics	Y					
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Prosthetics & Orthotics	Y					
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y					
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Prosthetics & Orthotics	Y					
L5827	ENDO KNEE SHIN SINGLE AXIS	Prosthetics & Orthotics	Y					
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Prosthetics & Orthotics	Y					
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Prosthetics & Orthotics	Y					
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Prosthetics & Orthotics	Y					
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Prosthetics & Orthotics	Y					
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Prosthetics & Orthotics	Y					
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetics & Orthotics	Y					
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y					
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y					
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y					
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y					
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Prosthetics & Orthotics	Y					
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Prosthetics & Orthotics	Y					
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Prosthetics & Orthotics	Y					
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Prosthetics & Orthotics	Y					
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Prosthetics & Orthotics	Y					
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Prosthetics & Orthotics	Y					
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Prosthetics & Orthotics	Y					
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Prosthetics & Orthotics	Y					
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Prosthetics & Orthotics	Y					
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Prosthetics & Orthotics	Y					
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Prosthetics & Orthotics	Y					
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Prosthetics & Orthotics	Y					
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Prosthetics & Orthotics	Y					

L5999	LOWER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y					
L6000	PARTIAL HAND THUMB REMAINING	Prosthetics & Orthotics	Y					
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Prosthetics & Orthotics	Y					
L6020	PARTIAL HAND NO FINGER REMAINING	Prosthetics & Orthotics	Y					
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y					
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Prosthetics & Orthotics	Y					
L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Prosthetics & Orthotics	Y					
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Prosthetics & Orthotics	Y					
L6110	BELOW ELBOW MOLDED SOCKET	Prosthetics & Orthotics	Y					
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Prosthetics & Orthotics	Y					
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Prosthetics & Orthotics	Y					
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	Y					
L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Prosthetics & Orthotics	Y					
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Prosthetics & Orthotics	Y					
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Prosthetics & Orthotics	Y					
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Prosthetics & Orthotics	Y					
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Prosthetics & Orthotics	Y					
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Prosthetics & Orthotics	Y					
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Prosthetics & Orthotics	Y					
L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Prosthetics & Orthotics	Y					
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y					
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y					
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y					
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y					
L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y					
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Prosthetics & Orthotics	Y					
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Prosthetics & Orthotics	Y					
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Prosthetics & Orthotics	Y					
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y					
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Prosthetics & Orthotics	Y					
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetics & Orthotics	Y					
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Prosthetics & Orthotics	Y					
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Prosthetics & Orthotics	Y					
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Prosthetics & Orthotics	Y					
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Prosthetics & Orthotics	Y					
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Prosthetics & Orthotics	Y					
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Prosthetics & Orthotics	Y					
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y					
L6700	UE ADD EXT POWER MYOEL	Prosthetics & Orthotics	Y					
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y					
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetics & Orthotics	Y					
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y					
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Prosthetics & Orthotics	Y					
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Prosthetics & Orthotics	Y					
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Prosthetics & Orthotics	Y					
L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Prosthetics & Orthotics	Y					
L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Prosthetics & Orthotics	Y					
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Prosthetics & Orthotics	Y					
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Prosthetics & Orthotics	Y					
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Prosthetics & Orthotics	Y					
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Prosthetics & Orthotics	Y					
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Prosthetics & Orthotics	Y					
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Prosthetics & Orthotics	Y					
L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					
L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Prosthetics & Orthotics	Y					

L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Prosthetics & Orthotics	Y					
L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y					
L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	Prosthetics & Orthotics	Y					
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y					
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetics & Orthotics	Y					
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y					
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetics & Orthotics	Y					
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetics & Orthotics	Y					
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetics & Orthotics	Y					
L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y					
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y					
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y					
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y					
L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Prosthetics & Orthotics	Y					
L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Prosthetics & Orthotics	Y					
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y					
L7406	ADD TO UPP EXTR USER ADJ MEC	Prosthetics & Orthotics	Y					
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prosthetics & Orthotics	Y					
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y					
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Prosthetics & Orthotics	Y					
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Prosthetics & Orthotics	Y					
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y					
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Prosthetics & Orthotics	Y					
L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	Y					
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Prosthetics & Orthotics	Y					
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Prosthetics & Orthotics	Y					
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Prosthetics & Orthotics	Y					
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	Y					
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77261	THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77262	THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77263	THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77299	UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77300	BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77301	INTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.			Y
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.			Y
77373	STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH, WA. OH, WA pediatrics direct request to the healthplan.			Y
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77407	RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for OH.			Y
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

77423	HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77436	SRFCE RDTN THRPY; SPRFCL OR ORTHVLTG, TRMNT PLNNG & SMLTN-AID FLD STTNG	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77437	SRFCE RDTN THRPY; SPRFCL, DLVRY, =150 KV, PER FRCTN (EG, ELCTRNC BRCHYTHRPY)	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77438	SRFCE RDTN THRPY; ORTHVLTG, DLVRY, >150-500 KV, PER FRCTN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77439	SURF RADJ THER SUPFC/ORTHVLT IMG GDN US F/PLMT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.	1/1/2026		Y
77470	SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77499	UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y

77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77768	HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTPLE LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient.			Y
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Adults with non cancer diagnosis or Inpatient, direct request to the Healthplan. For Pediatrics, no PA Required for outpatient except for MS. MS pediatrics direct request to the healthplan.			Y

A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y					
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y					
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y					
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y					
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y					
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	Y					
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y					
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y					
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y					
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y					
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y					
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y					
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y					
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y					
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y					
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y					
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y					
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y					
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y					
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y					
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Transplants/Gene Therapy	Y					
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y					
38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	Y					
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Transplants/Gene Therapy	Y					
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Transplants/Gene Therapy	Y					
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Transplants/Gene Therapy	Y					
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Transplants/Gene Therapy	Y					
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Transplants/Gene Therapy	Y					
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Transplants/Gene Therapy	Y					
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Transplants/Gene Therapy	Y					
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Transplants/Gene Therapy	Y					
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Transplants/Gene Therapy	Y					
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y

38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y					
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplants/Gene Therapy	Y					
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y					
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y					
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y					
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y					
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	Y					
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y					
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y					
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y					
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y					
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y					
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y					
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y					
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y					
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y					
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y					
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y					
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y					
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y					
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y					
47145	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	Y					
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y					
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y					
48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	Y					
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y					
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y					
48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y					
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y					
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y					
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y					
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y					
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y					
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y					
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y					
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y					
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y					
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y					
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y					
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y					
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y					
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y					
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y					
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y					
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	Y					
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Transplants/Gene Therapy	Y					
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Transplants/Gene Therapy	Y					
J1414	INJ, FIDANACOGENE ELAPARVOVECDZKT, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y					
J2326	INJECTION NUSINERSEN 0.1 MG	Transplants/Gene Therapy	Y					
J3386	INJ, ETUVETIDIGENE AUTOTEMCEL, PER TRMNT	Transplants/Gene Therapy	Y			7/1/2026		
J3387	INJ, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3389	TOPCL ADMIN, PRADEMAGENE ZAMIKERACEL, PER TRTMNT	Transplants/Gene Therapy	Y					
J3391	INJ, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					

J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y					
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Transplants/Gene Therapy	Y					
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	Y					
J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	Transplants/Gene Therapy	Y					
J3402	INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y			10/1/2025		
J3403	REVAKINAGENE TARORETCEL-LWEY, PER IMPLANT	Transplants/Gene Therapy	Y			10/1/2025		
J3404	INJ, ZOPAPOGENE IMADENOVEC-DRBA SUSPENSION, PER THERAPEUTIC DO	Transplants/Gene Therapy	Y			4/1/2026		
J3405	INJ, ONASEMNOGENE ABEPARVOVECBRVE, PER TRMNT	Transplants/Gene Therapy	Y			7/1/2026		
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics or non-cancer diagnosis direct request to the healthplan.			Y
Q2057	AFAMITRESGENE AUTOLEUCEL PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
Q2058	OBECABTAGENE CAR POS T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y					
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y					
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y					
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y					
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y					
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y					
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y					
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y					
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Y					
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	Y					
S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y					
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y					
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y					
S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	Y					
S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	Y					
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y					
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y					
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y					

21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y					
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y					
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y					
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y					
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y					
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y					
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y					
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y					
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	Y					
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	Y					
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y					
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y					
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y					
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y					
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	Y					
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	Y					
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	Y					
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y					
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y					
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y					
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	Y					
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y					
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y					
49999	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Unlisted/Miscellaneous	Y					
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y					
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y					
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y					
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y					
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y					
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y					
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y					
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y					
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	Y					
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	Y					
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y					
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y					
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y					
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y					
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	Y					
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y					
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	Y					
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y		Prior authorization required after 20 visits per calendar year for PT/OT/ST (20 visits allowed per each discipline).			
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	Y					
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y					
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y					
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Unlisted/Miscellaneous	Y					
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	Y					
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y					

A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Y					
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y					
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y					
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y					
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y					
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults with cancer diagnosis direct request to Evolent. For Pediatrics, inpatient, or non-cancer diagnosis direct request to the healthplan.			Y
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y					
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y					
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y					
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y					
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y					
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y					
G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y					
G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y					
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y					
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y					
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y					
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	Y					
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y					
Q9004	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	Unlisted/Miscellaneous	NC					
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	Y					
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	Y					
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	Y					
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	Y					
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	Y					
T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y					
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y					
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y					
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y					
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y					

For Oncology Scope:

*Outpatient settings

*Inpatient setting for CAR-T therapy only

*Pharmacy benefit drugs only when requested as part of a combined drug regimen with other Medical benefit drugs

*Adult members with cancer diagnosis

CODE	DESCRIPTION	BRAND NAME (IF APPLICABLE)	Category	ADDITIONAL NOTES
21601	EXCISION CH WAL TUM INC RIB(S)		Cardiology	
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC		Cardiology	
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC		Cardiology	
21620	OSTECTOMY STERNUM PARTIAL		Cardiology	
21627	STERNAL DEBRIDEMENT		Cardiology	
21630	RADICAL RESECTION STERNUM		Cardiology	
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC		Cardiology	
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX		Cardiology	
27600	DCMPRN FASCT LEG ANT and /LAT COMPARTMENTS ONLY		Cardiology	
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY		Cardiology	
27602	DCMPRN FASCT LEG ANT and /LAT and PST CMPRT		Cardiology	
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA		Cardiology	
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA		Cardiology	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA		Cardiology	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL		Cardiology	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL		Cardiology	
32098	THORACOTOMY W/BIOPSY OF PLEURA		Cardiology	
32100	THORACOTOMY WITH EXPLORATION		Cardiology	
32110	THORCOM CTRL TRAUMTC HEMRRG and /RPR LNG TEAR		Cardiology	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS		Cardiology	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS		Cardiology	
32140	THORCOM W/REMOVAL OF CYST		Cardiology	
32141	THORACOTOMY W/RESECTION BULLAE		Cardiology	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP		Cardiology	
32151	THORCOM W/RMVL IPUL FB		Cardiology	
32160	THORACOTOMY W/CARDIAC MASSAGE		Cardiology	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST		Cardiology	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX		Cardiology	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE		Cardiology	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC		Cardiology	
32440	REMOVAL OF LUNG PNEUMONECTOMY		Cardiology	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA		Cardiology	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL		Cardiology	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT		Cardiology	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC		Cardiology	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY		Cardiology	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY		Cardiology	
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC		Cardiology	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG		Cardiology	

32501	RESCJ and BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	Cardiology
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	Cardiology
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	Cardiology
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	Cardiology
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	Cardiology
32507	THORACOTOMY W/DX WEDGE RESEXN and ANTOM LUNG RESE	Cardiology
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	Cardiology
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	Cardiology
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	Cardiology
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	Cardiology
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	Cardiology
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	Cardiology
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	Cardiology
32650	THORACOSCOPY W/PLEURODESIS	Cardiology
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	Cardiology
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	Cardiology
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	Cardiology
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	Cardiology
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	Cardiology
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	Cardiology
32658	THORACOSCOPY W/PARIETAL PLEURECTOMY	Cardiology
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	Cardiology
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	Cardiology
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	Cardiology
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	Cardiology
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	Cardiology
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	Cardiology
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	Cardiology
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	Cardiology
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	Cardiology
32669	THORACOSCOPY W/SEGMENTECTOMY	Cardiology
32670	THORACOSCOPY W/BILOBECTOMY	Cardiology
32671	THORACOSCOPY W/PNEUMONECTOMY	Cardiology
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	Cardiology
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	Cardiology
32674	THORCOSCPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY	Cardiology
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	Cardiology
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	Cardiology
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	Cardiology
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	Cardiology

32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	Cardiology
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	Cardiology
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	Cardiology
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	Cardiology
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	Cardiology
32997	TOTAL LUNG LAVAGE UNILATERAL	Cardiology
32998	ABLATION THER 1 PLUS PULM TUMORS PERQ RADIOFREQUENCY	Cardiology
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	Cardiology
33017	PERQ PRCRD DRG 6YR Plus W/O CONGENITAL CAR ANOMALY	Cardiology
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	Cardiology
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	Cardiology
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	Cardiology
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	Cardiology
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	Cardiology
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	Cardiology
33050	RESECTION PERICARDIAL CYST/TUMOR	Cardiology
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	Cardiology
33130	RESECTION EXTERNAL CARDIAC TUMOR	Cardiology
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	Cardiology
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	Cardiology
33202	INSERTION EPICARDIAL ELECTRODE OPEN	Cardiology
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	Cardiology
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Cardiology
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Cardiology
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Cardiology
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Cardiology
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	Cardiology
33212	INS PM PLS GEN W EXIST SINGLE LEAD	Cardiology
33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	Cardiology
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Cardiology
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Cardiology
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Cardiology
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Cardiology
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	Cardiology
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	Cardiology
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	Cardiology
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	Cardiology
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	Cardiology
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Cardiology
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Cardiology

33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	Cardiology
33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	Cardiology
33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Cardiology
33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Cardiology
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Cardiology
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Cardiology
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	Cardiology
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	Cardiology
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	Cardiology
33236	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	Cardiology
33237	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	Cardiology
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	Cardiology
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Cardiology
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	Cardiology
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	Cardiology
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	Cardiology
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Cardiology
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	Cardiology
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	Cardiology
33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	Cardiology
33255	ABLATION and RCNSTJ ATRIA EXTNSV W/O BYPASS	Cardiology
33256	ABLATION and RCNSTJ ATRIA EXTNSV W/BYPASS	Cardiology
33257	ATRIA ABLATE and RCNSTJ W/OTHER PROCEDURE LIMITE	Cardiology
33258	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTENSIV W/O BYP	Cardiology
33259	ATRIA ABLTJ and RCNSTJ W/OTHER PX EXTEN W/BYPASS	Cardiology
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	Cardiology
33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Cardiology
33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Cardiology
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Cardiology
33265	NDSC ABLATION and RCNSTJ ATRIA LIMITED W/O BYPAS	Cardiology
33266	NDSC ABLATION and RCNSTJ ATRIA EXTEN W/O BYPASS	Cardiology
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Cardiology
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Cardiology
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Cardiology
33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Cardiology
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	Cardiology
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	Cardiology
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	Cardiology
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Cardiology

33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Cardiology
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Cardiology
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Cardiology
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Cardiology
33300	REPAIR CARDIAC WOUND W/O BYPASS	Cardiology
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	Cardiology
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	Cardiology
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	Cardiology
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	Cardiology
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	Cardiology
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	Cardiology
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	Cardiology
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	Cardiology
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Cardiology
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	Cardiology
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	Cardiology
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	Cardiology
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	Cardiology
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	Cardiology
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	Cardiology
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	Cardiology
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	Cardiology
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	Cardiology
33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	Cardiology
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	Cardiology
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	Cardiology
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	Cardiology
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	Cardiology
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	Cardiology
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	Cardiology
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	Cardiology
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	Cardiology
33413	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	Cardiology
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	Cardiology
33415	RESECTION/INCISION SUBVALVULAR TISSUE	Cardiology
33416	VENTRICULOMYOTOMY-MYECTOMY	Cardiology
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	Cardiology
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	Cardiology
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	Cardiology
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	Cardiology

33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	Cardiology
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	Cardiology
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	Cardiology
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	Cardiology
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	Cardiology
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Cardiology
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	Cardiology
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	Cardiology
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	Cardiology
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	Cardiology
33468	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	Cardiology
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	Cardiology
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	Cardiology
33475	REPLACEMENT PULMONARY VALVE	Cardiology
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	Cardiology
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Cardiology
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	Cardiology
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	Cardiology
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	Cardiology
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	Cardiology
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	Cardiology
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	Cardiology
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	Cardiology
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	Cardiology
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	Cardiology
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	Cardiology
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	Cardiology
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	Cardiology
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	Cardiology
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	Cardiology
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	Cardiology
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	Cardiology
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	Cardiology
33516	CORONARY ARTERY BYPASS 6/ Plus CORONARY VENOUS GRAFT	Cardiology
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN	Cardiology
33518	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN	Cardiology
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN	Cardiology
33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN	Cardiology
33522	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 5 VEIN	Cardiology

33523	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 6 VEIN	Cardiology
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	Cardiology
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	Cardiology
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	Cardiology
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	Cardiology
33536	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	Cardiology
33542	MYOCARDIAL RESECTION	Cardiology
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	Cardiology
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	Cardiology
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	Cardiology
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	Cardiology
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	Cardiology
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	Cardiology
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	Cardiology
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	Cardiology
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	Cardiology
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	Cardiology
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	Cardiology
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	Cardiology
33619	RPR 1 VNTRC W/O/F OBSTRCJ and AORTIC ARCH HYPOPLAS	Cardiology
33620	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	Cardiology
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	Cardiology
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	Cardiology
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	Cardiology
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	Cardiology
33647	RPR ATRIAL and VENTRIC SEPTAL DFCT DIR/PATCH CLS	Cardiology
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	Cardiology
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	Cardiology
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	Cardiology
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	Cardiology
33676	CLOSURE MULTIPLE VSD W/RESECTION	Cardiology
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	Cardiology
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	Cardiology
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	Cardiology
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	Cardiology
33690	BANDING PULMONARY ARTERY	Cardiology
33692	Complete Repair Tetralogy of Fallot without Pulmonary atresia	Cardiology
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	Cardiology
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	Cardiology
33702	RPR SINUS VALSALVA FISTULA	Cardiology
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	Cardiology

33720	RPR SINUS VALSALVA ANEURYSM	Cardiology
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	Cardiology
33726	REPAIR PULMONARY VENOUS STENOSIS	Cardiology
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	Cardiology
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	Cardiology
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	Cardiology
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	Cardiology
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	Cardiology
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	Cardiology
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	Cardiology
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	Cardiology
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	Cardiology
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	Cardiology
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	Cardiology
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	Cardiology
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	Cardiology
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	Cardiology
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	Cardiology
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	Cardiology
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	Cardiology
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	Cardiology
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	Cardiology
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	Cardiology
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	Cardiology
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	Cardiology
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	Cardiology
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	Cardiology
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	Cardiology
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	Cardiology
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	Cardiology
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	Cardiology
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	Cardiology
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	Cardiology
33802	DIVISION ABERRANT VESSEL VASCULAR RING	Cardiology
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	Cardiology
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	Cardiology
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	Cardiology
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	Cardiology
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	Cardiology
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	Cardiology

33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	Cardiology	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	Cardiology	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	Cardiology	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	Cardiology	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Cardiology	
33863	AS-AORT GRF W/CARD BYP and AORTIC ROOT RPLCMT	Cardiology	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	Cardiology	
33866	AORTIC HEMIARCH GRAFT W/ISOL and CTRL ARCH VESSELS	Cardiology	
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	Cardiology	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	Cardiology	
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	Cardiology	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	Cardiology	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	Cardiology	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	Cardiology	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	Cardiology	
33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	Cardiology	
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	Cardiology	
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	Cardiology	
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Cardiology	
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Cardiology	
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Cardiology	
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Cardiology	
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims.
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	Cardiology	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	Cardiology	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	Cardiology	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	Cardiology	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	Cardiology	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	Cardiology	
33924	LIG and TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	Cardiology	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	Cardiology	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	Cardiology	
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	Cardiology	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	Cardiology	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	Cardiology	
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	Cardiology	

34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	Cardiology
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	Cardiology
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	Cardiology
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	Cardiology
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	Cardiology
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG	Cardiology
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	Cardiology
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	Cardiology
34501	VALVULOPLASTY FEMORAL VEIN	Cardiology
34502	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	Cardiology
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	Cardiology
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	Cardiology
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	Cardiology
34701	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	Cardiology
34702	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	Cardiology
34703	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	Cardiology
34704	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	Cardiology
34705	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	Cardiology
34706	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	Cardiology
34707	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	Cardiology
34708	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL and LEG	Cardiology
34709	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	Cardiology
34710	THRMBC DIR/W/CATH AXILL and SUBCLAVIAN VEIN ARM IN	Cardiology
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	Cardiology
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	Cardiology
34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	Cardiology
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Cardiology
34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	Cardiology
34716	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	Cardiology
34717	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	Cardiology
34718	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	Cardiology
34808	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	Cardiology
34812	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	Cardiology
34813	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	Cardiology
34820	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	Cardiology
34830	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	Cardiology
34831	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	Cardiology
34832	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	Cardiology
34833	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	Cardiology
34834	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	Cardiology

34839	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	Cardiology
34841	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	Cardiology
34842	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	Cardiology
34843	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	Cardiology
34844	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Cardiology
34845	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Cardiology
34846	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	Cardiology
34847	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	Cardiology
34848	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	Cardiology
35001	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	Cardiology
35002	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	Cardiology
35005	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	Cardiology
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	Cardiology
35013	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	Cardiology
35021	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	Cardiology
35022	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	Cardiology
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	Cardiology
35081	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	Cardiology
35082	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	Cardiology
35091	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	Cardiology
35092	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	Cardiology
35102	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	Cardiology
35103	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	Cardiology
35111	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	Cardiology
35112	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	Cardiology
35121	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	Cardiology
35122	DIR RPR ANEURYSM VERTEBRAL ARTERY	Cardiology
35131	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	Cardiology
35132	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	Cardiology
35141	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	Cardiology
35142	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	Cardiology
35151	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	Cardiology
35152	DIR RPR ANEURYSM ABDOMINAL AORTA	Cardiology
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	Cardiology
35182	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	Cardiology
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	Cardiology
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	Cardiology
35189	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	Cardiology
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	Cardiology

35201	REPAIR BLOOD VESSEL DIRECT NECK	Cardiology
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	Cardiology
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	Cardiology
35211	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	Cardiology
35216	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	Cardiology
35221	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	Cardiology
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	Cardiology
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	Cardiology
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	Cardiology
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	Cardiology
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	Cardiology
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	Cardiology
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	Cardiology
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	Cardiology
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	Cardiology
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	Cardiology
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	Cardiology
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	Cardiology
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	Cardiology
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	Cardiology
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	Cardiology
35303	TEAEC W/GRAFT POPLITEAL ARTERY	Cardiology
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	Cardiology
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	Cardiology
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	Cardiology
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	Cardiology
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	Cardiology
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	Cardiology
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	Cardiology
35351	TEAEC W/WO PATCH GRAFT ILIAC	Cardiology
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	Cardiology
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	Cardiology
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	Cardiology
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	Cardiology
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	Cardiology
35390	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	Cardiology
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	Cardiology
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	Cardiology
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	Cardiology
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	Cardiology
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	Cardiology

35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	Cardiology
35510	BYPASS W/VEIN CAROTID-BRACHIAL	Cardiology
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	Cardiology
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	Cardiology
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	Cardiology
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	Cardiology
35518	BYPASS W/VEIN AXILLARY-AXILLARY	Cardiology
35521	BYPASS W/VEIN AXILLARY-FEMORAL	Cardiology
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	Cardiology
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	Cardiology
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	Cardiology
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	Cardiology
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	Cardiology
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	Cardiology
35535	BYPASS W/VEIN HEPATORENAL	Cardiology
35536	BYPASS W/VEIN SPLENORENAL	Cardiology
35537	BYPASS W/VEIN AORTOILIAC	Cardiology
35538	BYPASS W/VEIN AORTOBI-ILIAC	Cardiology
35539	BYPASS W/VEIN AORTOFEMORAL	Cardiology
35540	BYPASS W/VEIN AORTOBIFEMORAL	Cardiology
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	Cardiology
35558	BYPASS W/VEIN FEMORAL-FEMORAL	Cardiology
35560	BYPASS W/VEIN AORTORENAL	Cardiology
35563	BYPASS W/VEIN ILIOILIAC	Cardiology
35565	BYPASS W/VEIN ILIOFEMORAL	Cardiology
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	Cardiology
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	Cardiology
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	Cardiology
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	Cardiology
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	Cardiology
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	Cardiology
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	Cardiology
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	Cardiology
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	Cardiology
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	Cardiology
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	Cardiology
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	Cardiology
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	Cardiology
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	Cardiology
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	Cardiology
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	Cardiology
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	Cardiology
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	Cardiology
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	Cardiology
35636	BYP OTH/THN VEIN SPLENORENAL	Cardiology
35637	BYP OTH/THN VEIN AORTOILIAC	Cardiology
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	Cardiology
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	Cardiology
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	Cardiology
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	Cardiology

35647	BYP OTH/THN VEIN AORTOFEMORAL	Cardiology
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	Cardiology
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	Cardiology
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	Cardiology
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	Cardiology
35663	BYP OTH/THN VEIN ILIOILIAC	Cardiology
35665	BYP OTH/THN VEIN ILIOFEMORAL	Cardiology
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	Cardiology
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	Cardiology
35681	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	Cardiology
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	Cardiology
35683	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	Cardiology
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	Cardiology
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	Cardiology
35691	TRPOS and /RIMPLTJ VERTEBRAL CAROTID ART	Cardiology
35693	TRPOS and /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	Cardiology
35694	TRPOS and /RIMPLTJ SUBCLAVIAN CAROTID ART	Cardiology
35695	TRPOS and /RIMPLTJ CAROTID SUBCLAVIAN ART	Cardiology
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	Cardiology
35700	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	Cardiology
35701	EXPLORATION N/FLWD SURG NECK ARTERY	Cardiology
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	Cardiology
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	Cardiology
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	Cardiology
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	Cardiology
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	Cardiology
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	Cardiology
35870	RPR GRF-ENTERIC FSTL	Cardiology
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	Cardiology
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	Cardiology
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	Cardiology
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	Cardiology
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	Cardiology
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	Cardiology
35901	EXCISION INFECTED NECK GRAFT	Cardiology
35903	EXCISION INFECTED GRAFT EXTREMITY	Cardiology
35905	EXCISION INFECTED GRAFT THORAX	Cardiology
35907	EXCISION INFECTED GRAFT ABDOMEN	Cardiology
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	Cardiology
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	Cardiology
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	Cardiology
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	Cardiology
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	Cardiology

36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	Cardiology	
36200	INTRODUCTION CATHETER AORTA	Cardiology	
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	Cardiology	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	Cardiology	
36217	SLCTV CATHJ 3RD Plus ORD SLCTV THRC/BRCH/CPHLC BRNCH	Cardiology	
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	Cardiology	Evolent responsible for claims. PA not required.
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	Cardiology	
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	Cardiology	
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	Cardiology	
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Cardiology	
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	Cardiology	
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	Cardiology	
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	Cardiology	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	Cardiology	
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH	Cardiology	
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	Cardiology	Evolent responsible for claims. PA not required.
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	Cardiology	
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	Cardiology	
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	Cardiology	
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	Cardiology	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Cardiology	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Cardiology	
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Cardiology	
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Cardiology	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Cardiology	

36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Cardiology	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Cardiology	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Cardiology	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Cardiology	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Cardiology	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Cardiology	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Cardiology	
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	Cardiology	
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	Cardiology	
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	Cardiology	
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	Cardiology	
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	Cardiology	
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	Cardiology	
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	Cardiology	
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	Cardiology	
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	Cardiology	
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	Cardiology	
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	Cardiology	
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	Cardiology	
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	Cardiology	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	Cardiology	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	Cardiology	
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	Cardiology	
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	Cardiology	
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	Cardiology	
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	Cardiology	
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	Cardiology	Evolent responsible for claims. PA not required.

37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	Cardiology	
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	Cardiology	
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Cardiology	
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	Cardiology	
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	Cardiology	
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	Cardiology	
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	Cardiology	
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	Cardiology	
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	Cardiology	
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	Cardiology	
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	Cardiology	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	Cardiology	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	Cardiology	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	Cardiology	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.

37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	Cardiology	
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	Cardiology	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	Cardiology	
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	Cardiology	
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Cardiology	
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	Cardiology	
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	Cardiology	
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	Cardiology	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.

37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Cardiology	
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Cardiology	
37565	LIGATION INTERNAL JUGULAR VEIN	Cardiology	
37600	LIGATION EXTERNAL CAROTID ARTERY	Cardiology	
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	Cardiology	
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	Cardiology	
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	Cardiology	
37609	LIGATION/BIOPSY TEMPORAL ARTERY	Cardiology	
37618	LIGATION MAJOR ARTERY EXTREMITY	Cardiology	
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	Cardiology	
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	Cardiology	
37660	LIGATION OF COMMON ILIAC VEIN	Cardiology	
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Cardiology	
37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Cardiology	
37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Cardiology	
37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Cardiology	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Cardiology	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Cardiology	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Cardiology	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Cardiology	
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Cardiology	
37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Cardiology	
38746	THORCOM THRC W/MEDSTNL and REGIONAL LMPHADEC	Cardiology	
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	Cardiology	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	Cardiology	
39200	RESECTION OF MEDIASTINAL CYST	Cardiology	
39220	RESECTION MEDIASTINAL TUMOR	Cardiology	
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	Cardiology	
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	Cardiology	
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Cardiology	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Cardiology	
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Cardiology	
75563	CARDIAC MRI W W O CONTRAST W STRESS	Cardiology	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Cardiology	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Cardiology	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Cardiology	
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Cardiology	
75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Cardiology	

75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	Cardiology	
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	Cardiology	
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	Cardiology	
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	Cardiology	
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	Cardiology	
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	Cardiology	
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	Cardiology	
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	Cardiology	
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	Cardiology	
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	Cardiology	
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	Cardiology	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	Cardiology	
76932	US ENDOMYOCARDIAL BIOPSY RS AND I	Cardiology	
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	Cardiology	
76984	DX INTRAOP THORACIC AORTA US	Cardiology	
76987	DX INTRAOP EPICAR CAR US CHD	Cardiology	
76988	DX NTROP EPCR US CHD IMG ACQ	Cardiology	
76989	DX INTRAOP EPCAR US CHD I&R	Cardiology	
78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM	Cardiology	
78428	CARDIAC SHUNT DETECTION	Cardiology	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Cardiology	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Cardiology	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Cardiology	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Cardiology	
78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Cardiology	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Cardiology	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Cardiology	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Cardiology	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Cardiology	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Cardiology	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Cardiology	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Cardiology	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Cardiology	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Cardiology	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Cardiology	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Cardiology	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Cardiology	
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Cardiology	
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Cardiology	

78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Cardiology	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	Cardiology	
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	Cardiology	
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	Cardiology	
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	Cardiology	
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	Cardiology	
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	Cardiology	
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	Cardiology	
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	Cardiology	
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	Cardiology	
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	Cardiology	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	Cardiology	
92972	PERQ TRLUML CORONRY LITHOTRP	Cardiology	

92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	Cardiology	
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	Cardiology	
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	Cardiology	
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	Cardiology	
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	Cardiology	
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	Cardiology	
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	Cardiology	
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	Cardiology	
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	Cardiology	
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	Cardiology	
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	Cardiology	
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	Cardiology	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Cardiology	
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	Cardiology	No PA
93225	XTRNL ECG & 48 HR RECORDING	Cardiology	No PA
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	Cardiology	No PA
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	Cardiology	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	Cardiology	
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Cardiology	
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Cardiology	
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Cardiology	
93243	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Cardiology	
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Cardiology	
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Cardiology	
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Cardiology	
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Cardiology	
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Cardiology	

93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	Cardiology	
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	Cardiology	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Cardiology	
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	Cardiology	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	Cardiology	
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	Cardiology	
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	Cardiology	
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	Cardiology	
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	Cardiology	
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	Cardiology	
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	Cardiology	
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	Cardiology	
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	Cardiology	
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	Cardiology	
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	Cardiology	
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	Cardiology	
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	Cardiology	
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	Cardiology	
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	Cardiology	
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	Cardiology	
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	Cardiology	
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	Cardiology	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Cardiology	Evolent responsible for claims. PA not required.
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	Cardiology	
93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	Cardiology	
93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D	Cardiology	
93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP	Cardiology	
93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD	Cardiology	
93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R	Cardiology	
93313	ECHO R-T 2D W PROBE PLACEMENT ONLY	Cardiology	
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY	Cardiology	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R	Cardiology	
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	Cardiology	
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT	Cardiology	
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	Cardiology	
93319	3D ECHO IMG and PST-PXESSING TEE/TTE CGEN CAR ANOMAL	Cardiology	

93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	Cardiology	
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	Cardiology	Evolent responsible for claims. PA not required.
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	Cardiology	
93350	ECHO TTHRC R-T 2D W M-MODE COMPLETE REST AND ST	Cardiology	
93351	ECHO TTHRC R-T 2D W M-MODE REST AND STRS CONT ECG	Cardiology	
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	Cardiology	
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	Cardiology	Evolent responsible for claims. PA not required.
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT	Cardiology	
93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I	Cardiology	
93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I	Cardiology	
93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I	Cardiology	
93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I	Cardiology	
93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I	Cardiology	
93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I	Cardiology	
93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I	Cardiology	
93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I	Cardiology	
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	Cardiology	
93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I	Cardiology	
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	Cardiology	
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	Cardiology	
93505	ENDOMYOCARDIAL BIOPSY	Cardiology	
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.

93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93567	NJX SUPRAVALV AORTOG HRT CATH W/S AND I	Cardiology	
93568	NJX PULMONARY ANGIO HRT CATH W/S AND I	Cardiology	
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.

93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Cardiology	
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	Cardiology	
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Cardiology	
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	Cardiology	
93584	VNGRPH CHD ANOM/PERSIST SVC	Cardiology	
93585	VNGRPH CHD AZYGS/HEMIAZYGS	Cardiology	
93586	VNGRPH CHD CORONARY SINUS	Cardiology	
93587	VNGRPH CHD VNVN CLTRL AT/ABV	Cardiology	
93588	VNGRPH CHD VNVN CLTRL BELOW	Cardiology	
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	Cardiology	
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	Cardiology	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93593	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	Cardiology	
93594	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	Cardiology	
93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	Cardiology	
93596	R and L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	Cardiology	
93597	R and L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	Cardiology	
93598	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	Cardiology	
93600	BUNDLE OF HIS RECORDING	Cardiology	
93602	INTRA-ATRIAL RECORDING	Cardiology	
93603	RIGHT VENTRICULAR RECORDING	Cardiology	
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93610	INTRA-ATRIAL PACING	Cardiology	
93612	INTRAVENTRICULAR PACING	Cardiology	
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	Cardiology	
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	Cardiology	
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	Cardiology	
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	Cardiology	
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	Cardiology	
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	Cardiology	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.

93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS	Cardiology	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	Cardiology	
93631	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	Cardiology	
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	Cardiology	
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	Cardiology	
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	Cardiology	
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	Cardiology	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	Cardiology	
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	Cardiology	
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	Cardiology	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	Cardiology	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	Cardiology	Evolent responsible for claims. PA not required.
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	Cardiology	
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S AND I	Cardiology	
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	Cardiology	
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	Cardiology	
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	Cardiology	
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	Cardiology	
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	Cardiology	
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	Cardiology	
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	Cardiology	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Cardiology	
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	Cardiology	
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	Cardiology	
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	Cardiology	
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	Cardiology	
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	Cardiology	
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	Cardiology	

93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY		Cardiology	
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY		Cardiology	
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY		Cardiology	
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM		Cardiology	
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE		Cardiology	
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD		Cardiology	
93990	DUPLEX SCAN HEMODIALYSIS ACCESS		Cardiology	
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose		Cardiology	Evolent responsible for claims. PA not required.
A9505	Thallium		Cardiology	Evolent responsible for claims. PA not required.
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi		Cardiology	Evolent responsible for claims. PA not required.
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi		Cardiology	Evolent responsible for claims. PA not required.
A9540	Technetium Tc-99m macroaggregated albumin, diagNstic, per study dose, up to 10 millicuries		Cardiology	Evolent responsible for claims. PA not required.
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries		Cardiology	Evolent responsible for claims. PA not required.
A9555	Rubidium Rb-82		Cardiology	Evolent responsible for claims. PA not required.
A9560	Technetium Tc-99M Labeled Rbc Dx Up To 30Mci		Cardiology	Evolent responsible for claims. PA not required.
A9700	Supply of injectable contrast material for use in echocardiography, per study		Cardiology	Evolent responsible for claims. PA not required.
G0278	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH		Cardiology	
J0153	Nuclear Stress Test/ Myocardial Perfusion Imaging Mpi-Injection, AdeNsine for DiagNstic Use, 1Mg (Nt To Be Used To Report any AdeNsine Phosphate Compunds, Instead Use A9270)		Cardiology	Evolent responsible for claims. PA not required.
J0280	Injection Aminophyllin up to 250 mg		Cardiology	Evolent responsible for claims. PA not required.
J1245	Injection, dipyridamole - Nuclear Stress Test / Myocardial Perfusion Imaging (MPI)		Cardiology	Evolent responsible for claims. PA not required.
J1250	Injection, dobutamine HCl - Nuclear Stress Test / Myocardial Perfusion Imaging (MPI)		Cardiology	Evolent responsible for claims. PA not required.
J2785	RegadeNson for DiagNstic Use		Cardiology	Evolent responsible for claims. PA not required.
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY		Pharmaceutical	UM only
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS		Pharmaceutical	UM only
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN		Pharmaceutical	UM only
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION		Pharmaceutical	UM only
J2468	Injection, palonosetron HCl (Posfrea), 25 mcg	PALONOSETRON	Pharmaceutical	No PA required
J2802	INJECTION ROMIPLOSTIM 10 MCG	NPLATE	Pharmaceutical	
J8611	METHOTREXATE ORAL SOLUTION	JYLAMVO	Pharmaceutical	No PA required
J8999	MERCAPTOPURINE	PURINETHOL	Pharmaceutical	
J8999	MERCAPTOPURINE ORAL SUSPENSION	PURIXAN	Pharmaceutical	
J9026	TARLATAMAB INJECTION	IMDELLTRA	Pharmaceutical	
J9028	NOGAPENDEKIN ALFA INBAKICEPT-PMLN INJECTION	ANKTIVA	Pharmaceutical	
J9292	PEMETREXED (AVYXA) INJECTION	AXTLE	Pharmaceutical	
J9370	VINCRISTINE SULFATE 1 MG	Vincasar PFS	Pharmaceutical	
J9999	BORTEZOMIB INJECTION IV/SQ	BORUZU	Pharmaceutical	
J9999	ATEZOLIZUMAB HYALURONIDASE TQJS INJECTION	TECENTRIQ HYBREZA	Pharmaceutical	
A9513	LUTETIUM LU 177 DOTATATE	LUTATHERA	Pharmaceutical	
A9543	IBRITUMOMAB TIUXETAN	ZEVALIN	Pharmaceutical	

A9590	IOBENGUANE I 131	AZEDRA	Pharmaceutical	
A9600	STRONTIUM 89	METASTRON	Pharmaceutical	
A9604	SAMARIUM SM 153 LEXIDRONAM PENTASODIUM INJECTION	QUADRAMET	Pharmaceutical	
A9606	RADIUM RA 223 DICHLORIDE	XOFIGO	Pharmaceutical	
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	PLUVICTO	Pharmaceutical	
C9047	CAPLACIZUMAB-YHDP INJECTION	CABLIVI	Pharmaceutical	
C9163	INJ TALQUETAMAB-TGVS 0.25 MG		Pharmaceutical	
C9293	GLUCARPIDASE	VORAXAZE	Pharmaceutical	
J0185	APREPITANT INJECTION	CINVANTI	Pharmaceutical	
J0202	ALEMTUZUMAB INJECTION	CAMPATH	Pharmaceutical	Currently off market
J0207	INJECTION AMIFOSTINE 500 MG	ETHYOL	Pharmaceutical	
J0630	CALCITONIN SALMON	MIACALCIN	Pharmaceutical	
J0641	LEVOLEUCOVORIN CALCIUM INJECTION	FUSILEV	Pharmaceutical	
J0642	LEVOLEUCOVORIN	KHAPZORY	Pharmaceutical	
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	ARANESP	Pharmaceutical	
J0885	EPOETIN ALFA FOR NON-ESRD (EPOGEN)	EPOGEN	Pharmaceutical	
J0885	EPOETIN ALFA FOR NON-ESRD (PROCRIT)	PROCRIT	Pharmaceutical	
J0888	EPOETIN BETA; NON-ESRD (MIRCERA)	MIRCERA	Pharmaceutical	
J0893	INJ, DECITABINE (SUN PHARMA)		Pharmaceutical	
J0894	INJECTION DECITABINE 1 MG	DACOGEN	Pharmaceutical	
J0896	LUSPATERCEPT-AAMT	REBLOZYL	Pharmaceutical	
J0897	DENOSUMAB PROLIA INJECTION	PROLIA	Pharmaceutical	
J0897	DENOSUMAB XGEVA INJECTION	XGEVA	Pharmaceutical	
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	ZINECARD	Pharmaceutical	
J1260	DOLASETRON MESYLATE	ANZEMET	Pharmaceutical	
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG		Pharmaceutical	
J1437	FERRIC DERISOMALTOSE INJECTION	MONOFERRIC	Pharmaceutical	
J1437	FERRIC DERISOMALTOSE INJECTION (20MG/KG)	MONOFERRIC (20MG/KG)	Pharmaceutical	
J1439	FERRIC CARBOXYMALTOSE	INJECTAFER	Pharmaceutical	
J1439	FERRIC CARBOXYMALTOSE (15MG/KG)	INJECTAFER (15MG/KG)	Pharmaceutical	
J1442	FILGRASTIM G-CSF 1 MCG INJECTION	NEUPOGEN	Pharmaceutical	
J1447	TBO-FILGRASTIM	GRANIX	Pharmaceutical	
J1448	TRILACICLIB INJECTION	COSELA	Pharmaceutical	
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG		Pharmaceutical	
J1454	FOSNETUPITANT/PALONOSETRON (INJECTION)	AKYNZEO (INJECTION)	Pharmaceutical	
J1456	FOSAPREPITANT (TEVA) INJECTION	EMEND	Pharmaceutical	
J1459	IMMUNE GLOBULIN (PRIVIGEN) INJECTION	PRIVIGEN	Pharmaceutical	
J1554	IMMUNE GLOBULIN (ASCENIV) INJECTION	ASCENIV	Pharmaceutical	
J1556	IMMUNE GLOBULIN (BIVIGAM) INJECTION	BIVIGAM	Pharmaceutical	
J1557	IMMUNE GLOBULIN (GAMMAPLEX) INJECTION	GAMMAPLEX	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMMAKED) INJECTION	GAMMAKED	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMUNEX) INJECTION	GAMUNEX	Pharmaceutical	
J1561	IMMUNE GLOBULIN (GAMUNEX-C) INJECTION	GAMUNEX-C	Pharmaceutical	
J1566	IMMUNE GLOBULIN (CARIMUNE NF) INJECTION	CARIMUNE NF	Pharmaceutical	
J1566	IMMUNE GLOBULIN, POWDER	IMMUNE GLOBULIN	Pharmaceutical	
J1568	IMMUNE GLOBULIN (OCTAGAM) INJECTION	OCTAGAM	Pharmaceutical	
J1569	IMMUNE GLOBULIN (GAMMAGARD) INJECTION	GAMMAGARD	Pharmaceutical	
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG		Pharmaceutical	
J1599	IMMUNE GLOBULIN (PANZYGA) INJECTION	PANZYGA	Pharmaceutical	

J1627	GRANISETRON HCL EXTENDED RELEASE INJECTION	SUSTOL	Pharmaceutical	
J1740	INJECTION IBANDRONATE SODIUM 1 MG	BONIVA	Pharmaceutical	(No PA for Evolent)
J1756	INJECTION IRON SUCROSE 1 MG		Pharmaceutical	No PA Required. Evolent reviews with regimen.
J1930	LANREOTIDE	SOMATULINE DEPOT	Pharmaceutical	
J1932	LANREOTIDE	CIPLA	Pharmaceutical	
J1950	LEUPROLIDE ACETATE INJECTION	LUPRON DEPOT	Pharmaceutical	
J1952	LEUPROLIDE INJECTION	CAMCEVI	Pharmaceutical	
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)		Pharmaceutical	
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	APHEXDA	Pharmaceutical	
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	SANDOSTATIN LAR DEPOT	Pharmaceutical	
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	SANDOSTATIN	Pharmaceutical	
J2354	OCTREOTIDE ACETATE NON- DEPOT INJECTION	BYNFEZIA PEN	Pharmaceutical	
J2506	PEGFILGRASTIM DELIVERY KIT (ON-BODY INJECTOR)	NEULASTA	Pharmaceutical	
J2506	PEGFILGRASTIM INJECTION	NEULASTA	Pharmaceutical	
J2783	INJECTION RASBURICASE 0.5 MG	ELITEK	Pharmaceutical	
J2797	ROLAPITANT	VARUBI	Pharmaceutical	Currently off market
J2820	INJECTION SARGRAMOSTIM 50 MCG	LEUKINE	Pharmaceutical	
J2860	SILTUXIMAB	SYLVANT	Pharmaceutical	
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG		Pharmaceutical	
J3111	ROMOSOZUMAB-AQQG	EVENITY	Pharmaceutical	
J3315	TRIPTORELIN PAMOATE INJECTION	TRELSTAR	Pharmaceutical	
J3489	ZOLEDRONIC ACID / ZOMETA INJECTION 4MG/5ML	ZOMETA 4MG/5ML	Pharmaceutical	No PA required
J3489	ZOLEDRONIC ACID RECLAST INJECTION	RECLAST	Pharmaceutical	No PA required
J3490	OCTREOTIDE ACETATE NON- DEPOT INJECTION	BYNFEZIA PEN	Pharmaceutical	
J3590	CAPLACIZUMAB-YHDP INJECTION	CABLIVI	Pharmaceutical	
J3590	GLUCARPIDASE	VORAXAZE	Pharmaceutical	
J3590	DENOSUMAB-BBDZ	JUBBONTI	Pharmaceutical	
J3590	DENOSUMAB-BBDZ	WYOST	Pharmaceutical	
J3590	INJECTION FILGRASTIM-TXID	NYPOZI	Pharmaceutical	
J7527	EVEROLIMUS ORAL	AFINITOR	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8499	ANAGRELIDE	AGRYLIN	Pharmaceutical	
J8499	AVATROMBOPAG	DOPTELET	Pharmaceutical	
J8499	ELTROMBOPAG ORAL SUSPENSION	PROMACTA ORAL SUSPENSION	Pharmaceutical	
J8499	ELTROMBOPAG TABLET	PROMACTA TABLET	Pharmaceutical	
J8499	FERRIC MALTOL	ACCRUFER	Pharmaceutical	
J8499	FOSTAMATINIB	TAVALISSE	Pharmaceutical	
J8499	LEUCOVORIN ORAL	LEUCOVORIN	Pharmaceutical	
J8499	LUSUTROMBOPAG	MULPLETA	Pharmaceutical	
J8501	APREPITANT ORAL 5 MG	EMEND	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8501	APREPITANT ORAL SUSPENSION	EMEND	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8501	APREPITANT TRIPAK 125-80 MG CAP	EMEND TRIPAK 125-80 MG CAP	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8510	BUSULFAN ORAL 2 MG	MYLERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8520	CAPECITABINE ORAL 150 MG	XELODA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8521	CAPECITABINE ORAL 500 MG	XELODA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	CYTOXAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8560	ETOPOSIDE ORAL	ETOPOSIDE ORAL	Pharmaceutical	No PA Required. Evolent reviews with regimen.

J8565	GEFITINIB	IRESSA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8600	MELPHALAN ORAL 2 MG	ALKERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8610	METHOTREXATE ORAL 2.5 MG	METHOTREXATE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8655	NETUPITANT/PALONOSETRON (ORAL)	AKYNZEO (ORAL)	Pharmaceutical	
J8670	ROLAPITANT, ORAL, 1 MG	VARUBI	Pharmaceutical	
J8700	TEMOZOLOMIDE ORAL 5 MG	TEMODAR	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8705	TOPOTECAN ORAL 0.25 MG	HYCAMTIN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8999	ABEMACICLIB	VERZENIO	Pharmaceutical	
J8999	ABIRATERONE ACETATE 250MG TABLET	ZYTIGA 250MG TABLET	Pharmaceutical	
J8999	ABIRATERONE ACETATE 500MG TABLET	ZYTIGA 500MG TABLET	Pharmaceutical	
J8999	ABIRATERONE MICRONIZED	YONSA	Pharmaceutical	
J8999	ACALABRUTINIB	CALQUENCE	Pharmaceutical	
J8999	AFATINIB	GILOTRIF	Pharmaceutical	
J8999	ALECTINIB	ALECENSA	Pharmaceutical	
J8999	ALPELISIB	PIQRAY	Pharmaceutical	
J8999	ANASTROZOLE	ARIMIDEX	Pharmaceutical	
J8999	APALUTAMIDE	ERLEADA	Pharmaceutical	
J8999	ASCIMINIB	SCEMBLIX	Pharmaceutical	
J8999	AVAPRITINIB	AYVAKIT	Pharmaceutical	
J8999	AXITINIB	INLYTA	Pharmaceutical	
J8999	AZACITIDINE ORAL	ONUREG	Pharmaceutical	
J8999	BEXAROTENE	TARGRETIN	Pharmaceutical	
J8999	BICALUTAMIDE	CASODEX	Pharmaceutical	
J8999	BINIMETINIB	MEKTOVI	Pharmaceutical	
J8999	BOSUTINIB	BOSULIF	Pharmaceutical	
J8999	BRIGATINIB	ALUNBRIG	Pharmaceutical	
J8999	CABOZANTINIB	COMETRIQ	Pharmaceutical	
J8999	CABOZANTINIB (CABOMETYX)	CABOMETYX	Pharmaceutical	
J8999	CAPMATINIB TABLET	TABRECTA	Pharmaceutical	
J8999	CERITINIB	ZYKADIA	Pharmaceutical	
J8999	COBIMETINIB	COTELLIC	Pharmaceutical	
J8999	CRIZOTINIB	XALKORI	Pharmaceutical	
J8999	DABRAFENIB	TAFINLAR	Pharmaceutical	
J8999	DACOMITINIB	VIZIMPRO	Pharmaceutical	
J8999	DAROLUTAMIDE	NUBEQA	Pharmaceutical	
J8999	DASATINIB	SPRYCEL	Pharmaceutical	
J8999	DECITABINE 35MG-CEDAZURIDINE 100MG	INQOVI	Pharmaceutical	
J8999	DUVELISIB	COPIKTRA	Pharmaceutical	
J8999	ENASIDENIB	IDHIFA	Pharmaceutical	
J8999	ENCORAFENIB	BRAFTOVI	Pharmaceutical	
J8999	ENTRECTINIB	ROZLYTREK	Pharmaceutical	
J8999	ENZALUTAMIDE	XTANDI	Pharmaceutical	
J8999	ERDAFITINIB	BALVERSA	Pharmaceutical	
J8999	ERLOTINIB	TARCEVA	Pharmaceutical	
J8999	ESTRAMUSTINE	EMCYT	Pharmaceutical	
J8999	EVEROLIMUS ORAL	AFINITOR	Pharmaceutical	

J8999	EXEMESTANE	AROMASIN	Pharmaceutical
J8999	FEDRATINIB	INREBIC	Pharmaceutical
J8999	FLUTAMIDE	EULEXIN	Pharmaceutical
J8999	FUTIBATINIB	LYTGOBI	Pharmaceutical
J8999	GILTERITINIB	XOSPATA	Pharmaceutical
J8999	GLASDEGIB	DAURISMO	Pharmaceutical
J8999	HYDROXYUREA	HYDREA	Pharmaceutical
J8999	IBRUTINIB	IMBRUVICA	Pharmaceutical
J8999	IDELALISIB	ZYDELIG	Pharmaceutical
J8999	IMATINIB MESYLATE	GLEEVEC	Pharmaceutical
J8999	INFIGRATINIB	TRUSELTIQ	Pharmaceutical
J8999	IVOSIDENIB	TIBSOVO	Pharmaceutical
J8999	IXAZOMIB	NINLARO	Pharmaceutical
J8999	LAPATINIB	TYKERB	Pharmaceutical
J8999	LAROTRECTINIB	VITRAKVI	Pharmaceutical
J8999	LENALIDOMIDE	REVLIMID	Pharmaceutical
J8999	LENVATINIB	LENVIMA	Pharmaceutical
J8999	LETROZOLE	FEMARA	Pharmaceutical
J8999	LORLATINIB	LORBRENA	Pharmaceutical
J8999	MEGESTROL ACETATE 625MG/5ML SUSPENSION	MEGACE ES	Pharmaceutical
J8999	MERCAPTOPURINE	PURINETHOL/PURIXAN	Pharmaceutical
J8999	MESNA ORAL	MESNEX	Pharmaceutical
J8999	MIDOSTAURIN	RYDAPT	Pharmaceutical
J8999	MITOTANE	LYSODREN	Pharmaceutical
J8999	NERATINIB	NERLYNX	Pharmaceutical
J8999	NILOTINIB	TASIGNA	Pharmaceutical
J8999	NILUTAMIDE	NILANDRON	Pharmaceutical
J8999	NIRAPARIB	ZEJULA	Pharmaceutical
J8999	OLAPARIB TABS	LYNPARZA	Pharmaceutical
J8999	OLUTASIDENIB ORAL	REZLIDHIA	Pharmaceutical
J8999	OSIMERTINIB	TAGRISSO	Pharmaceutical
J8999	PACRITINIB ORAL	VONJO	Pharmaceutical
J8999	PALBOCICLIB	IBRANCE	Pharmaceutical
J8999	PANOBINOSTAT	FARYDAK	Pharmaceutical
J8999	PAZOPANIB	VOTRIENT	Pharmaceutical
J8999	PEMIGATINIB	PEMAZYRE	Pharmaceutical
J8999	PEXIDARTINIB HCL	TURALIO	Pharmaceutical
J8999	POMALIDOMIDE	POMALYST	Pharmaceutical
J8999	PONATINIB	ICLUSIG	Pharmaceutical
J8999	PRALSETINIB	GAVRETO	Pharmaceutical
J8999	PROCARBAZINE	MATULANE	Pharmaceutical
J8999	RALOXIFENE	EVISTA	Pharmaceutical
J8999	REGORAFENIB	STIVARGA	Pharmaceutical
J8999	RELUGOLIX	ORGOVYX	Pharmaceutical

J8999	RIBOCICLIB	KISQALI	Pharmaceutical	
J8999	RIBOCICLIB -LETROZOLE CO-PACK	KISQALI FEMARA CO-PACK	Pharmaceutical	
J8999	RIPRETINIB	QINLOCK	Pharmaceutical	
J8999	RUCAPARIB	RUBRACA	Pharmaceutical	
J8999	RUXOLITINIB	JAKAFI	Pharmaceutical	
J8999	SELINEXOR	XPOVIO	Pharmaceutical	
J8999	SELPERCATINIB CAPSULE	RETEVMO	Pharmaceutical	
J8999	SELUMETINIB	KOSELUGO	Pharmaceutical	
J8999	SONIDEGIB	ODOMZO	Pharmaceutical	
J8999	SORAFENIB	NEXAVAR	Pharmaceutical	
J8999	SOTORASIB	LUMAKRAS	Pharmaceutical	
J8999	SUNITINIB	SUTENT	Pharmaceutical	
J8999	TALAZOPARIB	TALZENNA	Pharmaceutical	
J8999	TAZEMETOSTAT	TAZVERIK	Pharmaceutical	
J8999	TEPOTINIB TABLET	TEPMETKO	Pharmaceutical	
J8999	THALIDOMIDE	THALOMID	Pharmaceutical	
J8999	THIOGUANINE	TABLOID	Pharmaceutical	
J8999	TIVOZANIB	FOTIVDA	Pharmaceutical	
J8999	TOREMIFENE	FARESTON	Pharmaceutical	
J8999	TRAMETINIB	MEKINIST	Pharmaceutical	
J8999	TRETINOIN	TRETINOIN	Pharmaceutical	
J8999	TRIFLURIDINE/TIPIRACIL	LONSURF	Pharmaceutical	
J8999	TUCATINIB	TUKYSA	Pharmaceutical	
J8999	UMBRALISIB TABLET	UKONIQ	Pharmaceutical	
J8999	VANDETANIB	CAPRELSA	Pharmaceutical	
J8999	VEMURAFENIB	ZELBORAF	Pharmaceutical	
J8999	VENETOCLAX	VENCLEXTA	Pharmaceutical	
J8999	VISMODEGIB	ERIVEDGE	Pharmaceutical	
J8999	VORINOSTAT	ZOLINZA	Pharmaceutical	
J8999	ZANUBRUTINIB	BRUKINSA	Pharmaceutical	
J8999	DANICOPAN	VOYDEYA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
J8999	INVAVOLISIB ORAL	ITOVEBI	Pharmaceutical	
J9000	DOXORUBICIN HCL INJECTION	ADRIAMYCIN	Pharmaceutical	
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	PROLEUKIN	Pharmaceutical	
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	TRISENOX	Pharmaceutical	
J9021	ASPARAGINASE ERWINIA CHRYSANTHEMI RECOMBINANT-RYWN INJECTION	RYLAZE	Pharmaceutical	
J9022	ATEZOLIZUMAB	TECENTRIQ	Pharmaceutical	
J9023	AVELUMAB	BAVENCIO	Pharmaceutical	
J9025	INJECTION AZACITIDINE 1 MG	VIDAZA	Pharmaceutical	
J9027	INJECTION CLOFARABINE 1 MG	CLOLAR	Pharmaceutical	
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	ADSTILADRIN	Pharmaceutical	
J9030	BCG LIVE INTRAVESICAL VAC	TICE	Pharmaceutical	
J9032	BELINOSTAT	BELEODAQ	Pharmaceutical	
J9033	BENDAMUSTINE INJECTION (TREANDA)	TREANDA	Pharmaceutical	
J9034	BENDAMUSTINE (RAPID INFUSION BENDEKA)	BENDEKA	Pharmaceutical	
J9035	INJECTION BEVACIZUMAB 10 MG	AVASTIN	Pharmaceutical	

J9036	BENDAMUSTINE INJECTION (BELRAPZO)	BELRAPZO	Pharmaceutical
J9039	BLINATUMOMAB	BLINCYTO	Pharmaceutical
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	BLENOXANE	Pharmaceutical
J9041	BORTEZOMIB (VELCADE) FOR SQ INJECTION	VELCADE	Pharmaceutical
J9042	BRENTUXIMAB	ADCETRIS	Pharmaceutical
J9043	CABAZITAXEL	JEVTANA	Pharmaceutical
J9045	INJECTION CARBOPLATIN 50 MG	PARAPLATIN	Pharmaceutical
J9046	INJ, BORTEZOMIB, DR. REDDY'S		Pharmaceutical
J9047	CARFILZOMIB	KYPROLIS	Pharmaceutical
J9048	INJ, BORTEZOMIB FRESENIUSKAB		Pharmaceutical
J9049	INJ, BORTEZOMIB, HOSPIRA		Pharmaceutical
J9050	INJECTION CARMUSTINE 100 MG	BICNU	Pharmaceutical
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG		Pharmaceutical
J9052	INJ, CARMUSTINE (ACCORD)		Pharmaceutical
J9055	INJECTION CETUXIMAB 10 MG	ERBITUX	Pharmaceutical
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG		Pharmaceutical
J9057	COPANLISIB	ALIQOPA	Pharmaceutical
J9058	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG		Pharmaceutical
J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG		Pharmaceutical
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	PLATINOL	Pharmaceutical
J9061	AMIVANTAMAB-VMJW INJECTION	RYBREVANT	Pharmaceutical
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG		Pharmaceutical
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG		Pharmaceutical
J9065	INJECTION CLADRIBINE PER 1 MG	LEUSTATIN	Pharmaceutical
J9071	CYCLOPHOSPHAMIDE INJECTION (AUROMEDICS)	CYTOXAN	Pharmaceutical
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG		Pharmaceutical
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG		Pharmaceutical
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG		Pharmaceutical
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG		Pharmaceutical
J9100	INJECTION CYTARABINE 100 MG	CYTOSAR-U	Pharmaceutical
J9118	CALASPARGASE PEGOL-MKNL	ASPARLAS	Pharmaceutical
J9119	CEMIPLIMAB-RWLC	LIBTAYO	Pharmaceutical
J9120	INJECTION DACTINOMYCIN 0.5 MG	COSMEGEN	Pharmaceutical
J9130	DACARBAZINE 100 MG	DTIC-DOME	Pharmaceutical
J9144	DARATUMUMAB/HYALURONIDASE-FIHJ	DARZALEX FASPRO	Pharmaceutical
J9145	DARATUMUMAB	DARZALEX	Pharmaceutical
J9150	INJECTION DAUNORUBICIN 10 MG	DAUNORUBICIN	Pharmaceutical
J9153	DAUNORUBICIN AND CYTARABINE LIPOSOME	VYXEOS	Pharmaceutical
J9155	INJECTION DEGARELIX 1 MG	FIRMAGON	Pharmaceutical
J9171	INJECTION DOCETAXEL 1 MG	TAXOTERE	Pharmaceutical
J9172	DOCETAXEL (INGENUS), 1 MG		Pharmaceutical
J9173	DURVALUMAB	IMFINZI	Pharmaceutical
J9176	ELOTUZUMAB	EMPLICITI	Pharmaceutical
J9177	ENFORTUMAB VEDOTIN-EJFV	PADCEV	Pharmaceutical
J9178	EPIRUBICIN	ELLENCE	Pharmaceutical
J9179	ERIBULIN MESYLATE INJECTION	HALAVEN	Pharmaceutical
J9181	ETOPOSIDE INJECTION	TOPOSAR	Pharmaceutical
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	FLUDARA	Pharmaceutical
J9190	INJECTION FLUOROURACIL 500 MG	ADRUCIL	Pharmaceutical
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG		Pharmaceutical
J9198	GEMCITABINE HYDROCHLORIDE INJECTION	INFUGEM	Pharmaceutical
J9200	INJECTION FLOXURIDINE 500 MG	FUDR	Pharmaceutical
J9201	INJECTION GEMCITABINE HCL 200 MG	GEMZAR	Pharmaceutical
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	ZOLADEX	Pharmaceutical

J9203	GEMTUZUMAB OZOGAMICIN	MYLOTARG	Pharmaceutical	
J9204	MOGAMULIZUMAB - KPKC	POTELIGEO	Pharmaceutical	
J9205	IRINOTECAN LIPOSOME	ONIVYDE	Pharmaceutical	
J9206	INJECTION IRINOTECAN 20 MG	CAMPTOSAR	Pharmaceutical	
J9207	INJECTION IXABEPILONE 1 MG	IXEMPRA KIT	Pharmaceutical	
J9208	INJECTION IFOSFAMIDE 1 G	IFEX	Pharmaceutical	
J9209	INJECTION MESNA 200 MG	MESNEX	Pharmaceutical	
J9211	INJECTION IDARUBICIN HCL 5 MG	IDAMYCIN	Pharmaceutical	
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	INTRON-A	Pharmaceutical	
J9216	INTERFERON GAMMA 1B	ACTIMMUNE	Pharmaceutical	
J9217	LEUPROLIDE ACETATE SUSPENSION (ELIGARD)	ELIGARD	Pharmaceutical	
J9217	LEUPROLIDE ACETATE SUSPENSION (LUPRON DEPOT)	LUPRON DEPOT	Pharmaceutical	
J9218	LEUPROLIDE ACETATE INJECTION	LUPRON INJECTION (SELF-ADMINISTERED)	Pharmaceutical	
J9223	LURBINECTEDIN	ZEPZELCA	Pharmaceutical	
J9225	HISTRELIN IMPLANT VANTAS 50 MG	VANTAS	Pharmaceutical	
J9227	ISATUXIMAB-IRFC	SARCLISA	Pharmaceutical	
J9228	IPILIMUMAB	YERVOY	Pharmaceutical	
J9229	INOTUZUMAB OZOGAMICIN	BESPONSA	Pharmaceutical	
J9230	MECHLORETHAMINE	MUSTARGEN	Pharmaceutical	Currently off market
J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	ALKERAN	Pharmaceutical	
J9247	MELPHALAN FLUFENAMIDE	PEPAXTO	Pharmaceutical	
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	HEPZATO	Pharmaceutical	
J9255	INJ, METHOTREXATE (ACCORD)		Pharmaceutical	
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG		Pharmaceutical	
J9260	METHOTREXATE SODIUM INJ 50 MG	METHOTREXATE	Pharmaceutical	
J9261	INJECTION NELARABINE 50 MG	ARRANON	Pharmaceutical	
J9262	OMACETAXINE	SYNRIBO	Pharmaceutical	
J9263	INJECTION OXALIPLATIN 0.5 MG	ELOXATIN	Pharmaceutical	
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	ABRAXANE	Pharmaceutical	
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	ONCASPAR	Pharmaceutical	
J9267	PACLITAXEL INJECTION	TAXOL	Pharmaceutical	
J9268	INJECTION PENTOSTATIN 10 MG	NIPENT	Pharmaceutical	
J9269	TAGRAXOFUSP-ERZS	ELZONRIS	Pharmaceutical	
J9271	PEMBROLIZUMAB	KEYTRUDA	Pharmaceutical	
J9272	DOSTARLIMAB-GXLY INJECTION	JEMPERLI	Pharmaceutical	
J9273	TISOTUMAB VEDOTIN-TFTV	TIVDAK	Pharmaceutical	
J9274	TEBENTAFUSP-TEBN	KIMMTRAK	Pharmaceutical	Effective 10/1/22
J9280	MITOMYCIN 5 MG	MUTAMYCIN	Pharmaceutical	
J9281	MITOMYCIN PYELOCALYCEAL SOLUTION	JELMYTO	Pharmaceutical	
J9285	OLARATUMAB	LARTRUVO	Pharmaceutical	
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG		Pharmaceutical	
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	NOVANTRONE	Pharmaceutical	
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9295	NECITUMUMAB	PORTRAZZA	Pharmaceutical	
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9298	NIVOLUMAB AND RELATLIMAB-RMBW	OPDUALAG	Pharmaceutical	
J9299	NIVOLUMAB	OPDIVO	Pharmaceutical	
J9301	OBINUTUZUMAB	GAZYVA	Pharmaceutical	
J9302	OFATUMUMAB INJECTION	ARZERRA	Pharmaceutical	
J9303	INJECTION PANITUMUMAB 10 MG	VECTIBIX	Pharmaceutical	
J9304	PEMETREXED INJECTION	PEMFEXY	Pharmaceutical	
J9305	INJECTION PEMETREXED 10 MG	ALIMTA	Pharmaceutical	
J9306	PERTUZUMAB	PERJETA	Pharmaceutical	
J9307	INJECTION PRALATREXATE 1 MG	FOLOTYN	Pharmaceutical	

J9308	RAMUCIRUMAB	CYRAMZA	Pharmaceutical	
J9309	POLATUZUMAB VEDOTIN-PIIQ	POLIVY	Pharmaceutical	
J9311	RITUXIMAB AND HYALURONIDASE HUMAN	RITUXAN HYCELA	Pharmaceutical	
J9312	RITUXIMAB INJECTION	RITUXAN	Pharmaceutical	
J9313	MOXETUMOMAB PASUDOTOX-TDFK	LUMOXITI	Pharmaceutical	
J9314	PEMETREXED (TEVA) INJECTION	PEMETREXED	Pharmaceutical	
J9316	PERTUZUMAB/TRASTUZUMAB/HYALURONIDASE-ZZXF INJECTION	PHESGO	Pharmaceutical	
J9317	SACITUZUMAB GOVITECAN-HZIY	TRODELVY	Pharmaceutical	
J9318	ROMIDEPSIN INJECTION (SOLUTION)	ISTODAX (SOLUTION)	Pharmaceutical	
J9319	ROMIDEPSIN INJECTION (POWDER)	ISTODAX (POWDER)	Pharmaceutical	
J9320	INJECTION STREPTOZOCIN 1 G	ZANOSAR	Pharmaceutical	
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	EPKINLY	Pharmaceutical	
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG		Pharmaceutical	
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG		Pharmaceutical	
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG		Pharmaceutical	
J9325	TALIMOGENE LAHERPAREPVEC	IMLYGIC	Pharmaceutical	
J9328	INJECTION TEMOZOLOMIDE 1 MG	TEMODAR	Pharmaceutical	
J9330	INJECTION TEMSIROLIMUS 1 MG	TORISEL	Pharmaceutical	
J9331	SIROLIMUS PROTEINBOUND PARTICLES INJECTION	FYARRO	Pharmaceutical	
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG		Pharmaceutical	
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG		Pharmaceutical	
J9348	NAXITAMAB-GQGK INJECTION	DANYELZA	Pharmaceutical	
J9349	TAFASITAMAB-CXIX	MONJUVI	Pharmaceutical	
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG		Pharmaceutical	
J9351	INJECTION TOPOTECAN 0.1 MG	HYCAMTIN	Pharmaceutical	
J9352	TRABECTEDIN	YONDELIS	Pharmaceutical	
J9353	MARGETUXIMAB-CMKB	MARGENZA	Pharmaceutical	
J9354	ADO-TRASTUZUMAB EMTANSINE	KADCYLA	Pharmaceutical	
J9355	INJECTION TRASTUZUMAB 10 MG	HERCEPTIN	Pharmaceutical	
J9356	TRASTUZUMAB/HYALURONIDASE-OYSK	HERCEPTIN HYLECTA	Pharmaceutical	
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	VALSTAR	Pharmaceutical	
J9358	FAM-TRASTUZUMAB DERUXTECAN-NXKI	ENHERTU	Pharmaceutical	
J9359	LONCASTUXIMAB TESIRINE-LPYL INJECTION	ZYNLONTA	Pharmaceutical	
J9360	INJECTION VINBLASTINE SULFATE 1 MG	VELBAN	Pharmaceutical	
J9370	VINCRISTINE SULFATE 1 MG	ONCOVIN	Pharmaceutical	
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG		Pharmaceutical	
J9390	INJECTION VINORELBINE TARTRATE 10 MG	NAVELBINE	Pharmaceutical	
J9393	FULVESTRANT (TEVA) INJECTION	FASLODEX	Pharmaceutical	
J9394	FULVESTRANT (FRESNIUS KABI) INJECTION	FASLODEX	Pharmaceutical	
J9395	INJECTION FULVESTRANT 25 MG	FASLODEX	Pharmaceutical	
J9400	INJECTION, ZIV-AFLIBERCEPT	ZALTRAP	Pharmaceutical	
J9600	INJECTION PORFIMER SODIUM 75 MG	PHOTOFRIN	Pharmaceutical	
J9999	BEVACIZUMAB-MALY, BIOSIMILAR	ALYMSYS	Pharmaceutical	
J9999	DINUTUXIMAB	UNITUXIN	Pharmaceutical	
J9999	MIREVETUXIMAB SORAVTANSINE-GYNX INJECTION	MIRVETUXIMAB	Pharmaceutical	
J9999	MIRVETUXIMAB SORAVTANSINE-GYNX	Elahere	Pharmaceutical	
J9999	NIVOLUMAB 240MG-RELALTIMAB 80MG INJECTION	OPDUALAG	Pharmaceutical	
J9999	PEGINTERFERON ALFA-2B (SYLATRON)	SYLATRON	Pharmaceutical	
J9999	ROPEGINTERFERON ALFA-2B-NJFT INJECTION	BESREMI	Pharmaceutical	
J9999	INJECTION, LIFILEUCEL	AMTAGVI	Pharmaceutical	
J9999	TISLELIZUMAB-JSGR INJECTION	TEVIMBRA	Pharmaceutical	
J9999	ANASTROZOLE		Pharmaceutical	
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	FERAHEME	Pharmaceutical	
Q0162	ONDANSETRON ORAL SOLUBLE FILM	ZUPLENZ	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0162	ONDANSETRON HCL 8MG ORAL	ZOFRAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.

Q0166	GRANISETRON HCL ORAL 1 MG	KYTRIL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0167	DRONABINOL ORAL 2.5MG	DRONABINOL ORAL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0167	DRONABINOL ORAL SOLUTION	MARINOL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0177	HYDROXYZINE PAMOATE 50MG	VISTARIL	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q0180	DOLASETRON MESYLATE	ANZEMET	Pharmaceutical	No PA Required. Evolent reviews with regimen.
Q2041	AXICABTAGENE CILOLEUCEL	YESCARTA	Pharmaceutical	
Q2042	TISAGENLECLEUCEL	KYMRIAH	Pharmaceutical	
Q2043	SIPULEUCEL-T AUTO CD5+	PROVENGE	Pharmaceutical	
Q2049	IMPORTED LIPODOX INJ	LIPODOX	Pharmaceutical	
Q2050	LIPOSOMAL DOXORUBICIN	DOXIL	Pharmaceutical	
Q2053	BREXUCABTAGENE AUTOLEUCEL	TECARTUS	Pharmaceutical	
Q2054	LISOCABTAGENE MARALEUCEL INJECTION	BREYANZI	Pharmaceutical	
Q2055	IDECABTAGENE VICLEUCEL INJECTION	ABECMA	Pharmaceutical	
Q2056	CILTACABTAGENE AUTOLEUCEL INJECTION	CARVYKTI	Pharmaceutical	Effective 10/1/22
Q5101	FILGRASTIM-SNDZ	ZARXIO	Pharmaceutical	
Q5106	EPOETIN ALFA-EPBX (RETACRIT BIOSIMILAR)	RETACRIT	Pharmaceutical	
Q5107	BEVACIZUMAB - AWWB	MVASI	Pharmaceutical	
Q5108	PEGFILGRASTIM-JMDB	FULPHILA	Pharmaceutical	
Q5110	FILGRASTIM-AAFI (NIVESTYM BIOSIMILAR)	NIVESTYM	Pharmaceutical	
Q5111	PEGFILGRASTIM-CBQV	UDENYCA	Pharmaceutical	
Q5112	TRASTUZUMAB-DTTB	ONTRUZANT	Pharmaceutical	
Q5113	TRASTUZUMAB-PKRB	HERZUMA	Pharmaceutical	
Q5114	TRASTUZUMAB-DKST	OGIVRI	Pharmaceutical	
Q5115	RITUXIMAB-ABBS	TRUXIMA	Pharmaceutical	
Q5116	TRASTUZUMAB-QYYP	TRAZIMERA	Pharmaceutical	
Q5117	TRASTUZUMAB-ANNS	KANJINTI	Pharmaceutical	
Q5118	BEVACIZUMAB - BVZR	ZIRABEV	Pharmaceutical	
Q5119	RITUXIMAB-PVVR	RUXIENCE	Pharmaceutical	
Q5120	PEGFILGRASTIM-BMEZ	ZIEXTENZO	Pharmaceutical	
Q5122	PEGFILGRASTIM-APGF	NYVEPRIA	Pharmaceutical	
Q5123	RITUXIMAB-ARRX	RIABNI	Pharmaceutical	
Q5125	FILGRASTIM-AYOW	RELEUKO	Pharmaceutical	
Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	ALYMSYS	Pharmaceutical	

Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG		Pharmaceutical	
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG		Pharmaceutical	
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG		Pharmaceutical	
S0091/Q0166	GRANISETRON TRANSDERMAL PATCH (3.1 MG/24 HOURS)	SANCUSO	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0156	EXEMESTANE	AROMASIN	Pharmaceutical	
S0170	ANASTROZOLE	ARIMIDEX	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0172	CHLORAMBUCIL	LEUKERAN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0175	FLUTAMIDE	EULEXIN	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0176	HYDROXYUREA ORAL	SIKLOS/HYDREA	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0178	LOMUSTINE	CEENU	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0179	MEGESTROL ACETATE	MEGACE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
S0182	PROCARBAZINE	MATULANE	Pharmaceutical	No PA Required. Evolent reviews with regimen.
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION		Radiation Oncology	
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION		Radiation Oncology	
77261	THER RAD TX PLNNING SMPL		Radiation Oncology	
77262	THER RAD TX PLNNING INTRM		Radiation Oncology	
77263	THER RAD TX PLNNING CPLX		Radiation Oncology	
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE		Radiation Oncology	
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED		Radiation Oncology	
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX		Radiation Oncology	
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		Radiation Oncology	
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS		Radiation Oncology	
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING		Radiation Oncology	
77300	BASIC RADIATION DOSIMETRY CALCULATION		Radiation Oncology	
77301	INTSTY MODUL RADTHX PLN DOSE-VOL HISTOS		Radiation Oncology	
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION		Radiation Oncology	
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY		Radiation Oncology	
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL		Radiation Oncology	
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL		Radiation Oncology	
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL		Radiation Oncology	
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY		Radiation Oncology	
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS		Radiation Oncology	
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE		Radiation Oncology	
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE		Radiation Oncology	
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX		Radiation Oncology	
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK		Radiation Oncology	
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN		Radiation Oncology	
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ		Radiation Oncology	
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT		Radiation Oncology	
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR		Radiation Oncology	
77373	STEREOTACTIC BODY RADIATION DELIVERY		Radiation Oncology	
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR		Radiation Oncology	
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS		Radiation Oncology	
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE		Radiation Oncology	
77407	RADIATION TX DELIVERY 1 MEV Equal to GT INTERMEDIATE		Radiation Oncology	

77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX	Radiation Oncology
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Oncology
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GT ISOCENTER	Radiation Oncology
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Oncology
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Oncology
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Oncology
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Oncology
77470	SPECIAL TREATMENT PROCEDURE	Radiation Oncology
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Radiation Oncology
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Oncology
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Oncology
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Oncology
77525	PROTON TX DELIVERY COMPLEX	Radiation Oncology
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Oncology
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Oncology
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Oncology
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Oncology
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Oncology
77768	HDR RDNCL SK SRF BRCHYTX LES GT 2CM and 2CHAN/MLT LES	Radiation Oncology
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Oncology
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Oncology
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Oncology
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Oncology
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Oncology
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Oncology
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Radiation Oncology
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Radiation Oncology
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Oncology
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Oncology
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Oncology
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Oncology
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Oncology
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Oncology
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Oncology
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Oncology
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Oncology
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Oncology
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Oncology
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Oncology
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Oncology

G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV		Radiation Oncology
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV		Radiation Oncology
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT		Radiation Oncology
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS		Radiation Oncology
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS		Radiation Oncology
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX		Radiation Oncology
J8499	ELTROMBOPAG ORAL	ALVAIZ	Pharmaceutical
J3590	DENOSUMAB-DSSB INJECTION	OSPOMYV	Pharmaceutical
J3590	DENOSUMAB-DSSB INJECTION	XBRYK	Pharmaceutical
J1326	INJ ZOLBETUXIMAB, 1 MG	VYLOY	Pharmaceutical
J9276	INJ ZANIDATAMAB, 2 MG	ZIIHERA	Pharmaceutical
Q2058	OBECABTAGENE AUTOLEUCEL INJECTION	AUCATZYL	Pharmaceutical
J3590	DENOSUMAB-BMWO INJECTION	OSENVELT	Pharmaceutical
J3590	DENOSUMAB-BMWO INJECTION	STOBOCLO	Pharmaceutical
J3590	DENOSUMAB-BNHT INJECTION	BOMYNTRA	Pharmaceutical
J3590	DENOSUMAB-BNHT INJECTION	CONEXXENCE	Pharmaceutical
J9999		JOBEVNE	Pharmaceutical
J9999		PENPULIMAB-KCQX	Pharmaceutical
J8999		AVMAPKI FAKZYNJA CO-PACK	Pharmaceutical
J3590	DENOSUMAB-NXXP BILDYOS INJECTION	BILDYOS	Pharmaceutical
J3590	DENOSUMAB-NXXP BILPREVDA INJECTION	BILPREVDA	Pharmaceutical
Q5157	INJ, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG		Pharmaceutical
Q5158	INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG		Pharmaceutical
Q5159	INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG		Pharmaceutical
J9011	INJ, DATOPOTAMAB DERUXTECANDLNK, 1 MG	DATROWAY	Pharmaceutical
J3590	DENOSUMAB-KYQQ BOSAYA INJ	BOSAYA	Pharmaceutical
J3590	DENOSUMAB-KYQQ AUKELSO INJ	AUKELSO	Pharmaceutical
C9307	INJ, CARBOPLATIN (AVYXA)	LYNOZYFIC	Pharmaceutical
C9308	INJ LINVOSELTAMAB-GCPT 1 MG	KYXATA	Pharmaceutical
J9184	INJ, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG	AVGEMSI	Pharmaceutical
J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG	ZUSDURI	Pharmaceutical
J9326	INJ, TELISOTUZUMAB VEDOTIN-TLLV, 1 MG	EMRELIS	Pharmaceutical
Q5160	INJ, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG	JOBEVNE	Pharmaceutical
J9999	MOSUNETUZUMAB-AXGB LUNSUMIO VELO INJECTION	LUNSUMIO VELO	Pharmaceutical
J9003	LEUPROLIDE INJECTABLE (CAMCEVI ETM), 1 MG	CAMCEVI ETM	Pharmaceutical
J9183	GEMCITABINE INTRAVESICAL SYSTEM, 225 MG	INLEXZO	Pharmaceutical
J9277	INJ, PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH	KEYTRUDA QLEX	Pharmaceutical
J9278	INJ, CARBOPLATIN (AVYXA), 1 MG	KYXATA	Pharmaceutical
J9601	INJ, LINVOSELTAMAB-GCPT, 1 MG	LYNOZYFIC	Pharmaceutical
Q5161	INJ, DENOSUMAB-KYQQ (AUKELSO/BOSAYA), BIOSIMILAR, 1 MG		Pharmaceutical
Q5162	INJ, DENOSUMAB-NXXP (BILDYOS/BILPREVDA), BIOSIMILAR, 1 MG		Pharmaceutical

Cancer Codes	Descriptions
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract

Breast Cancer Dx Codes	Descriptions
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Z85.3	Personal history of malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.02	Lobular carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast

Intraocular Injection Codes	Descriptions
B39.4	Histoplasmosis capsulati, unspecified
B39.5	Histoplasmosis duboisii
B39.9	Histoplasmosis, unspecified
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecifiec
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right ey
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilatera
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspeci
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left e
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilate
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspe
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, rig
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, le
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bi
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, ur
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecifi
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left e
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilate
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspe
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involvin
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involvin
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involvin
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involvin
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not invo
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not invo
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not invo
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not invo
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachme
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachme
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachme
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachme
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified e
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecifie
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right ey
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspeci
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left e
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilat
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unsp
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right ey
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspeci
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving t
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving t
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving t
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving t
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involvi
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involvi
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involvi
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involvi
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye

Insulin Dependent and Gestational Diabetes Codes	Descriptions
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E103391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right e
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left ey
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilate
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspe
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.02	Malignant neoplasm of left main bronchus
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus

E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right ey
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspeci
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, righ
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bila
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, uns
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral

E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right ey
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspeci
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, righ
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bila
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, uns
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogeno
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.420	Gestational diabetes mellitus in childbirth, diet controlled
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.429	Gestational diabetes mellitus in childbirth, unspecified control
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium
Z79.4	Long term (current) use of insulin

C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.02	Squamous cell carcinoma of skin of lip
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.09	Other specified malignant neoplasm of skin of lip
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis

E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
H16.143	Punctate keratitis, bilateral
H21.1X1	Other vascular disorders of iris and ciliary body, right eye
H21.1X2	Other vascular disorders of iris and ciliary body, left eye
H21.1X3	Other vascular disorders of iris and ciliary body, bilateral
H21.1X9	Other vascular disorders of iris and ciliary body, unspecified eye
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001	Unspecified retinal detachment with retinal break, right eye
H33.002	Unspecified retinal detachment with retinal break, left eye
H33.003	Unspecified retinal detachment with retinal break, bilateral
H33.011	Retinal detachment with single break, right eye
H33.012	Retinal detachment with single break, left eye
H33.013	Retinal detachment with single break, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.031	Retinal detachment with giant retinal tear, right eye
H33.032	Retinal detachment with giant retinal tear, left eye
H33.033	Retinal detachment with giant retinal tear, bilateral
H33.041	Retinal detachment with retinal dialysis, right eye
H33.042	Retinal detachment with retinal dialysis, left eye
H33.043	Retinal detachment with retinal dialysis, bilateral
H33.051	Total retinal detachment, right eye
H33.052	Total retinal detachment, left eye
H33.053	Total retinal detachment, bilateral
H33.101	Unspecified retinoschisis, right eye
H33.102	Unspecified retinoschisis, left eye
H33.103	Unspecified retinoschisis, bilateral
H33.111	Cyst of ora serrata, right eye
H33.112	Cyst of ora serrata, left eye
H33.113	Cyst of ora serrata, bilateral
H33.121	Parasitic cyst of retina, right eye
H33.122	Parasitic cyst of retina, left eye
H33.123	Parasitic cyst of retina, bilateral
H33.191	Other retinoschisis and retinal cysts, right eye
H33.192	Other retinoschisis and retinal cysts, left eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.21	Serous retinal detachment, right eye
H33.22	Serous retinal detachment, left eye
H33.23	Serous retinal detachment, bilateral
H33.301	Unspecified retinal break, right eye
H33.302	Unspecified retinal break, left eye
H33.303	Unspecified retinal break, bilateral
H33.311	Horseshoe tear of retina without detachment, right eye
H33.312	Horseshoe tear of retina without detachment, left eye
H33.313	Horseshoe tear of retina without detachment, bilateral
H33.321	Round hole, right eye
H33.322	Round hole, left eye
H33.323	Round hole, bilateral
H33.331	Multiple defects of retina without detachment, right eye
H33.332	Multiple defects of retina without detachment, left eye
H33.333	Multiple defects of retina without detachment, bilateral
H33.41	Traction detachment of retina, right eye
H33.42	Traction detachment of retina, left eye
H33.43	Traction detachment of retina, bilateral
H33.8	Other retinal detachments
H34.00	Transient retinal artery occlusion, unspecified eye
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8191	Central retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8192	Central retinal vein occlusion, unspecified eye, stable
H34.821	Venous engorgement, right eye
H34.822	Venous engorgement, left eye
H34.823	Venous engorgement, bilateral
H34.829	Venous engorgement, unspecified eye
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema

C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Z85.3	Personal history of malignant neoplasm of breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.02	Malignant neoplasm of left fallopian tube
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H34.8391	Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8392	Tributary (branch) retinal vein occlusion, unspecified eye, stable
H34.9	Unspecified retinal vascular occlusion
H35.00	Unspecified background retinopathy
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral
H35.019	Changes in retinal vascular appearance, unspecified eye
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.039	Hypertensive retinopathy, unspecified eye
H35.041	Retinal micro-aneurysms, unspecified, right eye
H35.042	Retinal micro-aneurysms, unspecified, left eye
H35.043	Retinal micro-aneurysms, unspecified, bilateral
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.069	Retinal vasculitis, unspecified eye
H35.071	Retinal telangiectasis, right eye
H35.072	Retinal telangiectasis, left eye
H35.073	Retinal telangiectasis, bilateral
H35.079	Retinal telangiectasis, unspecified eye
H35.09	Other intraretinal microvascular abnormalities
H35.141	Retinopathy of prematurity, stage 3, right eye
H35.142	Retinopathy of prematurity, stage 3, left eye
H35.143	Retinopathy of prematurity, stage 3, bilateral
H35.149	Retinopathy of prematurity, stage 3, unspecified eye
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.159	Retinopathy of prematurity, stage 4, unspecified eye
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral
H35.169	Retinopathy of prematurity, stage 5, unspecified eye
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye
H35.21	Other non-diabetic proliferative retinopathy, right eye
H35.22	Other non-diabetic proliferative retinopathy, left eye
H35.23	Other non-diabetic proliferative retinopathy, bilateral
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar
H35.33	Angioid streaks of macula
H35.341	Macular cyst, hole, or pseudohole, right eye
H35.342	Macular cyst, hole, or pseudohole, left eye
H35.343	Macular cyst, hole, or pseudohole, bilateral
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.359	Cystoid macular degeneration, unspecified eye
H35.373	Puckering of macula, bilateral
H35.81	Retinal edema
H35.82	Retinal ischemia
H36.811	Nonproliferative sickle-cell retinopathy, right eye
H36.812	Nonproliferative sickle-cell retinopathy, left eye
H36.813	Nonproliferative sickle-cell retinopathy, bilateral
H36.819	Nonproliferative sickle-cell retinopathy, unspecified eye
H36.821	Proliferative sickle-cell retinopathy, right eye
H36.822	Proliferative sickle-cell retinopathy, left eye
H36.823	Proliferative sickle-cell retinopathy, bilateral
H36.829	Proliferative sickle-cell retinopathy, unspecified eye
H36.89	Other retinal disorders in diseases classified elsewhere
H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified
H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage
H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage
H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage
H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H44.20	Degenerative myopia, unspecified eye
H44.21	Degenerative myopia, right eye
H44.22	Degenerative myopia, left eye
H44.23	Degenerative myopia, bilateral
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral
H44.2A9	Degenerative myopia with choroidal neovascularization, unspecified eye

C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.02	Malignant neoplasm of undescended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral
H44.2B9	Degenerative myopia with macular hole, unspecified eye
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral
H44.2D9	Degenerative myopia with foveoschisis, unspecified eye
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral
H44.2E9	Degenerative myopia with other maculopathy, unspecified eye
H40.841	Neovascular secondary angle closure glaucoma right eye
H40.842	Neovascular secondary angle closure glaucoma left eye
H40.843	Neovascular secondary angle closure glaucoma bilateral
H40.849	Neovascular secondary angle closure glaucoma unspecified eye